

**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. Do not assume that your Employer will automatically pass this information on to MAHCP.

Is one of your co-workers **retiring** in the near future? Let us know so MAHCP can acknowledge them.

If you have not been receiving regular mail-outs or have a change of information, contact Joan at the MAHCP office by calling 772-0425, extension 201 or 1-800-315-3331 (press "0" to talk with someone during office hours of 8:30 am to 5:00 pm) or email joan@mahcp.ca. Thank you!

EMAIL UPDATES

If you would you like to receive **updates by email** call Joan at 772-0425 or email 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.



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.*

Lauren's Puzzle Corner

S S R C J R T E R O Q M T L O
 Q N H E F J R G Q A I X S Q Q
 C T I G M I O L S G K Z E H W
 D V D K F E C V R E C E V A F
 K T M N P Z M A U V A G R L N
 K J O N B M T B X O Y A A L L
 A B M R V I U X R E A D H O I
 V M R G O Z P P R A H Z L W U
 B J S N A R E T E V N L P E N
 N M G T P E O W P P G C D E V
 T H A N K S G I V I N G E N Y
 N R L R T X L X M O U W W C T
 U X L E A V E S T P A L R J H
 P F H O B R P Z A G P Y L L Z
 H G T D N M G E G Z Y W A T A

BONFIRE
LEAVES
RAKE
VETERANS

HALLOWEEN
THANKSGIVING
REMEMBRANCE

HARVEST
PUMPKINS
MIGRATION

**Mark Your Calendar
MAHCP 2008
ANNUAL GENERAL
MEETING**

**Thursday, October 16, 2008
Clarion Hotel, Manitoba Room
1445 Portage Avenue**

All meeting and teleconferencing information is available in the AGM Booklet which has been included with this mail-out.

NEWS Manitoba Association of **HEALTHCARE** Professionals
 September 2008

IT'S A PRIVILEGE TO HAVE A UNION

By Janet Fairbairn
Laboratory Technologist,
CancerCare MB



Janet Fairbairn

Often I am asked by the members that I represent "what does the union do for me?", or "what am I paying union dues for?" My answer is always the same. I tell them it is like insurance, you may only have to use it once in your life time and it will pay for itself over and over again. One may have a job security issue, or it may be a salary issue, or a member may become disabled and not able to carry on in their existing position etc. A lot of these types of issues arise suddenly and without warning, but you can rest assured that the union will be there for you then, and bargain on your behalf. That is reassuring to me for sure. I wouldn't want to be without one.

I have recently taken a course on labour relations and I found some interesting information in my studies which I thought other members may find enlightening. In some countries, trade unions are illegal and a person trying to organize or become a member of one is likely to be arrested



Winnipeg General Strike 1919

and put in jail. In other countries, trade unions operate under government control and do not represent the real interests of their members. In Western democracies, trade unions now enjoy an established place and workers are free to bargain collectively with employers within a legal framework carefully designed to protect the interests of both the employer and employee.¹

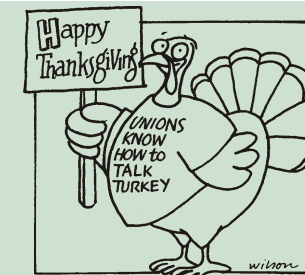
I have read ten or more articles regarding union activists that have been either imprisoned or murdered for simply uttering the word **UNION**. I can tell you for sure one place where you would not want to tangle with union issues is Colombia. Although the articles varied in circumstances, the outcome was always the same; death by torture or multiple

bullets at close range. Favier Dario Pelaez Castano, a member of the guard dog handlers group at a prison belonging to the Instituto Nacional Penitenciario y Carcelario (INPEC) was assassinated in June of this year in front of his wife and his youngest daughter. He was hauled out of his home and shot.² Zulzly Codina was a mother, veteran hospital worker and union activist. The last role was one that cost Cordina her life, at the hands of paramilitary death squads, whose records show they collaborated with the country's intelligence service to liquidate her and other union activists. She was killed on Nov 11, 2003 when a gunman pumped three bullets into her head moments after she kissed her family goodbye. When I read these articles I wondered what

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Editor: Wendy Despina, President
wendy@mahcp.ca

Enclosed with this Newsletter:

