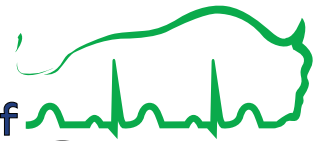


NEWS

Manitoba Association of HEALTHCARE



December 2014

Professionals

Telephone Town Hall Strikes Chord with MAHCP Members

by Bob Moroz
MAHCP President

MAHCP was pleased to hold our third Telephone Town Hall on September 11, 2014. The Telephone Town Hall is an event that is gaining in popularity among organization like ours as it allows a great deal of information to be shared with the largest number of members at a very cost effective rate.

This event was intended to provide our members with an update on where we were in the bargaining process. Our Central Table bargaining team had been meeting for well over one year and was ready to begin bargaining at any time, even though the employer took a little more time to be ready to go. Many of our non-central table agreements had either been completed or were in the process of bargaining.

We had a peak of over 700 members who participated for some period of time. The average time on the call was around 23 minutes. This was not a surprise to us, which is why we try to get our main message shared within the first 10 minutes or so of the event.

The piece of data that really is exciting is members' perception that we are communicating better than in the past. In fact, 76% of you who answered

the poll question either agreed or strongly agreed. Email continues to be the preferred method of receiving information regarding future Town Halls.

We continue to receive positive feedback from members regarding this type of event. MAHCP fully intends to continue to carry on with this strategy as an excellent tool to keep in our ever-improving communications strategy.

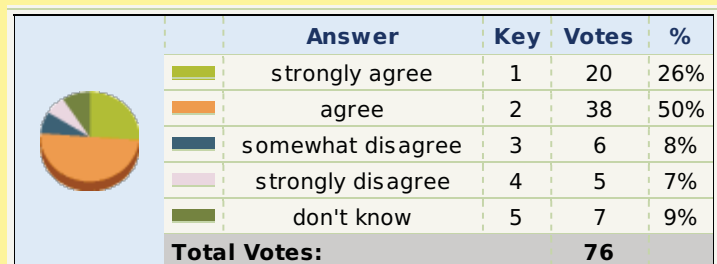
We strongly encourage all members to participate in future Telephone Town

Halls to remain informed on the activities of your union. Members do not have to speak on the phone to join in; while everyone is given an opportunity to join in the conversations and ask questions, many do not.

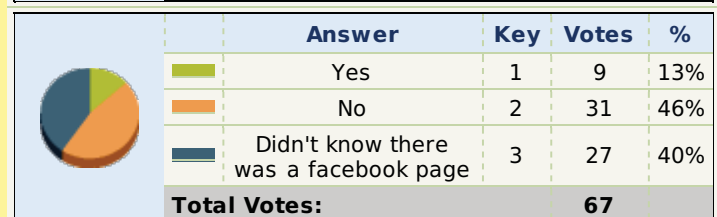
Those who don't want to interact with the moderators can just stay on the line and listen to the questions and answers. If you don't believe you were contacted for the Telephone Town Hall, please call the union office and leave your contact phone number at (204) 772-0425 or email info@mahcp.ca.

Opinions matter! Here are two questions asked at the Telephone Town Hall

Do you think MAHCP has improved its communications to you over the past couple of years?



Have you visited the MAHCP Facebook page?



