

NEWS

Manitoba Association of HEALTHCARE



September 2011

Professionals

Abriginal Advisors
Abriginal Spiritual Advisors
Administrative Secretaries/Clerks/Transcriptionists
Allied Health Program University Liaisons
Anesthesia Technologists
Audiologists
Autopsy Assistant/Technicians
Bed Utilization Resource Coordinator
Bereavement Consultant
Bus Driver, Classroom Assistants
Cardiology Technicians/Technologists
Cardiovascular Technologists
Case Coordinators
Chaplain
Child Care Workers
Child Protection Services Workers
Clinical Educators
Clinical Engineers
Clinical Psychologist
Community Health Workers
Critical Equipment Specialists
Crisis Workers
Cytogenetic Technologists
Cytology Technologists
Diagnostic Medical Sonographers
Dietitians/Dietician Assistants
Dental Assistants
Design Technologists
Echocardiographic Sonographers
EEG Technologists/Technicians
EKG Technologists/Technicians
Electronic Technologists
Educational Coordinators
Emergency Medical Services Personnel, Paramedics
Ergonomist, Health Promotion
Exercise Lab Technologists
Eye Bank Technicians
FAS Community Liaison Workers
Food Service Supervisors
Genetic Counsellors
Health Promotion Education Specialist
Health Education Specialists
Home Economists
Hospice Care Workers
Immunogenetics Technologist
Injury and Disability Therapists
Intake Workers
Isokinetic Technicians
Laboratory Technologists/Laboratory Technicians
Mammography Technologists
Maxillo Facial Technicians
Mental Health Workers
Midwives

Mould Room Technicians
MRI Technologists
Music Therapists
Neurosurgical Monitoring Technicians/Technologists
Nuclear Medicine Technologists
Occupational Rehab Technicians
Occupational Therapists
OR Technicians
Ophthalmic Technicians/Photographers
Orthopedic Technicians/Technologists
Orthoptists
Orthotic Interns/Orthotists
Pathology Assistants
Pharmacy Coordinators
Pharmacy Technicians
Physiotherapists
Physiotherapist Assistants
Physiotherapist Students
Physiotherapist Supervisors
Pediatric Cardiovascular Pulmonary Technicians/
Technologists
Pediatric EKG Technologists
Perfusionists
Pharmacists/Interns/Students
Pharmacy Technicians
Physics Associates
Physiotherapists
Polysomnography Technicians/Technologists
Procurement Technicians
Program Coordinators
Project Engineers
Prosthetists
Psychiatric Research Associates
Psychologists/Assistants
Pulmonary Technicians
Quality Assurance Coordinator
Radiation Protection Officers
Radiation Therapists
Radiology Medical Physics Assistants
Radiology Technologists
Radiopharmacy Technologists
Recreation Therapists/Coordinators
Rehab Engineers
Research Analysts/Assistants/Associates
Resource Coordinators
Respiratory Therapists/Assistants/Students/Instructors
Smoking Reduction Coordinators
Social Workers
Speech and Language Pathologists
Spiritual Care Associates
Support Workers
Tissue Bank Specialist/Technician
Teacher of the Hearing Impaired
Vascular Technologists/Technicians
Vestibular Technicians

Hidden Heroes of Health Care



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Enclosed with this Newsletter:

- Executive Council Nomination Form
- Staff Rep Nomination Form
- Scholarship Application Forms
- Call for Resolutions 2011

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MAHCP News is published quarterly in March, June, September and December. Advertising will be entertained. For more information, please contact the Editor at 772-0425. *Revenues from advertising will be used to supplement the MAHCP Professional Development Fund.*

Meeting Calendar

Visit the **MAHCP Website Calendar** for more meeting information:
www.mahcp.ca/forum/calendar.asp