- AGM Pre-Registration Form
- AGM Booklet

Meeting Calendar

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

September 1, 2008

- Labour Day
MAHCP Office Closed

September 9, 2008

- Seven Oaks Staff Rep Mtg
Sorrento's Restaurant
1200 hrs to 1300 hrs

September 10, 2008

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs

September 10, 2008

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

September 15, 2008

- AHWC Staff Rep Meeting
Golden Terrace Restaurant
1200 hrs to 1300 hrs

September 25, 2008

- SERHA Staff Rep Meeting
Smitty's - Steinbach
1200 hrs to 1300 hrs

October 13, 2008

- Thanksgiving Day
MAHCP Office Closed

October 14, 2008

- Seven Oaks Staff Rep Mtg
Sorrento's
1200 hrs to 1300 hrs

October 15, 2008

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs

- General Staff Rep Meeting
Canceled, please attend AGM

October 16, 2008

- Staff Rep Conference
Clarion Hotel**

October 16, 2008

- 2008 Annual General Mtg
Clarion Hotel, MB Room
Registration 1730 hrs
Meeting 1800 hrs**

October 20, 2008

- AHWC Staff Rep Meeting
Golden Terrace Restaurant
1200 to 1300 hrs

October 23, 2008

- SERHA Staff Rep Meeting
Smitty's - Steinbach
1200 hrs to 1300 hrs

November 10, 2008

- Seven Oaks Staff Rep Mtg
Sorrento's Restaurant
1200 hrs to 1300 hrs

November 11, 2008

- Remembrance Day
MAHCP Office Closed

November 12, 2008

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs

November 10, 2008

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

November 17, 2008

- AHWC Staff Rep Meeting
Golden Terrace Restaurant
1200 to 1300 hrs

November 27, 2008

- SERHA Staff Rep Meeting
Smitty's - Steinbach
1200 hrs to 1300 hrs

December 10, 2008

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs

December 10, 2008

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



Bring your collective agreement to all member meetings.

2007-08 Executive Council

Officers

President	Wendy Despins, SBGH Laboratory
Vice President	Allan Harlow Concordia Hospital Lab
Treasurer	Chad Harris, CCMB Machinist
Secretary	Bob Bulloch, HSC Pharmacist

Directors

Community Therapy Services	Margrét Thomas, Physiotherapist
Laboratory	Tom Walus, DSM
Mental Health	Kathy Yonda, Brandon RHA
Nuclear Medicine	Shelagh Parken, HSC
Occupational Therapy	Adele Spence, DLC
Orthopedic Technology	John Reith, HSC
Physiotherapy	Shelley Kowalchuk, HSC
Radiology	Janice Smith, Concordia
Radiation Therapy	Jenn Moyer, CCMB
Recreation	Zana Anderson, DLC
Burntwood RHA	Tanya Burnside, Pharmacy Technician
Winnipeg RHA	Jason Linklater, HSC, Orthopedic Technology

Staff Assignments

Lee Manning Executive Director lee@mahcp.ca	Janet Beaudry Executive Assistant janet@mahcp.ca	Lauren Shier Secretary/Receptionist/Clerk lauren@mahcp.ca	Joan Ewonchuk Administrative Assistant joan@mahcp.ca
Walter McDowell, LRO: St. Boniface General Hospital, Central Medical Labs, Jocelyn House, Misericordia Health Centre walter@mahcp.ca			
Ken Swan, LRO: ken@mahcp.ca	Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG), Deer Lodge Centre, Community Therapy Services, Winnipeg Clinic		
Michele Eger, LRO: michele@mahcp.ca	Health Sciences Centre (all other HSC Members not included under Ken's listing), Concordia Hospital, Tissue Bank Manitoba, Manitoba Clinic, Critical Care Transport Team		
Gary Nelson, LRO: gary@mahcp.ca	Victoria General Hospital, Brandon RHA, Brandon Clinic, Centre Taché Centre, Society for Manitobans with Disabilities, Rehabilitation Centre for Children, CancerCare Manitoba		
Armand Roy, LRO: armand@mahcp.ca	Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre, Nor-Man RHA, Burntwood RHA, South Eastman RHA		

Questions You May Want Answered *Before* you Retire

These questions were submitted by members wondering about who to contact and some of the things we need to think about when we are considering retirement.

Q: *Who to contact regarding retirement package?*

A: The Healthcare Employees Pension Plan
Phone: (204) 942-6591
Toll-free: 1-888-842-4233

Q: *What happens with unused holiday time?*

A: If you have not taken all of your earned vacation prior to your last working day, it must be paid out within 5 days.

Q: *How much time is required for notification if one is 60 years old to receive Canada pension?*

A: The Canada Pension Plan states that "Although it is not a requirement, it is best to apply at least six months before you want your pension to begin."