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Physiotherapy Director

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Joan Ewonchuk

Production:
Joan Ewonchuk
Administrative Assistant



Meeting Calendar

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



December 25, 2014

- Christmas Day
MAHCP Office Closed

December 26, 2014

- Boxing Day
MAHCP Office Closed

January 1, 2015

- New Year
MAHCP Office Closed

January 14, 2015

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

January 14, 2015

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

January 14, 2015

- DSM HSC Staff Rep Mtg
GC303, HSC
1130 to 1300 hours

January 21, 2015

- HSC Staff Rep Mtg
GC303, HSC
1130 to 1300 hours

February 16, 2015

- Louis Riel Day
MAHCP Office Closed

February 19, 2015

- HSC Staff Rep Mtg
GC304, HSC
1130 to 1300 hours

March 11, 2015

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

March 11, 2015

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

March 12, 2015

- DSM HSC Staff Rep Mtg
GC306, HSC
1130 to 1300 hours

March 18, 2015

- HSC Staff Rep Mtg
GC303, HSC
1130 to 1300 hours

April 3, 2015

- Good Friday
MAHCP Office Closed

April 6, 2015

- Easter Monday
MAHCP Office Closed

April 16, 2015

- HSC Staff Rep Mtg
GC304, HSC
1130 to 1300 hours

May 13, 2015

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

May 13, 2015

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

May 13, 2015

- DSM HSC Staff Rep Mtg
GC306, HSC
1130 to 1300 hours

May 18, 2015

- Victoria Day
MAHCP Office Closed

June 10, 2015

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

Bring your collective agreement to all member meetings.

MAHCP News is published quarterly in March, June, September and December. Advertising will be entertained. For more information, please contact the Editor at (204) 772-0425.

Revenues from advertising will be used to supplement the MAHCP Professional Development Fund.

**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!

Call 204-772-0425 or email info@mahcp.ca



Busy Season for MAHCP Bargaining and Staff Changes



**by Bob Moroz
MAHCP President**

It has been an eventful fall for MAHCP. Central table bargaining is in full swing, as are a number of non-central tables. We enjoyed another successful Annual General Meeting where it was announced that I have been re-elected to the position of President. I would like to take a moment to thank all of the

members who did in fact return a ballot. I will repeat that it is a true honour to be the leader of such a fantastic group of caring, dedicated, and severely over-worked membership.

This year's AGM also produced a record attendance, so 'way to go' all of you who were there. We held another Telephone Town Hall which is described in this edition.

We are also happy to have announced the hiring of a new Labour Relations Officer. Cheryl Beal is a former EMS member and returns to us bringing a very in-depth knowledge of our association and the issues we face. To make our staffing complement very clear to our members, a little background is in order. In 2012, Executive Council approved the creation of one additional Labour Relations Officer position. At that same time, a second position was approved to provide us with some succession planning.

We were aware that we were likely to see at least two retirements within the next 2-3 years so it made very good sense to bring an extra LRO aboard to make sure we were running effectively when those retirements occurred.

Well, both of those retirements have now occurred and we find ourselves in a position of going from a complement of six LROs down to five. In a time where MAHCP is pursuing the strategic goal of improving the member service experience, I am very happy to announce that Executive Council has approved the continuation of the sixth Labour Relations Officer position, which is in the process of being filled as I write this.

Of course with two new LROs coming on board, the operations side of MAHCP will be making some alterations to the staff assignment portfolios to once again ensure that we are providing the best member service possible. An announcement will be made as soon as the new portfolios are finalized.

Finally, you may recall that in the 2014-2015 budget presented at the AGM, the Executive Council had also approved funding for a new position that was not necessarily a Labour Relations Officer. After a fairly lengthy discussion period, keeping in mind our second major strategic goal of improving communications, it has been decided that we will hire a full time communications position.

Our goal is to have this person be completely dedicated to the day to day communication needs of MAHCP. This would include things like website content, social media presence, media relations, government and public relations. In more basic terms, this person will be very involved in all MAHCP activities with the ever present mission of "who needs to know this and how do we get that information to them?"

I am going to guess right now that some members may be asking themselves how we can afford these staffing changes. The answer is primarily due to two factors. Over the past two years, we have seen a surplus of revenue over expenses. At the 2013 Annual General Meeting, a resolution was passed by members which reduced the minimum number of Executive Council meetings from ten per year to six. That has resulted in a significant decrease in our governance costs.

This in turn has allowed us to allocate an even larger portion of our resources to direct member services (ie: staffing, professional development fund, etc.). Executive Council is to be commended for their dedication to their role as we are functioning very well, albeit much more financially efficient.

On behalf of the Executive Council and staff of MAHCP, I would like to wish you all the very best this holiday season.



Executive Director Speaks To Members



My name is Lee Manning and in January of 2015 I will have served as your Executive Director for 10 years.

As a result of some dialogue that I have had with members and Executive Council Directors I felt compelled to write an article that outlines some of my roles and responsibilities to you, the membership.