September 5, 2011

- Labour Day
MAHCP Office Closed

September 7, 2011

- CCMB Staff Rep Mtg
CCMB - Rm TBD.
1200 hours

September 13, 2011

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

September 14, 2011

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

September 14, 2011

- General Staff Rep Mtg
101-1500 Notre Dame
1830 hours

September 15, 2011

- SEH Staff Rep Meeting
Smitty's, Steinbach
1200 hours

September 21, 2011

- HSC Staff Rep Meeting
NA235, Isabel Stewart Bld
1130 to 1300 hours

September 22, 2011

- DSM-HSC Staff Rep Mtg
NA001, Isabel Stewart Bld
1130 to 1300 hours

October 5, 2011

- CCMB Staff Rep Meeting
CCMB - Rm TBD.
1200 hours

October 10, 2011

- Thanksgiving Day
MAHCP Office Closed

October 11, 2011

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

October 12, 2011

- Executive Council Mtg
101-1500 Notre Dame Ave
0845 to 1700 hours

October 12, 2011

- General Staff Rep Meeting
Cancelled-please attend AGM

October 13, 2011

- Annual General Meeting
Holiday Inn Airport West
1730 to 2000 hours

October 17, 2011

- AHWC Staff Rep Meeting
Golden Terrace Restaurant
1200 hours

October 20, 2011

- HSC Staff Rep Meeting
NA001, Isabel Stewart Bld
1130 to 1300 hours

November 2, 2011

- CCMB Staff Rep Meeting
CCMB - Rm TBD.
1200 hours

November 3 & 4, 2011

- **Staff Rep Training Level 1**
101-1500 Notre Dame Ave
0830 to 1630 hours

November 8, 2011

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

November 9, 2011

- Executive Council Mtg
101-1500 Notre Dame Ave
0845 to 1700 hours

November 9, 2011

- General Staff Rep Meeting
101-1500 Notre Dame Ave
1830 hours

November 11, 2011

- Remembrance Day
MAHCP Office Closed

November 16, 2011

- HSC Staff Rep Meeting
NA235, Isabel Stewart Bld
1130 to 1300 hours

November 17 & 18, 2011

- **Staff Rep Training Level 2**
101-1500 Notre Dame Ave
0830 to 1630 hours

November 17, 2011

- SEH Staff Rep Meeting
Smitty's, Steinbach
1200 hours

November 21, 2011

- AHWC Staff Rep Meeting
Golden Terrace Restaurant
1200 hours

December 7, 2011

- CCMB Staff Rep Meeting
CCMB - Rm TBD.
1200 hours

December 13, 2011

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

December 14, 2011

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

December 14, 2011

- General Staff Rep Mtg
101-1500 Notre Dame
1830 hours

December 15, 2011

- SEH Staff Rep Meeting
Smitty's, Steinbach
1200 hours

December 26, 2011

- Boxing Day Stat
MAHCP Office Closed

December 27, 2011

- Christmas Stat
MAHCP Office Closed

January 2, 2012

- New Year Day Stat
MAHCP Office Closed

Please note date change for Staff Rep Level 2 Training from November 7 & 8 to November 17 & 18, 2011

Bring your collective agreement to all member meetings.

Bargaining Updates

Central Table

By the time you are reading this newsletter you will have likely attended a ratification vote meeting and may be awaiting the results of the ballot. The last bargaining update was posted on the website and circulated to the distribution list on September 1, 2011.

For your bargaining team it has felt as if our entire lives were consumed by bargaining. In addition to the basics of bargaining the collective agreement we:

1. amalgamated the 11 DSM agreements
2. amalgamated the 4 WRHA Corporate agreements, and
3. amalgamated the 5 WRHA Pharmacy agreements

Your bargaining team, your peers have gone above and beyond on your behalf. They have spent countless hours proofing, reading, debating, discussing, researching and preparing arguments to present to the employer for you, their fellow members. They have done a tremendous job of representing all members, occupations and regions. I have witnessed each of them making personal sacrifices because of their dedication and commitment to collective bargaining. Their demonstration of solidarity is truly inspiring.

Thank you, each of you!

In Solidarity *Wendy Despins*



Non-Central Table

Aboriginal Health & Wellness Centre: The current AHWC collective agreement expired on March 31, 2011. Conciliation dates are set for September 19 & 20.

There will be a meeting with the members of AHWC to discuss bargaining issues on September 8th.

Brandon Clinic: Draft proposals are being prepared for the negotiation team. No dates have been set with the employer.

Gamma-Dynacare Medical Laboratories: The agreement expires March 31, 2011, but is still in effect until a new agreement is signed. We have scheduled three more days of bargaining for GML on September 28th, 29th and 30th. I don't think we will need all of this, however we are at a stage in the process where we are getting to the difficult parts regarding monetary. There are still some take aways on the table. That said, there is a healthy dialogue and the relationship is constructive on both sides.

Jocelyn House: The agreement expired January 31, 2011, but is still in effect until a new agreement is signed. The next bargaining date is scheduled for September 6th, monetary issues will be discussed.

Manitoba Clinic: The Manitoba Clinic collective agreement was ratified in December 2010 and is in effect until December 31, 2013.

Society for Manitobans with Disabilities: Draft proposals are being prepared for the negotiation team. No dates have been set with the employer.

Winnipeg Clinic: A one year contract extension was signed retroactive to April 1, 2010. Wage rates reflect the April 1, 2010 increase provided to members in the hospitals that were gained in the previous agreement.

CANADIAN DIABETES ASSOCIATION AND MAHCP: The Connection

By Shelley Kowalchuk, Physiotherapy Director



Shelley Kowalchuk

Does a Union have a social conscience? This may be an odd question, since most of us would state that, on some level, the idea of ‘unions’ and ‘social activism’ (and even political activism) are almost impossible to distinguish from one another. What is a union, if not a political or economic entity that embodies social justice and a social conscience?

Yet most of the activity that MAHCP has embarked in, for most of the last 40 years has been its primary goal – service to its members and growing the membership in order to give it a stronger voice during labour negotiations. That is its express purpose and one that no one would argue with. But is it enough?

Many people have felt over the last few years that it was time for MAHCP to give back to the community. One of the best examples for how this could be done came from some of our sister unions HSAA and HSABC (health care unions in Alberta and BC). At different points in the last decade, they both decided to partner with organisations devoted to research and education about different healthcare issues. HSBC aligned themselves with Breast Cancer; HSAA was at one time partnered with MADD. It was their experiences that gave us the impetus to see what they had done and look around us to see if there was a health issue that fit with our union and our members here in Manitoba.

It probably was a ‘no-brainer’ that diabetes was the obvious choice. The number of diabetics is surging both here in Manitoba and around North America, reaching epidemic proportions. Both adult-onset (Type II Diabetes) and juvenile diabetes are becoming more prevalent – in all age groups. The impact this chronic condition has on our health care system is tremendous, and it is destined to become more of a drain on healthcare resources. And finally – so many of our members treat patients with diabetes, that we are becoming *defacto* experts on the disease, since it affects so many Manitobans. MAHCP members know diabetes fairly well – and are getting to know it better every day.

Let’s look at a few professions that I know well.

- As a physiotherapist who works with stroke patients, I have learned over the years that a great many of my patients had diabetes as one of their risk factors, and we discuss blood sugars regularly, how to have them checked and the importance of maintenance. My colleagues who work with amputees, some of which had amputations due to complications with diabetes, have become experts at education and management of diabetes. We all encourage

and educate our patients about the benefit of exercise to manage to impact of diabetes.

- The occupational therapists I work with assess seating issues with our stroke and amputee patients. They also educate patients about diabetic neuropathies and how to watch for ulcers from tight shoes and stones when patients have loss of sensation.
- The pharmacist and pharmacy technicians that I know fill the prescriptions for our diabetic patients and provide counselling to patients and answer questions about drugs and their interactions.
- The dietitian on our ward looks at patients’ calorie counts and what they are eating, including the snacks brought from home. Are the patients eating too much sugary foods brought in by friends or family? She educates patients at to what they shouldn’t be eating. The diabetic counsellor also sees patients to go over their diet at home and make suggestions as to how to manage their sugars better.
- If the patient develops a heel ulcer, orthopaedic technologists will provide a heel off-loading boot so that the ulcer can heal properly.
- Recreational therapists talk to patients about their outside interests and try to find ways for patients to have an active lifestyle through community and recreational activities.