Q: *What is the best optimal time to retire?*

A: Each member's personal circumstances are different. Therefore "optimal" means different things to different people. For those who are unsure, it is best to seek professional advice about financial plans.

Q: *Would one's pension be the same now as compared to 5, 3, or 2 years from now? How do they calculate your benefits?*

A: Pensions plans such as HEPP and the Superannuation Plan are defined benefit pension plans. The calculation of the pension benefit is based on a formula of earnings and number of years of credited service. In HEPP's case, it is based on the highest 5 of last 11 years of annualized earnings. HEPP has recently set up a pension estimator on its website: <http://www.hepp.mb.ca/> which explains the process.

Please feel free to submit your questions to
wendy@mahcp.ca

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.

- Bev Lohrenz,** Laboratory Technologist,
DSM SBGH

- Grace Perumal,** Laboratory Technician,
DSM Seven Oaks

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

Associate Membership Status Available for Retirees

MAHCP's first paid up Associate Member is Luis Martinez.

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.

HSAA Annual General Meeting

by Adele Spence



Adele Spence

Between May 21st — May 23rd, 2008, I had the privilege to join Wendy Despina, President and Janet Beaudry, Executive Assistant of the Manitoba Health Care Professionals (MAHCP) at the Annual General Meeting of the Health Sciences Association of Alberta (HSAA) in Edmonton. HSAA is a sister union of MAHCP, representing over 16,000 allied health care workers in the province of Alberta. As the Occupational Therapy Director on

the Executive Council of MAHCP, I found it enlightening to observe the process of the meeting and discover that we share many of the same struggles and goals. It was also inspirational to look through the looking glass into the future and get a sense of where our union is heading as we focus on our similar goals.

It was intriguing to note that the concerns being expressed during the meeting were identical to Manitoba issues. The medical system in Alberta is being challenged with shortages of health care professionals as well as an aging workforce. As an example, 52% of laboratory technologists in Alberta are over 45 years of age and it is already too late to replace the workers retiring today. It was highlighted that there is a “Missing Generation” of allied healthcare professionals in the province – a generation gap where there was a significant drop in people being trained to work in our allied healthcare professions.

HSAA is presently involved in many exciting and creative approaches in promotion and advocacy on behalf of their members, as well as workers in developing countries. Their philosophy is that two main focuses of a good union should be bargaining and social justice. They describe themselves as being “committed, compassionate, and connected”.

HSAA have recognized domestic violence as a workplace issue and have developed a creative workplace wellness and safety initiative that assists their members as well as society. They have formed a partnership with the Alberta Council of Women’s Shelters in developing and funding a tool kit to identify domestic violence through the workplace and assist those who are affected with education programs that address underlying causes. The presentation highlighted the impact of domestic violence on the workplace. Staff affected by violence are worried about their social concerns and have greater difficulty focusing on the work role. There is

absenteeism, lateness, as well as impact on co-workers. The violent partner often interferes with work and extends the harassment to the workplace. There have also been issues of liability for the workplace in not protecting the worker.

Many policy and position statements that were passed at the meeting reflected a union that was looking forward. Besides a position statement on domestic violence and the workplace, there were also those on harassment, conflict resolution, ethical purchases, and equality. There was a notable presence of the Political Action & Education and Human Rights & Equality Committees. Some of their work has focused on the exploitation of workers in other countries and Canada; respect for diversity; promotion of Medicare and Pharmacare; protecting the environment; advocacy for the poor and developing world. In other words, fairness and equality for all.

An exciting opportunity was announced at the meeting. Telus World of Science had approached HSAA to sponsor an innovative exhibition called Body Worlds which, through the process of Plastination is able to preserve and present real human bodies. This allows visitors to learn about how the body works and the effects of good and poor lifestyle choices. Through this exhibit, the union has excellent logo exposure, promotes an interest in science, supports the community, and receives free entrance for members and their families.

It was stated during the meeting that HSAA was “The little union that could and now is the big union that does”. To me, this statement also described the ongoing and future path of MAHCP. For the last number of years, your executive council and members have been working hard to serve an increasing membership, – improving the constitution, working on policies, discussing involvement in volunteerism in healthcare promotions; promoting our professions; and advocating for improvements in the healthcare system through the Eliminate the Wait campaign. I was proud that sister unions in Alberta and British Columbia thought highly of our Eliminate the Wait campaign; the grievance tracking developed by Bob Bulloch – Pharmacy Director on the Executive Council; and the high level of quality of our newsletter. I was proud that our President Wendy Despina was invited to address the HSAA membership and to bring solidarity greetings from MAHCP. By attending these meetings, we are able to build alliances and, share materials and experiences. Through observation of other unions we have an opportunity to focus planning for our future.