My primary roles are to manage the day to day activities of the staff, negotiate the Central Table Agreement and liaise with Government and high ranking officials of the Regional Health Authorities and Labour Relations Secretariat.

Some concerns that have been raised by members are that the Labour Relations Officers do not return calls or inform members of what is happening with their issue/grievance in a timely manner.

Although there are not a large number of concerns that have been raised to my office I'd like to make it clear to all members that there is a method to deal with any concerns that you may have with the way your grievances or issues are being dealt with.

We have processes in place for members to be kept up to date on these matters.

Letters are to be sent to members informing them of the status of their grievances or issues at regular intervals according to the grievance procedure in the collective agreements.

If you have not been receiving these updates I **want to know**.

Also, if you have not received a call back within 3 working days I **want to know**.

The very purpose of the Association is to provide timely, respectful service to the members and I invite you to contact me and let me know how we are doing. Feedback on service that you have received from the staff is essential to improving service to the membership on a continuing basis.

I can be reached at the office 204 772-0425 or by e-mail at lee@mahcp.ca.

In Solidarity

Lee Manning
Executive Director MAHCP

How do you file a grievance? See page 10 for details.

Collective Agreement Question

Career Development: (Currently in many collective agreements)

Q: If an employee takes a course outside of working hours, and if before the employee takes the course, her supervisor indicates the course is relevant to her employment, the Employer will reimburse the employee for the tuition fee to a limit of \$200.00 upon successful completion of the course. Proof of successful completion will be required.

If the member requests this reimbursement under this clause and is directed to contact the Association first to see if there is money available from the Association rather than the Employer what should the member do?

A: The member should cite this particular clause under Career Development if it exists in their collective agreement.

This clause allows the member to access funds from the Employer, up to \$200.00 per course.

Although the Association has funds available to assist members in some educational endeavours the Association's funds are limited and **should not be where the Employer is directing the member to go**, as the onus is on the **Employer** to provide these funds through the collective agreement.

Associate Member Enjoys Churchill Vacation

One of the more interesting destinations for tourists is Churchill - home of polar bears and whale watchers. Last fall one of our Associate Members, Marguerite, won the Calm Air flight to Churchill - an annual grand prize at our MAHCP Annual General Meeting. Marguerite won the trip at the 2013 AGM so she and a friend were able to book their free flight in November. They had a busy three days, visiting sights around Churchill.

At this time of year, Churchill is popular with tourists, and there are a number of tours and museums to visit. Marguerite and her friend were able to book Tundra Buggies to see the polar bears and went mushing with sled dogs. As you can imagine, the temperatures were very, very cold (-36C) as it was the end of Tourist season. However, she felt it was a very interesting short holiday and a worthwhile experience!

Membership has its privileges! Come out to next year's AGM to have a chance to win prizes like these!



Above: Marguerite and friend Beth buckled in on a dog sled, ready to go mushing on the tundra.



Left: Marguerite in front of the Hudson Bay Beach Sunset Inukshuk. Hudson Bay is in the background.

MAHCP Staffing Update

Janet Beaudry has recently been promoted to the position of Administrative Supervisor. Janet's role will be to provide direct support to the administrative staff and to manage the day to day office related business of MAHCP. Congratulations Janet, and welcome to your new position!

Cheryl Beal began her new position as a Labour Relations Officer on December 8, 2014. Cheryl is a former EMS member from Southern Health. She had been very involved with MAHCP, as a senior staff representative, central bargaining member, as well as other committee work. Cheryl has a very thorough knowledge of both MACHP and the current labour relations environment which will make her a strong asset to our membership. Welcome back, Cheryl!

Above and Beyond...Bleeding Disorders Management on a Global Scale

Greig Blamey PT, CHT
Physiotherapy Consultant
- Adult Inherited Bleeding Disorders Program



The management of genetically inherited and acquired bleeding disorders has a rich history at the Health Sciences Centre, and it is a study in mentorship, collaboration, and interdisciplinary care that should serve as a model of how to approach client centred intervention.