That’s eight professions that I personally know of that work with people with diabetes – but what about the other 152 professions in our union? I realize that I’ve made my point; but I know I’ve only scratched the surface.

So I put this question to all of you. How has diabetes touched your life – professionally or even personally? I know there are many more people out there who work with diabetes. Therefore, I put out a challenge to all of you – email me at skowalchuk@hsc.mb.ca and describe how you work with the diabetic population and we will publish it in the next newsletter.

It will be an education for all of us.

2011 Scholarship Award Recipients

MAHCP awards five (5) four hundred (\$400.00) dollar scholarships to graduating high school students.

Candidates must be dependents of members and meet the criteria established by the Communication Committee.

There were several applicants for the **MAHCP Scholarship Fund** this year and all were screened as per the MAHCP Scholarship guidelines.

The 2011 recipients are:

- **Sara Allen**, daughter of Diane Pearce, St. Boniface Hospital

- **Andrew Brown**, son of Heather Martin-Brown, Society for Manitobans with Disabilities
- **Katie Driedger**, daughter of Lori Driedger, Brandon RHA
- **Alexa Gray**, daughter of Laura Gray, Health Sciences Centre
- **Andrew Kampen**, son of Bruno Kampen, South Eastman Health.

The 2011 recipient of the **Monique Wally Memorial Scholarship Fund** is **Sara Allen**, daughter of Diane Pearce, St. Boniface Hospital.

Congratulations! We wish all applicants good luck in their future endeavours.



Hats off to you!

The benefits of being a union member

by Sara Allen, Recipient of 2011 MAHCP Scholarship Award

With the recent overturning of a controversial law that restricted unions in Wisconsin and the attack on the influence of labour around the world, many raise the question if unions serve a purpose in today's world. These people are mistaken; Unions are the defenders of workers and remain an essential counter-balance to corporations. Unions look out for their members by providing benefits such as job security and safety, defined work hours and pensions. Historically the willingness of employers to provide these conditions of employment without the influence of unions was not often voluntary.

The first labour unions emerged in Winnipeg in 1881. During that time, workers were entirely at the mercy of employers who thought in terms of profit not the well being of their employees. Unsafe working conditions and days of hard work for poor pay were the norm. Thanks primarily to the efforts of unions, labour laws have been enacted to prevent such working conditions. The application of these laws are usually overseen by unions in the workplace. Job safety, security and a fair living wage are as important in today's economy as 130 years ago. Union contracts provide job security by preventing termination without cause. Article 2401 of MAHCP's central table Collective Agreement for example guarantees that "no employee shall be disciplined or discharged without just cause." Without a union to protect workers, an employer can terminate

employment without cause at any time as long as the employee receives working notice or reasonable pay in lieu of notice. In regards to safety, unions campaign for safer working conditions. This applies to physical hazards such as improperly maintained machinery and psychosocial risks like stress.

Stress is often the result of being overworked. To help prevent this, unions help define work hours, including different rates of pay for less desirable shifts and overtime pay. With routine hours of work the union member can make plans in advance. The difference between unionized and non-unionized employees is felt clearly in my household. My mother, a unionized physiotherapist, is paid overtime if she works more than 7.5 hours in a day or 37.5 hours in a week whereas my father in retail management is expected to work 50 hours or more per week for a salary based on a 40 hour work week. My mother was able to take my sister and I to our extra-curricular activities growing up. My father on the other hand would sometimes be home for dinner while other days he was only seen at breakfast. No amount of money can make up for those missed hours of play with his children.

In our uncertain economy, it is not only your current salary that determines your financial stability.

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Canadian Diabetes Association makes a difference for Manitoba children and families this August

Camp Briardale and Family Camp impact hundreds

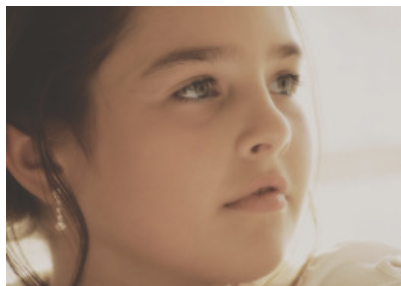
Summertime signals camping season, and the Canadian Diabetes Association (Manitoba/Nunavut) is host to two unique camp experiences that have made a significant impact on the lives of hundreds of children and their families.

From August 1 through 6, 2011, the Association hosted 79 Manitoba children living with type 1 diabetes at **Camp Briardale**, an annual overnight camping program, at Roseau River Bible Camp, in Roseau River, MB. This more than half-century old tradition that has given many children living with type 1 diabetes in the province what is often their first experience away from home. It also fosters an opportunity to learn independence and self-management of their diabetes in a medically supervised environment, all while having fun with other youth who face similar challenges.

Also in August (27th through 29th), 10 families (36 participants) ventured out to Camp Assiniboia, just southwest of Winnipeg, for the CDA's second annual **Family Camp** a retreat for children with type 1 diabetes and their families, and an opportunity to learn about diabetes management together alongside their peers. Camp dates are August, 2011.

According to Kelly Lambkin, Manager of Public Programs & Services for the Canadian Diabetes Association (Manitoba & Nunavut), both camps are an excellent example of community engagement. *"From the generosity of our partners like the Manitoba Association of Health Care Professionals (MAHCP)– who allow our programming to shine – to the time and energy of our medical and nutrition counselors, staff and volunteers – who are helping our campers learn, find confidence and have fun – and the courage and openness of all of our participants, our camps are truly collaborative and quite often, life changing. We're so proud to continue to offer these kinds of experiences to the Manitoba community."*

One of this year's participants is 9 year-old Makyla Sever...