Welcome to MAHCP’s Newest Members:

The Laboratory Aides at DSM Seven Oaks General Hospital.

Central Table Bargaining Update

Central Table Collective Agreements have been mailed to members. Now is the time to read through them and familiarize yourself with your contract. During the next year please note changes that you would like to see, and if you find typos, or “housekeeping” corrections in your contract please forward them to the office. 2010 bargaining may seem a long way off at this time but we have been preparing since June of 2007. We are planning to have our proposal document developed by fall of 2009. If you, in your review, have found changes that need to be made, there are many options for you to alert us. Phone, fax or email your suggestion as well as your contact information in order for us to contact you if we need any further information.

Non-Central Table Bargaining Update

Aboriginal Health & Wellness Centre: Due to unforeseen circumstances the bargaining committees were unable to meet over the summer. The Association monetary proposals were presented to the employer on June 12 and the employer is preparing a response. Our next bargaining sessions are planned for September 16 through 18 and September 22 through 24.

Brandon Clinic: The collective agreement is in effect until July 31, 2010.

Central Medical Labs: As of August 19th the parties have made significant progress towards achieving a collective agreement. Monetary proposals of the Association have been presented and the employer took them under review. It seems both parties are not far from achieving an agreement.

Community Therapy Services: A tentative agreement has been reached and a ratification vote is in the process of being conducted.

Jocelyn House: The employer and the Association have met several times. There has been agreement on several non-monetary items. Further meetings have been scheduled for July and August.

Manitoba Clinic: The collective agreement is in effect until December 31, 2008.

Society for Manitobans with Disabilities: The 1st Collective Agreement with SMD expired on March 31, 2008. Your Negotiations Team, comprised of Krista Buchanan, Robert Butler, Marlies Dyck and Gary Nelson, Labour Relations Officer has had three days of negotiations with representatives of the Employer. Progress has been made on many of the non-monetary issues proposed by the Union.

The parties are scheduled to meet again on Monday, September 22 and Tuesday, September 23, 2008, when it is expected that the SMD will respond to the Union’s monetary proposals, including our proposal on member salaries.

2008 Scholarship Award Recipients

MAHCP awards five (5) four hundred (\$400.00) 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 2008 recipients are:

- **Angela Wang** (Parent - Yunrong Sang, DSM HSC)
- **Christopher Parr** (Parent - Shirley Parr, SBGH)

- **Maala Sharma** (Parent - Uma Sharma, Misericordia Health Centre)
- **Kathryn Thurmeier** (Parents - Sue (HSC) & Rick Thurmeier (SBGH))
- **Vanessa Bachynski** (Parent - Michael Bachynski, SBGH)

Monique Wally Memorial Scholarship Fund

There was several applicants with one successful applicant entering an allied health profession. The Monique Wally Memorial Scholarship Fund recipient is:

- **Maala Sharma**, whose parent is Uma Sharma, Misericordia Health Centre.

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



The Winnipeg Riot June 1919

Privilege - continued from page 1

possessed these people to take such risks when they had to know the outcome, and then I realised that they probably didn't see that they had any other choice. When an individual's livelihood is threatened or their family's security they are willing to fight for what they believe in and hopefully they would not have died in vain so the people they leave behind will have a better life.

We are fortunate in Canada to have The CHARTER OF RIGHTS AND FREEDOMS. Section 2 guarantees freedom of association, which is a very important aspect of industrial relations today. The Labour Relations Act [Section 5(1)] protects the rights of employees to join a union. The act states that no employer may interfere with the formation, selection or administration of a union.

The Winnipeg General Strike is proof of what the work force was like in the past long before some of us were born. After World War 1 many soldiers returned home to find few opportunities, though many companies had enjoyed enormous profits on war contracts. Wages and working conditions were dismal and labour regulations were mostly non-existent. The Bolshevik revolution had just occurred in Russia, and some workers saw this as an example of a successful socialist revolution. This was the pretext that Minister of Justice Arthur Meighen used to accuse the strike leaders of being Communists, and many were deported from Canada after an amendment to the Canadian Naturalization Act.