I have been fortunate to be included in this dynamic team of professionals for the last 17 years representing Physiotherapy, and like several of my colleagues, have been able to expand my scope beyond the campus of the HSC to other Provinces and other countries. In addition to my involvement here at home I have taken on an increasing engagement with the World Federation of Hemophilia (WFH), a global organization dedicated to enhancing care and treatment of people with bleeding disorders around the world.

It may surprise some of you that Physiotherapy plays an integral role in the management of bleeding disorders. In fact, over 80% of the bleeding episodes experienced by people with hemophilia occur into the joints and muscles, leading to devastating and debilitating effects. Seventeen years ago it surprised the hell out of me. I was fortunate to be surrounded at that time by knowledgeable and dedicated mentors from within my own profession as well as from nursing and medicine, to help me learn not only the mechanics of the various bleeding disorders, but the role that I could play in making things better.

Over the last 10 years, I have attended and presented at Interdisciplinary Congresses and taught WFH workshops for health care professionals in Eastern Europe, Central Asia, the Middle East, and South America. My travels in support of improving hemophilia care have taken me to 21 countries around the globe, and here in Canada I Chaired the Canadian Physiotherapists in Hemophilia Care for a period of four years.

In May, at the WFH World Congress in Melbourne, Australia, I was elected by a vote of colleagues from Physiotherapy, Orthopedic Surgery, and Physical Medicine, to serve as the Junior Vice-Chair of the Musculoskeletal Committee of the WFH. This global committee consists of 5 individuals who advise the WFH on issues of musculoskeletal care, and design the scientific program for the biennial WFH Musculoskeletal Congress – a meeting that has seen enormous growth in the past few years attracting hundreds of delegates from around the world.

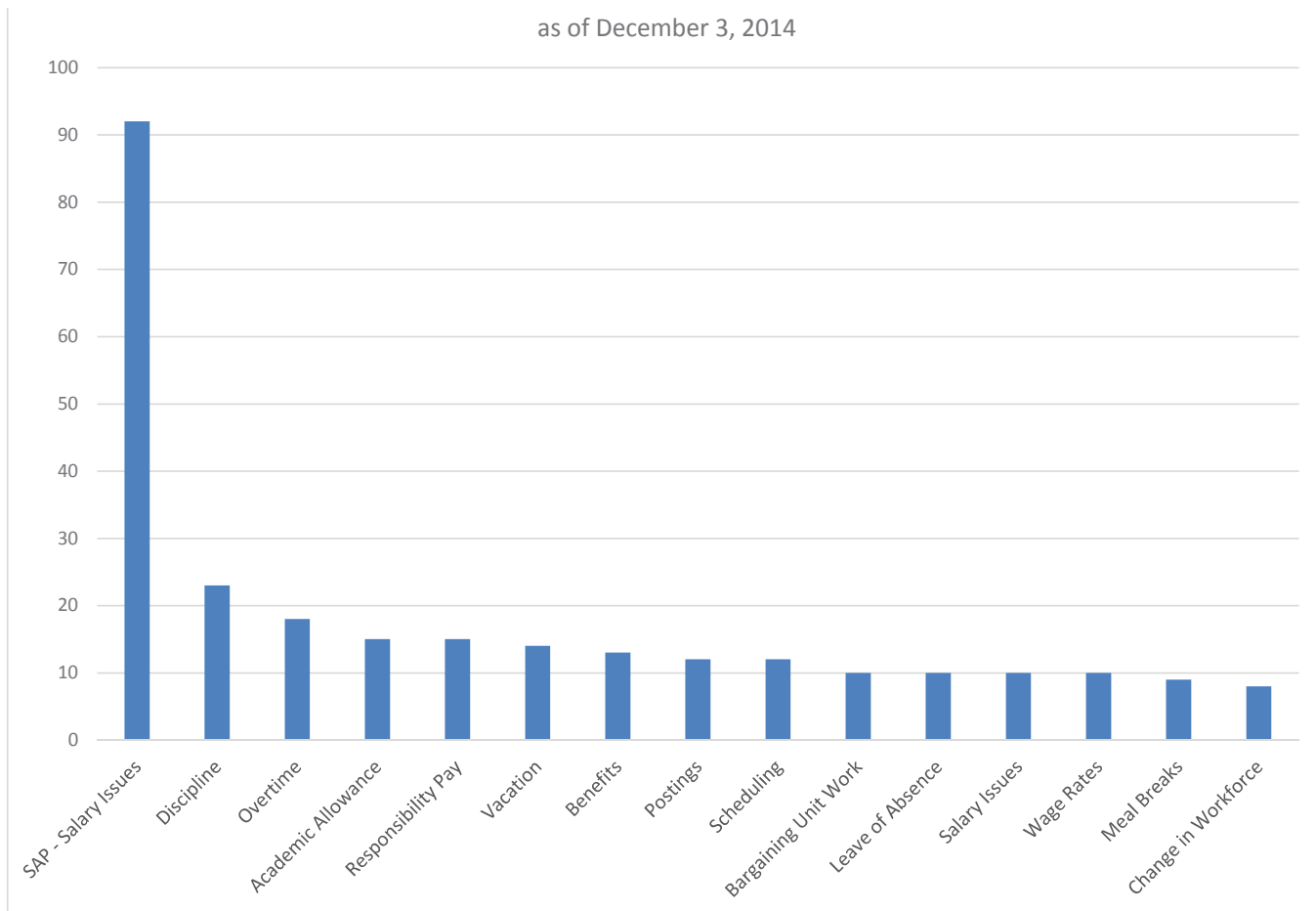
Election to the MSK committee is a six-year commitment culminating in a two-year appointment as the Chair. I was truly honoured to be given this opportunity by my peers, and am looking forward to the new challenges that it will bring.