Diagnosed with type 1 diabetes at 17 months old, Makyla Sever was just a toddler and unable to comprehend or learn about diabetes management. Today, however, at the age of 9, she does very well to manage her condition.

As a result of Makyla's diabetes, the whole family has learned to make healthier choices with food; older sister Lexi, 11, has always been eager to help out, assisting with any needles or blood tests; and mother Sandi, has become well versed at tackling the daily stress of dealing with diabetes and working through her daughter's emotions when she is sick: *"Dealing Makyla's lows, or her being just plain tired of having to worry about her diabetes as such a young child who should have the freedom to not worry about what her body is doing, is part of that."*

A very strong young lady, Makyla is also very outgoing, loves fashion and enjoys putting together her outfits each morning, and is also very interested in sports, playing ringuette and soccer, and spending her summer swimming, water skiing, and tubing at her grandparents' cabin in the Whiteshell.

Makyla also counts the Canadian Diabetes Association's Camp Briardale among her favourite activities. When she first learned of the program, she wasn't sure what to expect, and she'd never been away from home for more than one night at a time. Although she was a bit apprehensive about not knowing any of the other kids going to camp, Makyla's outgoing nature triumphed, and she was willing to give it a shot. Since having experienced Camp Briardale, she says she now wants to go to camp every year. From ziplining, archery, and hiking, she enjoyed herself and found making camp friends *"very easy, especially because all kids there have diabetes so have the same routines and obstacles."*

Sandi Evans shares her daughter's excitement about Camp Briardale: *"As a parent, I encourage other parents to consider sending their child to camp as it is an experience they won't soon forget."* She adds that camp also allows parents a break from the daily worry about their child's diabetes. *"When I took Makyla to the*

"Type 1 diabetes is devastating at diagnosis, and never leaves your thoughts as a parent. But when it happens and you get over the initial shock, you just do what you have to do to keep your child alive and healthy. It's nothing to hide from others, but rather something to tell everyone so they are aware of the dangers that comes with living with the disease."

Sandi Evans, mother of Makyla, age 9

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pick-up area for camp, any concerns or worries I may have had about her care while she was away were quickly alleviated. The doctors, nurses, and camp leaders were so reassuring about taking care of Makyla and her diabetes that I was honestly able to send her off to camp knowing that she was in excellent hands and I had no need to worry at all. While Makyla was away, it was harder for me as her parent missing her than it was for her being away from home - she loved every minute of it and appreciated learning more about the disease herself. She returned home even more confident about her own diabetes management because of what everyone there had taught her."

Diabetes in Manitoba

The Manitoba Diabetes Cost Model estimates that 94,000 people in the province have been diagnosed with either type 1 or type 2 diabetes in 2010 – representing approximately 1 in 10 people or 7.6 per cent of the population. By 2020, that number is expected to reach 139,000 or 10.1 per cent of the population. The 45,000 increase represents a 47 per cent rise in prevalence over the next 10 years.

Make a difference for more than 94,000 Manitobans directly affected by diabetes

For more than 50 years, the Canadian Diabetes Association has championed the diabetes community through world-class research, public programs and services, educational events and more.

three ways to get involved as we head into fall:

1 RESIDENTIAL CAMPAIGN (Aug.-Oct.)

Volunteer with the Association's door-to-door campaign as a canvasser, or as part of the kit preparation and delivery crew. Prep and Kit Captain activities run August through September. Canvassing takes place during the month of October. For details, contact Gwen at 925-3800 x227 or gwen.smith@diabetes.ca

2 THIRD-PARTY EVENTS (ongoing)

Add a fundraising component to you're an activity you are hosting, and direct your donations to the Canadian Diabetes Association. Visit www.diabetes.ca/get-involved/myfundraiser/ for tips, tools and inspiration on how to host your own event!

3 RUN FOR DIABETES (Sept.)

Working with some of our key partners - including North West Company, the Manitoba Runners Association, and Running Room, the Canadian Diabetes Association and Team Diabetes are proud to host the second Run for Diabetes on Monday, September 5, 2011. We invite you to help us lead the fight against diabetes, raising funds, while also getting fit for a fun event.

- NEW! North West Company Half Marathon
- 10 K Run • 3K Family Walk • Kids Fun Run*

* For more information, please contact Kelvin Hollender at 925-3800 x 236 or kelvin.hollender@diabetes.ca

The Benefits of Union Membership

by Alexa L. Gray, Recipient of 2011 MAHCP Scholarship Award

My mother is a pharmacist at the Health Sciences Centre and as such belongs to the Manitoba Association of Healthcare Professionals (MAHCP). I did not appreciate the impact that this membership had on me personally until I began to examine union benefits while preparing this scholarship submission. Two questions came to mind; first, what is a union? And second, how does my mother's union membership affect me?

A union is an organization of employees who work together to negotiate and secure rights relating to compensation and rights in the workplace. Unions, in general, provide stability to their members, leaving them less vulnerable to the whims and injustices of the free market system. There are numerous benefits to working in this type of environment.

For example, union members often get higher pay and better benefits than their non-unionized counterparts. Members enjoy safer workplaces and the ability to engage in collective bargaining. Extended benefits such as medical, dental and pension plans improve a person's quality of life. In addition, union members are able to enjoy family time through benefits such as vacations and paid holidays.

There are many less obvious, but equally important, benefits to union membership, such as fair processes for workplace grievances, policy

and procedure adherence, as well as fair hiring and termination practices. Members are represented by the union, giving them a voice in maintaining their rights. Workers are also rewarded for their service through recognition of seniority.