In 1919 workers within the building and metal industries attempted to unionize by forming the Building Trade Council

and Metal trade council respectively, but the management refused to negotiate. Due to restrictions of labour policy in the 1900's a union could only be recognized voluntarily by employers, or through strike action. Therefore, workers from both industries went

on strike to gain union recognition. An appeal went out for support from other unions and by 11 am on May 15, 1919, virtually the entire population of Winnipeg had walked off the job. 30,000 to 35,000 people were on strike in a city of 175,000. The local newspapers, Winnipeg Free Press and Winnipeg Tribune, had lost the majority of their employees due to the strike and took a decidedly anti-strike stance. The New York Times front page proclaimed "Bolshevism Invades Canada." The Winnipeg Free Press called the strikers "bohunks," "aliens", and "anarchists" (cancel the subscription?).

A counter strike committee, the "Citizens' Committee of One Thousand", was created by Winnipeg's wealthy elite. The Committee declared the strike to be a violent, revolutionary conspiracy by a small group of foreigners. On June 9th the City of Winnipeg Police Commission dismissed almost the entire city police force for refusing to sign a yellow dog contract (asking the police to agree not to unionize or sympathize with the workers). The federal Minister of Labour ordered employees back to work, threatening them with dismissal if they refused. Meighen had amended the Immigration Act to target British Born Radicals for deportation. On June 17 the federal government ordered the arrest of ten strike leaders (including J.S. Woodsworth (who went on to found the Co-operative Common Wealth Federation which was the forerunner of the New Democratic Party)). Four days later, strikers assembled at Market Square, where Mayor Charles Frederick Gray read the Riot Act (an act to declare any group of more than twelve people to be unlawfully assembled, and thus have to disperse or face punitive

action). No more gathering at the water cooler. The Royal North-West Mounted Police were sent and charged into a crowd of strikers beating them with clubs and firing weapons. Mike Sokolowski was killed and at least 30 others were injured in what became known as "Bloody Saturday". A number of eastern European immigrants were deported. June 25, 1919, the workers were gradually giving up and the Central Strike Committee decided to halt the strike.

The aftermath was The Royal Commission, which investigated the strike, concluded it was not a criminal conspiracy by foreigners. Organized labour thereafter was hostile towards the Conservatives for their forceful role in putting down the strike. The Conservatives were defeated in the next election and the Liberal government pledged to enact labour reforms proposed by the Commission. In this way the Winnipeg General Strike can be said to have resulted in much improved working conditions for millions of Canadians.

I hope that answers the question of the next person who asks me what the union does for me. I will now say it is a privilege to have one.³



Winnipeg General Strike 1919

¹ Frank Kehoe, Maurice Archer(2005) Canadian Industrial Relations. Text Cases & simulations Eleventh Edition.

² Colombia: Two More Trade Unionists Assassinated. Retrieved July 16/2008 from <http://www.ituc-csi.org/spip.php?article2247>

³ Winnipeg General Strike. Retrieved June 22, 2008 from http://en.wikipedia.org/wiki/Winnipeg_General_Strike

Editors Note:

The International Trade Union Confederation (IUTC) reported nearly 150 labour activists were killed worldwide in 2006. In 2005 the number killed had risen to 144 from 115 with a further 800 injured, 5,000 arrested and 500 jailed. Published September 18, 2007 by Agence France Presse

From the Desk of the Labour Relations Officers

If You Have Substantial Changes in Your Duties . . .

by Michele Eger
Labour Relations Officer

Do you think that you do more now in your job than you used to? Do you figure that gradually, extra duties and responsibilities have been added to your plate? Every year, we get phone calls from members who believe that because of the above, they deserve an increase in pay. At the office, we never doubt that your contributions to the health care of Manitobans is deserving of an increase in pay, but at the same time, we have to communicate to you that there is a very specific procedure that has to be followed to try and achieve these results.

In most of your Collective Agreements, there is wording such as – "A revision to an existing job description to more accurately the job content of any classification shall not necessarily constitute evidence of a change in job content."

It is only when we can prove that "there has been a material or substantial change in job content since he/she was last classified" that the Employer will agree to review the classification.