Perhaps what is most noteworthy about the connection between the global organization of the WFH and the bleeding disorders clinic at the HSC, is that I am the second Physiotherapist from our clinic to be elected to this position. Kathy Mulder, now retired from clinical practice, served as the Chair of the MSK Committee of the WFH from 2006-2008.

When I was asked to write an article about my appointment to this international committee, I felt a degree of hesitation to do something that seemed at least in part like outright self-promotion. In the end though I hope that it may serve as an example for any Physiotherapist who strives to pursue an international career.

By actively seeking out and cultivating opportunities to get involved in other Provinces and indeed other countries, I have been afforded the chance not only to teach, but also to learn from a global array of esteemed colleagues who have in fact become life long friends. My mentors in hemophilia care - Kathy, Nora, Rose, and Morel - always encouraged me to stretch...which is exactly what I intend to keep on doing, while encouraging all of you to do the same.

Top Fifteen Open Grievance Issues



How do I file a grievance?

The collective agreement is the most important thing to know when it comes to your rights. If you are not aware of your rights contained in it, you are at risk of your rights being infringed upon.

You do not have to memorize or read every line of every article of the collective agreement; however, you should know where or how to find certain items to look up, to verify what your rights are and the rules of engaging the Employer around those rights.

Your First Step

The first step is to speak to your Staff Rep or Labour Relations Officer about your problem or issue. It is their responsibility to clarify the facts with you and advise you as to how to proceed. Everyone has the right to speak to their Labour Relations Officer about any concerns that

they may have within the workplace or the employment relationship.

If through dialogue, it is determined that you have a grievance the following basic process steps are employed;

Grievance Procedure:

Step One

Employee and supervisor attempt to resolve the dispute by means of a discussion.

Step Two

If there is no resolution at the first step within 14 days of the incident becoming apparent, a written grievance shall be filed with the department head or designate.

continued on page 10

Attendance Management: A Worst Case Scenario



Jacob Giesbrecht
LLP

Attendance Management, or workplace management of absenteeism, has become a hot-button topic over the last few years for many unions, including MAHCP. Employers who are trying to minimize workplace absences have tried to create a system to control these absences, but the application of the AMP can be varied. There can be uneven application of rules, misunderstandings around culpable and innocent absences, and sometimes a lack of understanding

of Human Rights legislation and how this impacts accommodation. This article is a first in a series where we take a closer look at Attendance Management.