During my grade ten high school year, I was faced with a life threatening illness. I was hospitalized for a month and needed further treatment for the better part of one year. My mother was able to take time off of work to be with me during this difficult time. She was available to take me to doctor's appointments and for all of my treatments. This benefit was a direct result of union membership. Members of MAHCP are entitled to family sick time. My mother was able to keep her job even though she was off for almost a year. She also had income protection during this time, so we did not suffer financially as a family. We know of other families who have lost their homes and livelihoods when faced with a situation such as ours. We are very thankful to have come through this difficult time without the added burden of financial distress.

The realization of the direct impact union membership has had on me is very profound. As I pursue further education at the University of Manitoba, I hope that I also will embark on a career that affords me the protections and opportunities provided by union membership.



Benefits of being a union member, by Sara Allen

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There is the question of whether you will be able to living off of your savings once you have retired. According to AFL-CIO, the wages of union workers are on average 30 percent higher than their non-unionized counterparts. Sixty-eight percent of union workers have guaranteed pensions compared to only 14 percent of non-union employees. Clearly a unionized position means a guaranteed pension that provides stability after retirement.

Unions provide clear benefits by ensuring job security and safety, defining work hours and requiring that employers provide pensions. By providing secure employment, unions build consumer confidence and consumers that are not worried about losing their jobs fuel a healthy economy. The positive impact that the vigilance and effort of unions on the behalf of all workers has had on our workplace is felt by all members of society whether unionized or not.

MAHCP DISPLAY FOR MEMBERS, PUBLIC

By Shelley Kowalchuk
Communication Committee Member

As most members are aware, MAHCP has been working to improve communication with the public and our members over the last few years. To accomplish this goal, we believe that it is important to work on both large-scale initiative and smaller, personal ones. One example is our Eliminate The Wait campaign. It was province-wide and used TV ads, bus ads and billboards. We have attended career symposiums and professional association AGMs. We have also created scholarships to members, and a professional development fund. We have even sent out many surveys to gauge members' opinions to find other ways to make membership work. The end result is always this – reach out to members, improve service to members and make the public aware of who we are.

way to elevate our presence to our employers, the public and to fellow members.

Our first display booth, pictured here, was at the Health Sciences Centre in Winnipeg, on June 15th. Members of the Communication Committee and one of our Senior Staff Reps, Bob Moroz, sat at the booth, met with members and provided information about union activities. Since we are also partnered with the Canadian Diabetes Association, we felt it was important to provide some educational material about diabetes. The material, which dealt with diagnosis and strategies for living with diabetes, was also well-received.

As this display evolves we also intend to hand out buttons for members and the public. These buttons, that we have dubbed “Ask Me Why” buttons, were the brainchild of one of our



Executive Council Members, Janet Fairbairn and Bob Moroz

Though there are many methods to contact members – email, our “Ask the President” forms, a phone call, we feel that ‘face-time’ is the best. As a result, we are starting to set up MAHCP displays at various hospitals to meet with members, answer questions and create a more visible face for the public. We believe it is important to keep our name in the public eye, and educate the public on our professions and how we interact as part of the health care team – the booth is just one more

staff reps, Cheryl Keller, and have statements like “Ask Me Why I Support Pharmacy Technicians”, and similar phrases for EMS workers and Allied Health workers in general. The buttons will also be accompanied by literature giving reasons why we need to support these occupations. We would like to develop similar buttons for other occupational groups and invite any members to contact us with ideas.

How Being in a Union is Beneficial

by Katie Driedger, Recipient of 2011 MAHCP Scholarship Award

A union is an organization of workers joined to protect their common interests and improve their working conditions. A union has many benefits that give the members protection and peace of mind. If you are a member of a union, you have greater job security because the union has negotiated a contract with the employer which outlines conditions of employment.

Unions have negotiated better wages with the employers resulting in a better standard of living for employees. Benefits such as extended health care and dental plans provide employees with better overall health which allows them to experience less work absenteeism due to personal and family illness. Other benefits such as pension plans provide employees with more security during retirement. Unions can advocate for safer workplace conditions to protect employees from harmful environmental or human threat such as intimidation or other forms of harassment.

Unions provide support and counsel to help guide members at times when they have questions or concerns about their employment. Let me tell you about a recent example of how

receiving good advice from a union representative directly impacted my family.

My Mother was scheduled to work in the Emergency Department at the Brandon Regional Health Centre in her position as an ER Social Worker on May 6, 2011. Unfortunately that day our family received the catastrophic news that we needed to prepare for the imminent flooding of our property and home located in the Assiniboine River Valley in the Rural Municipality of Cornwallis just east of the city of Brandon, Manitoba. My Mother had to call into work to explain she was unable to work due to the emergency and was told that she would need to have an unpaid Leave of Absence for missing work. Due to the rapid flood progression, she also had to miss work again two days later as our family desperately sandbagged our home further in the fight against the rising flood waters. As the conditions were unsafe and our highway was closed due to the flood conditions, my Mother and I were evacuated from our home and it was four weeks before we could safely return to our flood damaged property.

Several weeks later a co-worker of my Mother's who happens to also be a MAHCP Union representative informed her of a section of the current contract of which she had recently been made aware. Under the contract's section regarding bereavement and compassionate leave (Section 1305), the employer can also allow for paid time off for extreme loss such as fire or flood. My Mother brought this to the attention of her immediate supervisor who was not aware of the clause. My Mother had to provide further evidence that our family was not just in danger of the risk of flood, as we were in the eye of the storm in the rapidly expanding waters of the Assiniboine River. My Mother was able to send aerial photos showing our house surrounded by a sandbag dike wall in the middle of what looked like a lake. The end result was that my Mother had the two days unpaid LOA changed to two days paid Bereavement Leave. In a time of extreme stress for our family, we did not need to experience additional suffering from financial loss through wage reduction. The advice of a union representative became personal for me and my family.

SAVE THE DATE!

Diabetes Awareness Month fundraising evening announced...

On Saturday, November 5th, 2011, from 7:30 – 11:00 p.m., at Red River College's Princess Street Campus, the Canadian Diabetes Association, (Manitoba & Nunavut Region), will host the third Best Banting Evening – a special fundraising event in support of diabetes research and education.