If you think that there has been a material or substantial change in your duties and responsibilities, there are a few things I can suggest that might assist you in this process:

- Your first step would be to look at

your current job description. Make a list of all the duties and responsibilities that you actually do in your job that is not in your job description;

- It would be a good idea at this time to investigate how your salary compares to others in your classification within the province and also across the country;
- If there is more than one of you in this classification, it is a good idea to get agreement and input from your coworkers into any suggested changes to the job description;
- Contact your MAHCP Labour Relations Officer who might have suggestions or advice as to wording in your job description or to the advisability of proceeding at this point. Sometimes it can be damaging to proceed at the wrong time which might then jeopardize any future attempts to review your classification;
- If it is deemed advisable to proceed, meet with your Supervisor or Manager to suggest the changes. Your Supervisor or Manager will probably contact Salary Administration and a new job description will be created or they might decide that the suggested changes are not warranted. If that is the case, contact your Labour Relations Officer and together, you will decide what your next step would be.
- Once a new job description is created, the Employer is required to send a copy of the amended job description to the Union. I like to wait until that happens before contacting the Employer regarding a review of your salary. Eventually, if the amended job description is not sent to the office, which unfortunately is often

the case, I contact the Employer to request a copy;

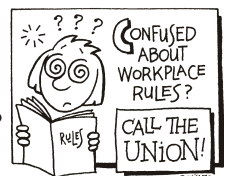
- Using the information you have compiled regarding your classification rates and also using comparisons within your Bargaining Unit, you and your Labour Relations Officer will decide on what you think is reasonable compensation for your classification. At this time MAHCP will formally request a review of your wage rate.
- I suppose it is always possible that the Employer will agree to what we have requested, but unfortunately, that has never been my experience. The Employer may propose another (lesser) rate of pay, and then eventually between MAHCP and the Employer a new rate of pay will be negotiated.
- If the Employer refuses to increase the rate of pay, then there are different scenarios that may occur at this point. After discussions with the membership, your Labour Relations Officer may file a grievance. After that, a legal opinion may be obtained, and the decision on whether to proceed further with the grievance will be decided ultimately by the Executive Director of MAHCP.

This summarizes what often happens when a reclassification request is made. There are other ways that a wage review can be done; sometimes a Manager will advocate for wage increases to your classification. If the Employers are having trouble recruiting or retaining employees in your classification, there is a greater chance of success. The Manitoba Association of Health Care Professionals is here to advise and assist you in achieving the goals that you are working towards.

How Well Do You Know Your Collective Agreement?

Question: I am a part-time employee. I was offered and then scheduled for an additional shift. I became ill and was unable to work that shift. Do I get paid income protection for that shift?
Answer: YES, you do!

"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."



Helpful Legal Information for MAHCP Members

Buyer and Seller Beware

by Sharon Tod
of Inkster Christie Hughes, LLP

The housing market in Manitoba has been particularly hot in the last few years which has spawned two disturbing trends in relation to Offers to Purchase. The first is with regard to the sale of property. In a "seller's market" homes will generally sell quickly and often for more than the asking price. Therefore there is the temptation to "go it alone" and sell one's house without utilizing the services of a real estate agent. While it is understandable that an individual wants to save the cost of paying a commission, keep in mind that realtors do serve a purpose. In addition to knowledge about the value of a property and marketing the home, a realtor is familiar with the Offer to Purchase form. **It is important to keep in mind that an Offer to Purchase is a legally binding contract and failure to fulfill one's obligations under the contract may have serious legal consequences.** I am not suggesting that one always must use an agent but I would recommend that in those circumstances where the seller does not have an agent that the individual have his or her lawyer review the offer before acceptance. While this will cost a little more, there may in fact be significant cost savings as the lawyer will not have to spend additional time trying to correct problems created by an imperfect offer.

Keep in mind that one's house is generally one's greatest and most valuable asset. The sale of your home requires great care and should not be treated lightly.

If you do not have an agent, your lawyer can explain to you that you will not receive the net proceeds on the possession date (usually approximately



two weeks after possession), what a realistic possession date would be, what terms and conditions you should and should not accept, etc. Also, the clauses in an Offer to Purchase form are there for a reason and each should be fully understood before you sign the agreement.

The second concern is that a seller's market is also very problematic for a purchaser. Again, if you do not have an agent (as, for example, when you are buying from a private seller) you may not be familiar enough with the Offer to Purchase to know what information should be filled in and what conditions you should impose.

One of the biggest concerns for purchasers when the market is hot is that offers are made without proper inspections and often without imposing any conditions at all. **In Manitoba, "caveat emptor" or "buyer beware" applies on the contract to purchase a home.** Except in certain specific circumstances, a Vendor is not required to disclose problems with the house. The Offer to Purchase states that the Purchaser relies on his or her own inspection of the property and not upon any representations made by the Vendor except those set out in the Offer. Again, a house is usually a most expensive purchase a person makes and the proper care should be taken. At the very least, have your lawyer assist you with the Offer so that you can make a properly informed decision with regard to your purchase.