THE FACTS OF THE CASE

Shirley* (not her real name) was an experienced nurse of approximately 23 years, but she had a long history of being on the Attendance Management Program (AMP). After a number of years of being on the program, Shirley's employer decided to terminate her employment. At no time did the employer challenge her competence or quality of work; she was fired on the basis that there was a "frustration of the employment contract." Her union challenged the termination and an arbitration hearing date was set.

Shirley worked on a children's ward, where she came into contact with infants. She felt it was important to attend work in good health and not expose her patients to infectious diseases, so she accumulated a number of absences over the course of 8 years.

She said that over the years she had experienced various gastrointestinal 'bugs' and respiratory illnesses and, "as I got longer in the profession, my immune system was not as good, and I got sick

every month or every two months".

To try to counteract the periodic sickness Shirley experienced, she consulted a specialist in immunology and allergies. The specialist was not able to provide evidence to support immune deficiencies. He stated, "I am sure there are no clear features of a secondary immunodeficiency but rather I think just the chronic fatigue and the cycle of returning to work too early where other co-workers are also sick in combination with exposure to children and their families is exacerbating the situation." Another physician was also unable to determine evidence of immune deficiency.

During the various stages of AMP, Shirley later said, on many occasions, there would be no meetings for six to nine months, beyond even the time period under discussion. She also stated that she was never offered any accommodation by the Hospital. When asked whether she had ever thought of applying to another area of the Hospital, she said she hadn't because she loved her job and what she was doing.

Shirley admitted, "Sometimes when I had recurring illnesses, I wasn't quite up to snuff when I came back." However, she felt that she had had long enough time now without getting sick, so there would be a change if she returned to work.

A SNAPSHOT OF SHIRLEY'S WORK ABSENCES

April 2004-March 2005	67.5 sick hours (3% absenteeism)
April 2006-March 2007	281.25 sick hours (14% absenteeism)
April 2007-March 2008	303.75 sick hours (16% absenteeism)
April 2008-March 2009	146.24 sick hours (8% absenteeism)
April 2009-March 2010	90.0 sick hours (5% absenteeism)
April 2010-March 2011	258.75 sick hours (13% absenteeism)
April 2011-February 26, 2012	168.75 sick hours (9% absenteeism)

Shirley's absences varied from 3% per year to 16%. As a result, she was at stage 6 (the final stage) of the AMP for the last four

years prior to her termination.

At her arbitration, Shirley acknowledged that:

- she was aware of the details of the AMP;
- she was aware of the criteria that were applied to everyone;

continued on page 9

Attendance Management

continued from page 8

- the Employer had offered her assistance on numerous occasions;
- she had been advised of the Employer employee assistance program;
- she had been asked if she had any disability that required accommodation;
- she was aware that a consequence of reaching stage 6 of the AMP might be termination for non-culpable absenteeism;
- she had received numerous warnings of same;
- she had been at stage 6 for more than four years prior to her termination;
- there was no underlying medical condition of which she was aware that prevented her regular attendance at work;
- the employer's record of her absences was correct;
- no grievances had ever been filed about her location in the AMP or the criteria that were being applied;
- she had had union representation concerning her attendance for years;
- she could not think of anything else that the employer could have done to assist her.

During the course of her employment and as part of the process employed, her employer asked her to repeatedly to meet with her healthcare providers to consider options to improve her attendance. The employer posed certain questions to Shirley's physician:

- In your opinion, is there an expectation that the employee's condition(s) will improve?
- Can the employer expect the employee's work attendance to improve?
- Is there a treatment plan in place for this employee?
- Is there anything that the employer can do to assist this employee with their work attendance?
- Does the employee have a medical condition(s) that would prevent her from attending work on a regular and consistent basis?

Her physician answered "No" to the first 4 questions and added "No chronic medical issues, recurrent episodic illness" in answer to the last question.

In Shirley's defense, the union provided evidence that it was not involved in establishing the standards for acceptable levels of absenteeism, and that this was at the employer's discretion under the contract. However, the standards had to be fair and reasonable in the circumstances.

The union argued the employer had to establish that the attendance standard was fair and it had to demonstrate "that the absence of an employee is excessive both on an absolute and a comparative basis. The employer also had "to show that the record of absenteeism is so extreme as to have fundamentally and irreparably breached the employment relationship."