With awareness and fundraising for diabetes education and research in mind, the Best Banting Evening – so named to honour the co-discoverers of insulin, Dr. Charles Best and Sir Frederick Banting – is an opportunity for the community to come together in support of an important cause.

Hosted in the heart of Winnipeg's Exchange District, in the street level gallery of Red River College's Princess Street campus, the Best Banting Evening promises a casually elegant, fun-filled gathering for 250 plus guests. It will feature fine international food and wine selections – this year, with a Mediterranean focus-at various stations, within a free-flowing ambience. Silent and live auctions will be part of the evening's entertainment.

Tickets are \$100 each – reserve yours today, for your group or yourself, by calling 925-3800 x224.

Why enter into an allied health profession

by Sara Allen, Recipient of the 2011 Monique Wally Memorial Scholarship Award

Now that the graduation ceremonies are over, many a graduate faces the dreaded questions from friends and family; "What are you going to do for work? What do you want to do with your life?" As children, the possibilities of what we were going to do when we grew up seemed endless but as young adults we are often unsure about what is the best course to follow. An allied health profession is an excellent choice. As an allied health professional you will provide essential services, have excellent job opportunities and will gain personal satisfaction.

Allied health professionals, such as occupational therapists and physiotherapists, provide a vital service. Allied health professionals make up approximately 60 percent of the healthcare field. Working in partnership with doctors and nurses, they aid patients to recover from illness and injury. They serve a preventative function as well. Physiotherapists and occupational therapists can help prevent future injury by assessing the risks in the patient's environment, for example by identifying a low bathtub that a senior

has trouble exiting. As seniors are Canada's fastest growing age group, the service allied health professionals provide grows in importance.

An ageing population demands more from the healthcare system. There are already 4.8 million Canadians aged 65 or older, a number that is expected to double in the next 25 years. Allied health professionals of all stripes are in demand. British Columbia, for example, requires 298 respiratory therapists to deal with growing demand but has trained only 135. Every worker hopes to work in a field where there is no shortage of positions and the allied healthcare field is one. Obtaining a position is only one component of working. Perhaps even more important than the salary of a job is the personal satisfaction you reap from it. When you are working 7.5 hours a day, you should enjoy your workplace and your colleagues.

Now it is time to depart from the cold statistics, for the final reason why you should consider entering into an allied health profession has little to do with financial considerations. Instead, I ask if you enjoy helping

people and if you wish to work with colleagues that respect you. That is the personal satisfaction that allied health professionals derive from their job. I have witnessed how much my mother, a physiotherapist, and her colleagues enjoy working at the hospital. Her work environment is friendly and everyone works together towards a common goal. As an allied health professional, you can grow personally and professionally from opportunities to pursue ongoing education as new methods are developed. Physiotherapy also works on many levels of the whole person. There is the physical side of demonstrating the exercises, the intellectual challenge of diagnosing, the social interaction with patients and coworkers and the emotional satisfaction of knowing that you are helping your fellow Canadians.

The world is full of possibilities and opportunities. By choosing a career in an allied health profession you will be providing a vital service, be in demand and derive personal satisfaction from your work. There remain more decisions to be made, after all there are over 160 allied health professions!

We Need Your Assistance!

In order to keep our database as up-to-date as possible, we need your help. If you change your name, address, home email address, telephone numbers, work site, etc., please let us know. Complete the form below and email joan@mahcp.ca, or mail or fax to MAHCP - 101-1500 Notre Dame Ave, Wpg, MB R3E 0P9 - fax # 1-204-775-6829.

Name _____ Previous Name (if changed) _____

Home Address _____

City/Town _____ Postal Code _____

Home Phone # _____ Home Email Address _____

Employer _____ Site _____

Work Phone # _____ Work Email Address _____

Classification _____

Status (full-time, part-time, term, casual) _____

Date Changes in Effect _____

What is the Benefit of Being a Union Member?



Jacob Giesbrecht
Inkster Christie Hughes,
LLP

In the previous article published in the June MAHCP Newsletter I talked a little about what protection a union can offer an employee where the employer unilaterally decides to terminate the employment contract. Although this is one of the most important rights of employees in a union, the right not to be terminated without cause, it is just one of many rights that union membership affords.

One of the most important benefits union membership affords is a written employment agreement.

This seems so basic that it is often not even recognized as a benefit. Most non-union employment contracts are never written down. They consist of a mutual exchange of promises, the employee that she will attend at work and the employer that it will pay for attendance and performance at work.

When the terms of a contract are written down, they confirm the obligation on the parties to govern themselves according to its terms. Where the terms are not written down, one party can much more easily renege from his verbal commitments. It is often said that a verbal contract is simply worth the paper it's not written on.

Another benefit of a written contract is the ability of each individual member to quickly access their rights. The Association provides each member with a bound copy of the contract and has posted all of its individual contracts with each employer in the province on its website at: http://www.mahcp.ca/htmlfiles/MEMBER_SERVICES/collective_agreements.asp

This easy access empowers members in situations where they may feel that their employment rights are being violated.

The union benefit that goes hand in hand with the access to the terms of the agreement is access to experience labour relations officers well versed in the contract rights and easily accessible my telephone.

The fact that the employment contract has been negotiated over many years by professional negotiators also provides a benefit to the union employee. The collective agreement is like a catalogue of all the

employment rights that have accrued during the course of every round of collective bargaining in the history of the employment relationship between the union and employer. The rights contained in the contract are in most cases much older and well established than the employment history of the employee accessing the right.

A non-union employee is often faced with a much weaker bargaining position than the employer. Employees are many, employers much fewer and usually wealthier. Wealth equals power. An employee who has to negotiate a contract on their own will not be able to enforce a lot of concessions from an employer. The union provides strength in the bargaining relationship so as to force a fair deal.