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:

**SHARON TOD at Inkster
Christie Hughes LLP at
947-6801**

DSM Phase IV

In June and early July of this year, I accompanied DSM management representatives to the Burntwood Region, Nor-Man Region and South Eastman Region as the MAHCP representative responsible for signing the rural regions Transfer Agreements.

Overall, DSM came to the regions with a well prepared package that included a checklist of what was to be returned in order for the transfer of staff to their organization to occur. There were some errors in the packages, mostly on individuals' position descriptions.

It is my understanding these were corrected.

The visits were done in late June and early July to attempt to personally reach as many members as possible prior to the summer vacation season beginning.

The actual transfers of the members is to occur through the months of September and October of 2008 and will be reflected on their paystub.

Nothing else will change significantly, as much of the benefit management in terms of forms etc. will be handled by the HR department at the site.

Payroll and grievance issues will be handled by the site manager and DSM Human Resources in Winnipeg.

More detailed information will be provided to the affected members in these regions by DSM and to other DSM members through the DSM Newsletter.

Lee Manning
Executive Director, MAHCP

The MAHCP Offices are Undergoing Renovations!



The "ballroom" has been divided up into three work spaces: an office for the Executive Director and two meeting rooms. For further details please see the Management Committee Report in the AGM booklet.



MAHCP Career Profile

Social Worker

Submitted by
Shannon Mulligan
Social Worker, SBGH

Social Work service in the Health Care setting can best be summarized as Diversity. Social Workers provide service to many areas such as, Maternal/ Child Health, Medicine, Geriatrics, Oncology, Dialysis, Surgery, Mental Health, Cardiac Services, Emergency, and Palliative Care programs. Both inpatients and outpatients are seen by Social Work by consultation, client/ patient request, community mandated/legal sources, or by case finding by a Social Worker.

In a Health Care setting, Social Workers, minimally, must complete a 4 year undergraduate degree in Social Work (BSW) from an accredited University. More specialized service areas may require a Master's Degree (MSW) and program specific education/training criteria. Currently all Social Workers, who are employed within the WRHA or RHA, must be registered with the Manitoba Institute of Registered Social Workers (MIRSW). Social Workers who were hired prior to the WRHA inception, are not required to be registered with the MIRSW, but must meet the MIRSW's standards for professional development and best practice.

The profession is governed by the Canadian Association of Social Workers (CASW) Code of Ethics and Guidelines for Ethical Practice 2005. Core Social Work Values and Principles include:

Value 1: Respect for Inherent Dignity and Worth of Persons

Value 2: Pursuit of Social Justice

Value 3: Service to Humanity

Value 4: Integrity of Professional Practice

Value 5: Confidentiality in Professional Practice

Value 6: Competence in Professional Practice

Social Work service provides a psychosocial assessment of patients and families and assists them to access resources available, both in hospital and the community. A systemic approach, which gathers information on the individual, interpersonal relationships and the environment, are the key elements of a Social Work assessment. Housing, finances, assistance with maintaining independent living, supportive living, safety concerns, addictions treatment, education, and mandated services such as Public Trustee and Child and Family



Shannon Mulligan

Services, may be assessed as needed to assist the patient in a successful transition and safe discharge from hospital. Adjustment to illness, supportive treatment, decision making, resource counseling, personal care home paneling, new and young mother supports, grief and bereavement counseling are but some of the services offered by Social Work. The profession works collaboratively with all disciplines

involved in patient care, and advocates for program development or change, to meet patients' needs in a culturally appropriate, timely and meaningful manner. Social Work provides support to the frontline staff of the units they serve, and education that may be helpful for the staff in understanding the social circumstances, inequities, poverty, and racism individual patients and their communities may have experienced.

Social Workers work collaboratively with many Universities throughout Canada in providing Field Instruction for Faculty of Social Work students. Clinical experience and mentorship are offered to the students with evaluation, and recommendations for further learning provided to the Faculty of Social Work. Ongoing professional development education is key to Social Work values as the profession strives to provide best practice and maintain or improve standards of practice. Social Work is about respect, caring, compassion and advocacy for patients involved in the health care system, and extends to families, local and global communities. Human dignity and rights are the core principles that motivate Social Workers in their practice. It is the completion of total health care treatment as it addresses the emotional and social impact illness may have on patients. Social Work assists patients to identify their own strengths and abilities to cope with their experience within the health care system, and to build upon their inner resources for the future.