The union focused its argument on Shirley's long service record and that the employer had never challenged the validity of her absences. The union also stated that the employer had not provided Shirley alternate employment.

THE RESULTS

The arbitrator outlined that the employer had to establish there was: "(a) undue absenteeism in the grievor's past record, and, (b) that the grievor is incapable of regular attendance into the future," in order uphold its termination based on frustration of the employment contract.

The arbitrator had no difficulty finding on the facts that there was "undue absenteeism" in Shirley's case. When evaluating whether she was incapable of regular attendance in the future, the arbitrator indicated that that Shirley's stated good hopes and intentions was not enough. The arbitrator needed medical evidence to establish that ability and that was not available in this case. The arbitrator dismissed the grievance and upheld the termination because, as he said, "if reinstated she would be highly unlikely to be able to attend at work on a regular basis in the future."

This is an exceptional case because it resulted in a termination. Usually employees are on AMP for a while and then they either alter their attendance or are diagnosed with a medical issue that is causing the attendance problems. In this case, Shirley was not able to get the appropriate medical confirmation that she needed in order to be accommodated and that resulted in the termination.

This case occurred in Ontario (the law is virtually identical in Manitoba). This study is based on a termination grievance that was ultimately argued before an arbitrator and dismissed.

Case Study: Sault Area Hospital v Ontario Nurses Association (2014) (Arbitrator James Hayes) The full case can be found at: 2014 CanLII 19334 (ON LA), <http://canlii.ca/t/g6lths>.

How do I file a grievance?

continued from page 7

It is best that the member work with an LRO to fill out the written grievance to submit to the Employer for several reasons, the LRO can advise/assist in a concise recap of the issue(s), the article(s) of the collective agreement violated and any adjustments desired. The LRO also makes sure that for administrative purposes the grievance has a grievance number in our database attached to it.

Within 7 days after the written grievance has been filed, the department head or designate shall investigate the matter and reply (in writing).

Step Three

If there is no resolution at the end of the second step, then within 28 days of the incident becoming apparent, the unresolved grievance shall be submitted to the divisional director in human resources. The divisional director shall investigate, conduct a hearing (upon request) and reply within 7 days of submission/receipt of the grievance.

Step Four

If the grievance is not resolved within 35 days after the incident became apparent, it may be submitted for binding arbitration under article 20 within the next ensuing 14 days.

Honour Roll Recipient for 2014

Jo-Ann Peltz, a physiotherapist at St. Boniface Hospital was named the MAHCP Honour Roll recipient at the October Annual General Meeting.

Jo-Ann has been a very active member of MAHCP for many years - she has been a mainstay on Central Table Bargaining for a number of years. She has been a strong voice for our members yet she has a common-sense approach that has made her a valuable asset through all stages of bargaining. She has served on many committees for MAHCP, where her logic and straight-forward approach has been valued. And lastly, she is dedicated to her profession, her patients, her union and most of all her fellow members.

Congratulations Jo-Ann - a worthy recipient of the Honour Roll!

For photos etc of the 2014 AGM please visit the MAHCP website at www.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.

- **Leslie Pinchin**, Respiratory Therapist, Misericordia Health
- **Reisa Adelman**, Social Worker, Seven Oaks General Hospital
- **Sharon Tataryn**, Radiology Technologist, St. Boniface General Hospital
- **Michelle Burgess**, Lab Technologist, Gamma-Dynacare Medical Labs
- **Gloria Van Styvendale**, Lab Technologist, Gamma-Dynacare Medical Labs
- **Denise Waylett**, Respiratory Therapist, Health Sciences Centre
- **Jacqueline Moffat**, Lab Technologist, Gamma-Dynacare Medical Labs



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

2014-15 Executive Council

Officers

President	Robert Moroz CCMB, Radiation Therapist
Vice President	Al Harlow DSM - Concordia Hospital Laboratory
Treasurer	Chad Harris Cancercare Manitoba Medical Physics
Secretary	Shelley Kowalchuk Health Sciences Centre Physiotherapist