The union employee also is protected by the contract itself from the employer who may try to draw concessions or to intimidate the employee into taking less than the employee is entitled by directly negotiating with the employee. The employer is not allowed to bargain directly with the employee regarding a term of the employment contract. Where a right is given up by an employee without representation by the union, an arbitrator can “undue” the change through the application of Article 1. This provision gives the union exclusive rights to bargain the employment contract on behalf of its members.

It is a known fact that union positions are usually compensated at a higher rate of pay than non-union positions. The reason for this is again that a union gives its membership

stronger bargaining rights. The higher rate is achieved through the efforts of professional negotiators with the strength of the membership at their backs demanding reasonable pay commensurate with the job being performed.

In the non-union employment landscape employees get paid when they work and if they're sick and unable to work, an employee gets nothing.

There is no statutory right to paid sick leave. The union has long recognized the hardship this creates for employees. The union has fought for and won the right for employees to build sick credits so they can continue to receive a salary when they most need it.

Pension plans are a rare creature in the non-union employment contract. Yet they are what so many employees count on to sustain them when they reach the age when they are no longer able to actively earn an income. Ask any senior citizen how they feel after working hard all of their adult lives and at the end of life having to rely on a meager income from Canada Pension or Old Age Security? Union members can often enjoy the fruits of their pension by enjoying a decent income even after they retire. This would simply be impossible without the union negotiating this on their behalf.

Dental coverage is not normally a part of a benefit package in a non-unionized workplace. As we get older, this becomes increasingly expensive and difficult to pay for. Without help from the insurance proffered from a unionized workplace, the health of an employee faced with high dental and other healthcare costs is sacrificed.

The union contract places parameters around management's rights to administer the workplace. Management has to act in a "consistent, equitable and non-discriminatory manner" when dealing with unionized employees. Failure to follow this stricture can result in damages being awarded to employees.

In a non-unionized workplace there is often no recognition of seniority rights. Employers can lay off the most senior employee first in situations where there is a shortage of work. A union contract recognizes seniority as something that is built through length of service. Seniority is something to be protected and respected in the union workplace.

An employer can promote whomever they choose in a non-union workplace. In a unionized workplace, all things being relatively equal, the

most senior employee is entitled to the promotion.

In a non-union workplace the most vacation an employee is entitled to by statute is 3 weeks. Employees in a unionized workplace can, depending on their service, earn up to 7 weeks of paid vacation annually. This again is because to the benefit of years of professional representation and work done on behalf of union members by its employees.

There are many, many examples of benefits available to union membership that have developed through the years. It is too long a list to include them all in this short discussion. Sometimes it is worth taking stock of those benefits. It is only through the maintenance of a strong union and committed membership support that these benefits can be preserved in the future.

Choosing the Attorney

As you know, Inkster Christie Hughes LLP offers a legal assistance program to the members of MAHCP. Under this plan you receive reduced rates on a number of specific legal matters such as the purchase or sale of a home, Wills, Powers of Attorney, Health Care Directives, separation agreements, divorces as well as a reduction on general legal rates.

This paper is intended as an introduction to the topic and not as legal advice. If you require specific advice with respect to your situation, you should contact a lawyer.

This series of articles will continue in future editions of the MAHCP News. If there is a topic that you would be interested in, please contact Wendy at 772-0425.

MAHCP LEGAL ASSISTANCE PLAN

Membership does have its privileges

MAHCP members receive reduced legal fees on house purchases, sales and mortgages as well as Wills, Powers of Attorney and Health Care Directives under the MAHCP Legal Assistance Plan.

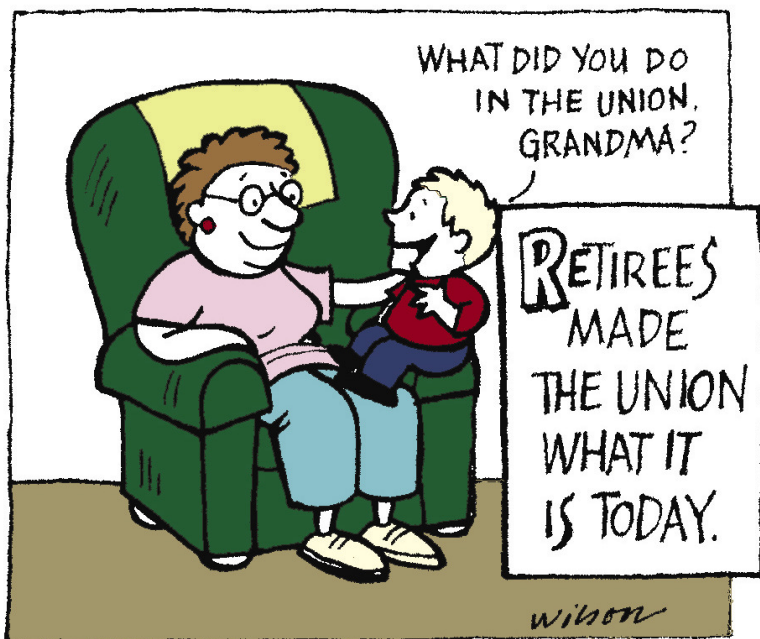
Discounts also apply to family law matters and members benefit from a 20% reduction in other legal fees.

For more information, please contact:
Jacob Giesbrecht at
Inkster Christie Hughes LLP
at 947-6801

Associate Membership Status Available for Retirees

Article 5 of our MACHP Constitution provides for our retired members to hold an associate membership and to continue to be part of MAHCP. A nominal annual fee of \$10.00 has been established by the Executive Council.

Please be aware that this option is available to you or your co-workers who have already retired. This will keep you on the mailing list for the newsletter as well as affording you opportunity to participate in programs.



MAHCP Member Retirees

We are counting on you . . .

If you are retiring or know of someone who is retiring, we would like to hear from you. Neither the Employers nor HEPP provide us with that information so we are counting on you to let us know. You may contact us through email, phone, fax, through your staff representative, board member, on the web site or 1-800-315-3331.