Message for Manitoba Health Care Workers

IT'S FLU SEASON "GET THE SHOT, NOT THE FLU"



This year during the 2008 Influenza season, the message from Manitoba Health and Healthy Living for all Health Care Providers is:

- **"Protect" Yourself, Your Coworkers, Your Patients, and Your Loved Ones by getting a "free" flu shot every year!**
- Be a "roll model" by rolling up your sleeve.
- You can help reduce the spread of influenza infections.
- **Get the Shot, Not the Flu**
- Visit the Manitoba Health and Healthy Living Website for Influenza and Pneumococcal Vaccine Information @ www.cdcinfo.mb.ca

Staff Mobility

This is the third in a series of articles to provide some background and insight into topics such as Transfer Agreements, Mobility Agreements and Portability.

The concept of Staff Mobility within the Nine Facilities of the former WHA (WRHA) was an initiative by the Employer that would allow employees to move their seniority, service years and benefits across different sites and different unions. This became a Memorandum in nine of our collective agreements several years ago.

The nine facilities that are referred to are:

- Concordia Hospital
- Deer lodge Centre
- Health Sciences Centre
- Misericordia Health Centre
- St. Boniface General Hospital
- Seven Oaks General Hospital
- Victoria General Hospital
- Riverview Health Centre
- Grace General Hospital

Diagnostic Services of Manitoba and the WRHA Pharmacy Program are not signatories to the Memorandum and therefore Mobility does not apply to them.

All of the Unions that represent health care employees with the exception of WAPSO are signatories to this Memorandum. This Memorandum cannot be changed unless all of the Union and Employer signatories agree to the change.

Staff mobility does not apply to MAHCP members who voluntarily apply for a permanent position at another facility represented by MAHCP. In this situation the Memorandum on Portability would apply. (See Portability in June Newsletter)

There are several sections to this memo, Transfers with programs, Temporary Transfers, Voluntary Transfers, Seniority, a Dispute Mechanism and Supplementary Sections.

Some terminologies that members have found to be confusing in the past are "Sending" and "Receiving" facilities. The "Sending Facility" is the facility that

one currently works in. The "Receiving Facility" is the facility one would go to if one was to be moved Voluntarily, Involuntarily or with a Program Transfer.

When a program is transferred from one facility to another within the scope of the nine facilities listed in the Memorandum, the employer notifies the union within 90 days of the implementation of the transfer. Prior to the transfer occurring, the employer determines the number of employees required to run the program at the receiving facility. The employer at the sending facility polls the employees and the selection, if there are more employees interested than vacancies, it is done by seniority.

Conversely if there are more vacancies than people applying to transfer voluntarily, the sending facility posts the jobs. If they do not fill the vacancies through the posting process, the employer may exercise their right to transfer employees from the sending facility involuntarily beginning with the most junior in the classification.

When the transfer occurs, those transferred retain all seniority and benefit rights as if they had always been an employee of the receiving facility. The employer will orient the new employees to the new work place, and no probationary period would apply to them unless the employee transferred was currently a probationary employee at the sending facility.

If the employer is in dire need of additional employees on a temporary basis, they may look to another facility to provide them. Prior to this occurring, the employer would have to exhaust all other avenues at their facility to fill the shifts. An example would be overtime and additional shifts to part time employees. If an employee is Temporarily Transferred, the terms and conditions of the sending facility collective agreement continue to apply to them during the transfer. If not enough employees volunteer to Temporarily Transfer, the employer may exercise its right to Temporarily Transfer employees beginning with the most junior qualified employee.



If an employee wished to Voluntarily Transfer from one facility to another, and the sending facility employees are represented by MAHCP and the receiving facility is represented by another union, and both the union and the facility are signatories to this Memorandum then the employee would transfer all seniority and benefits and be treated as if they had always worked at the receiving facility. In this scenario it is assumed that no one is laid off, no one is on a redeployment list, and there are no internal candidates for the Position.

If there is a Dispute between the parties regarding the interpretation or application of this Memorandum and it cannot be dealt with under the grievance/ arbitration clause of the applicable collective agreement then a third party may be asked to provide a binding solution.

There is also a Supplemental Section that speaks to how the Memorandum should be implemented. It outlines details of what will occur in terms of travel time, orientation, and describes what needs to occur in a facility prior to implementing involuntary or temporary transfers. It describes emergencies and the requirements under emergencies that Temporary Transfers would occur, speaks to the carrying of vacation from facility to facility, parking and transportation reimbursements.

If you are unclear on Mobility and how it affects you should you be transferred with a Program, wish to transfer etc. please contact your Labour Relations Officer for a more detailed explanation.

Lee Manning
Executive Director, MAHCP