Directors

Aboriginal Health & Wellness	Albert Ratt, Support Worker
Cardiology	Colleen Bemister, Health Sciences Centre
Clinic	Sherry Lussier, Gamma-Dynacare Medical Labs, Laboratory Technologist
Community Therapy Services	Margrét Thomas, Physiotherapist
EEG	Jodi Kent, St. Boniface Hospital
Laboratory	James Stevenson, DSM St. Boniface Hospital
Nuclear Medicine	Shelagh Parken, St. Boniface Hospital
Pharmacist	Bob Bulloch, HSC
Radiology	Michael Kleiman, HSC
Recreation	Zana Anderson, DLC
Respiratory	Victoria Fabris, WRHA - Corporate Program
Social Work	Renee Friesen, HSC
Spiritual Care	Michael Thibert, St. Boniface Hospital

Regional Directors

Northern Health Region - East	Tanya Burnside, Pharmacy Assistant
Northern Health Region - West	Lesla Nordick, Community Health Developer
Winnipeg Region	Janelle Morissette, DSM-HSC, Laboratory

Staff Assignments

Lee Manning
Executive Director
lee@mahcp.ca

Janet Beaudry
Administrative Supervisor
janet@mahcp.ca

Joan Ewonchuk
Administrative Assistant
joan@mahcp.ca

Cathy Langit
Administrative Assistant
cathy@mahcp.ca

Jacob Giesbrecht
Legal Counsel
jake@mahcp.ca

Rachiel Langit
Administrative Assistant
rachiel@mahcp.ca

Birgit Molinski, LRO: Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG, Sleep Lab), Deer Lodge Centre, Community Therapy Services, Winnipeg Clinic.

Michele Eger, LRO: Health Sciences Centre (all other HSC Members not included under Ken's listing), Concordia Hospital, Manitoba Clinic, WRHA Corporate Program, Interim: CancerCare Manitoba

Marcy Ervick, LRO: St. Boniface Hospital (non-DSM), Misericordia Health Centre (non-DSM), Jocelyn House, Breast Health Centre. Interim: Actionmarguerite, Society for Manitobans with Disabilities, Northern Region, Rehab Centre for Children

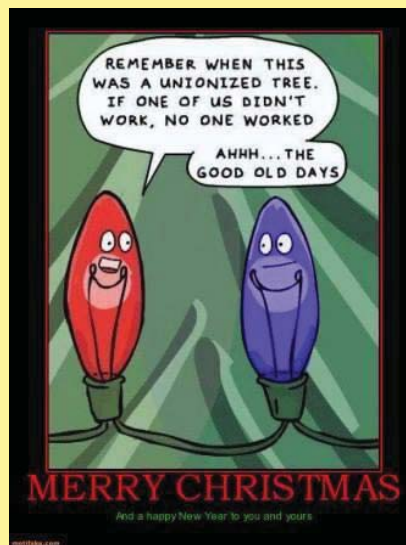
Walter McDowell, LRO: DSM - St. Boniface Hospital, DSM - Misericordia Health Centre, Gamma-Dynacare Medical Labs, Seven Oaks General Hospital, Aboriginal Health & Wellness Centre. Interim: Brandon Clinic, Victoria General Hospital and DSM VGH, DSM Southern Region

Cheryl Beal, LRO: In training. To be determined.
cheryl@mahcp.ca

Phone: 204-772-0425 or 1-800-315-3331 (toll free)
Fax: 204-775-6829

UNION BULLETIN BOARD

*The Executive Council and
Staff of MAHCP
wish you
Seasons Greetings
and a Happy New Year*



Have You Seen Our Facebook Page?

You can find us at Manitoba Association of Health Care Professionals - a long handle, but once you get there, you will find a lot of interesting items, pictures of members and some union announcements (because we want to keep you informed).



We want to raise our profile with your colleagues and friends - so we are announcing another contest!

Help us reach 500 likes on Facebook

Help us reach 500 likes on Facebook - you have to like the actual page - and your name will get in a draw for a \$50 gift card at the place of your choice. To make this more effective, don't forget to like us and share something you have found interesting. You do not have to be a member to win the prize, so don't be shy - share!



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