MAHCP would like to congratulate all members who have recently retired. We wish each and every one of you all the best on your retirement.

- **Gail Cadigan**, Lab Technologist, Burntwood RHA
- **Barb Squires**, Lab Technician, St. Boniface Hospital
- **Susan Snyder**, Lab Technologist, Seven Oaks General Hospital
- **Susan Stevens**, Lab Technologist, Gamma-Dyncacare Medical Labs
- **Gisele Bernardin**, Lab Technologist, Gamma-Dyncacare Medical Labs
- **Bev Underwood**, Lab Technologist, Gamma-Dyncacare Medical Labs
- **Evelyne Harrison**, Cytogenetic Technologist, DSM HSC
- **Elaine Landry**, Lab Technologist, DSM South Eastman Health
- **Linda White-Mooney**, Mental Health Worker, Brandon RHA
- **Linda Trinder**, Physiotherapist, Health Sciences Centre
- **Joyce McTaggart**, Cardiology Technologist, Brandon RHA
- **Judy Freeborn**, Lab Technologist, DSM NorMan RHA

Our sincere apologies for anyone that has not been included in this list, we know that there are many more retirees out there.

2010-11 Executive Council

Officers

President	Wendy Despins, DSM - SBH, Laboratory
Vice President	Al Harlow DSM - Concordia Hospital Laboratory
Treasurer	Chad Harris, CCMB Medical Devices
Secretary	Bob Bulloch, HSC Pharmacist

Directors

Aboriginal Health & Wellness Centre	Daphne Lafreniere Residential Health Support Worker
Cardiology	Colleen Bemister, Misericordia Health Centre
Community Therapy Services	Margrét Thomas, Physiotherapist
Laboratory	Janet Fairbairn, CCMB
Mental Health	Kathy Yonda, Brandon RHA
Nuclear Medicine	David Veronesi, HSC
Occupational Therapy	Adele Spence, DLC
Orthopedic Technology	John Reith, HSC
Physiotherapy	Shelley Kowalchuk, HSC
Radiation Therapy	Robert Moroz, CCMB
Radiology	Michael Kleiman, HSC
Recreation	Zana Anderson, DLC
Respiratory	Clara Collier, Concordia Hospital
Burntwood RHA	Tanya Burnside, Pharmacy Technician

Staff Assignments

Lee Manning
Executive Director
lee@mahcp.ca

Janet Beaudry
Executive Assistant
janet@mahcp.ca

Joan Ewonchuk
Administrative Assistant
joan@mahcp.ca

Cathy Langit
Secretary/Receptionist/Clerk
cathy@mahcp.ca

Milcah Abril
Secretary/Receptionist/Clerk
milcah@mahcp.ca

Walter McDowell, LRO: St. Boniface Hospital, Misericordia
walter@mahcp.ca Health Centre, Gamma-Dynacare
Medical Labs, Jocelyn House

Ken Swan, LRO: Health Sciences Centre (Lab, Diagnostic
ken@mahcp.ca Imaging, Pharmacy, EEG), Deer Lodge
Centre, Community Therapy Services,
Winnipeg Clinic

Michele Eger, LRO: Health Sciences Centre (all other HSC
michele@mahcp.ca Members not included under Ken's list
ing), Concordia Hospital, Tissue Bank
Manitoba, Manitoba Clinic, Critical Care
Transport Team, Health Action Centre

Gary Nelson, LRO: Victoria General Hospital, Brandon
gary@mahcp.ca RHA, Brandon Clinic, Centre Taché
Centre, Society for Manitobans with
Disabilities, Rehabilitation Centre for
Children, CancerCare Manitoba

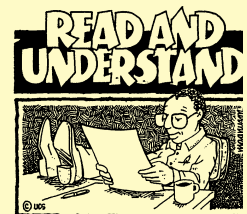
Armand Roy, LRO: Seven Oaks General Hospital, Breast
armand@mahcp.ca Health Centre, Aboriginal Health &
Wellness Centre, Nor-Man RHA,
Burntwood RHA, South Eastman Health

How Well Do You Know Your Collective Agreement?

Question: I have 2 vacation days that I wish to save for an upcoming special occasion with my family. Do I have to use up all of my vacation before the end of the vacation year (ie. March 31st)?

Answer: No. Under the terms of the collective agreement article 1401 (b) you have the right to retain up to 3 days of either unused vacation or unused Statutory holiday banked time.

"The information contained in this question is meant to be a general rule and should not be considered exhaustive in terms of contemplating every contingency in every work environment. Any questions that members may have regarding their particular situation should be directed to their Labour Relations Officer for clarification."



**Moving? Name Change?
Retiring? New MAHCP
Member? Please let us
know!!**

In order to keep our database current, please keep us informed of any information changes including addresses and names. Don't forget to update your address with your employer too!
772-0425 or joan@mahcp.ca

SAVE THE TREES!!



If you would like to receive this newsletter and other information by email only or in addition to your paper copy, please contact joan@mahcp.ca.

If you think you are supposed to be receiving email updates, but aren't, your email provider may be directing MAHCP email to your "junk" or "bulk" file folders. You may have to edit your settings.

Word Search

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N E T A C I F I T R E C
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Agreement	Ballot	Bargaining
Certificate	Contract	Proposal
Ratification	Solidarity	Vote

**MAHCP's 41st
ANNUAL GENERAL MEETING**

**OCTOBER 13, 2011
1730 to 2000 hrs
Holiday Inn Airport West,
2520 Portage Avenue, Winnipeg**



**See enclosed pre-registration form for more information.
Fill it in, send it in!**



101-1500 Notre Dame Avenue, Winnipeg, MB R3E 0P9
Phone: 1-204-772-0425; 1-800-315-3331; Fax: 1-204-775-6829
Email: info@mahcp.ca; Website: www.mahcp.ca