

NEWS

Manitoba Association of

HEALTHCARE

September 2009

Professionals

What's



keeping you awake? (see page 5)

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Enclosed with this Newsletter:

- 2009 AGM Booklet
- AGM Pre-Registration Form



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Meeting Calendar

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

September 8, 2009

- Seven Oaks Staff Rep Mtg
Boston Pizza
1200 hours

September 9, 2009

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

September 9, 2009

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

September 16, 2009

- HSC Staff Rep Mtg
RR125, Rehab Building
1130 hours

September 21, 2009

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

September 24, 2009

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

October 13, 2009

- Seven Oaks Staff Rep Mtg
Boston Pizza
1200 hours

October 14, 2009

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

October 14, 2009

- General Staff Rep Meeting
Cancelled - Please attend
the AGM

October 15, 2009

- Annual General Meeting
Clarion Hotel
Registration at 1730 hrs
Meeting at 1800 hrs
Reception at 2000 hrs
Manitoba Room

October 19, 2009

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

October 22, 2009

- HSC Staff Rep Mtg
FE019 Chown Room, CSB
1130 hours

October 22, 2009

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours



November 10, 2009

- Seven Oaks Staff Rep Mtg
Boston Pizza
1200 hours

November 18, 2009

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

November 18, 2009

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

November 18, 2009

- HSC Staff Rep Mtg
RR125, Rehab Building
1130 hours

November 19 & 20, 2009

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

November 23 & 24, 2009

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

November 23, 2009

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

November 26, 2009

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

2008-09 Executive Council

Officers

President

Wendy Despins,
DSM - SBGH, Laboratory

Vice President

Al Harlow
DSM - Concordia Hospital
Laboratory

Treasurer

Chad Harris, CCMB
Medical Devices

Secretary

Bob Bulloch, HSC
Pharmacist

Directors

Audiology

Leanne Gardiner,
Brandon RHA

Community Therapy Services

Margrét Thomas,
Physiotherapist

Laboratory

Janet Fairbairn, CCMB

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

Michael Kleiman, HSC

Recreation

Zana Anderson, DLC

Respiratory

Michael Bachynsky, SBGH

Burntwood RHA

Tanya Burnside,
Pharmacy Technician

Winnipeg RHA

Jason Linklater, HSC,
Orthopedic Technology

**Bring your collective agreement to
all member meetings.**

Staff Assignments

Lee Manning
Executive Director
lee@mahcp.ca

Janet Beaudry
Executive Assistant
janet@mahcp.ca

Joan Ewonchuk
Administrative Assistant
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Linda Pundy
Data Entry Clerk
linda@mahcp.ca

Walter McDowell, LRO:
walter@mahcp.ca

St. Boniface General Hospital, Gamma-Dynacare Medical Labs, Jocelyn House, Misericordia Health Centre

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

Member's Two Year Old Re-Classification Request Answered When Union Contacted

Two years after the initial request to her employer to review the substantial and material increases in her job content, and, after being told that "these things take time" a somewhat reluctant member contacted the union for help with her re-classification request.

During the time between the request and her decision, this member was hopeful that the employer would "do the right thing", but became frustrated with all of the delays and lack of progress.

Why did this member take so long in approaching the Union you ask?

Like many members who have never had the need to contact the union, she was of the belief that a "grievance" was a bad thing. That anyone who files a grievance would be perceived as a "troublemaker" or "boat rocker". She held on to the notion that the positive working relationship with her boss and the

goodwill of the employer would eventually recognize her hard work and address her concerns.

When she finally contacted the union she was told that without the organized approach to collective bargaining, individuals are at the mercy of the "good will" of the employer and that the labour relations system requires that the bargaining agent (Union) and not individuals have the mandate to champion issues related to working conditions.

Her perception of being labelled as a "bad employee" if she filed a grievance is a myth that some people in the workplace still believe. This can have the result of individuals rights under the collective agreement being ignored or eroded.

Within weeks of calling the union, this individual received **over 16.7 thousand dollars in retroactive pay** that reflected a significant increase in her hourly

rate that is now more in line with the type of specialized work that she currently does.

If you feel you are not being treated fairly in the workplace, you have the strength and the voice of over 3500 members on your side to advocate for your rights. All you have to do is pick up the phone and call your Labour Relations Officer (LRO).



2009 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 2009 recipients are:

- **Melissa Bulloch**, daughter of Robert Bulloch, Pharmacist, WRHA HSC
- **Sara Bittner**, daughter of Ruth Bittner, Lab Technologist, DSM HSC

- **Nicholas Humniski**, son of Jamie Humniski, Radiology Technologist, HSC
- **John Hodge**, son of Barbara-Anne Hodge, Occupational Therapist, HSC
- **Steven Honcharik**, son of Patricia Honcharik, Pharmacist, WRHA HSC

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:

- **Melissa Bulloch**, daughter of Robert Bulloch, Pharmacist, HSC

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

The Collective Bargaining Process Part 3

This article constitutes the third article in a series on the Collective Bargaining Process, and specifically speaks to Central Table Bargaining only.

Over the past six years, concerns have been raised by some members relating to the “Unions” right to decide what course of action to take in the event that a decision has to be made in terms of a strike, binding arbitration, mediation or conciliation.

As stated in previous articles, the Bargaining Committee is comprised of members nominated by the membership, Executive Council members nominated by membership, staff (Labour Relations Officer(s) and the Executive Director).

The staff's role (Executive Director & Labour Relations Officer) at the bargaining table is to advise, strategize, and offer suggestions based on their expertise. The role of the Executive Director is to act as Lead Negotiator.

In this role, the lead negotiator does not make decisions in terms of acceptance or rejection of proposals by the Employer or decide which Association proposals will be withdrawn or not withdrawn. The role of the Lead Negotiator is to act as spokesperson for the Bargaining Committee relaying to the employer the will of the committee.

As they work the most closely with the various Collective Agreements, the Labour Relations Officer's role is to act as collective agreement language advisor. To also point out to the Bargaining Committee significant ramifications of acceptance of language that is proposed by the Employer.

The role of the Bargaining Committee (solely comprised of members) is to attempt to reach agreement with the employer acting in the best interest of the membership.

The Association has undertaken a different direction for this round of bargaining than in past rounds, the goal being greater involvement of members in the discussions regarding which proposals go the bargaining table.

New forms for proposals have been created and distributed in hard copy to members through the June newsletter.

Also, as mentioned in previous articles, a survey to assist the Bargaining Committee in determining important issues for discussion at the table was also distributed in the June newsletter.

Both the survey and the bargaining proposal form were also made available electronically through the MAHCP website (www.mahcp.ca).

In order to best “screen” which proposals will go to the table a two day proposal screening meeting is being scheduled for November of 2009. (Please note this is a change off date from previous articles).

This will provide members with the opportunity to make the decision on which proposals are both important and supported by the membership.

The attendees at this meeting will be comprised of a cross section of some Executive Council members and some Staff Reps from across the Sites and Regions. Association Staff will be attending as well to facilitate best results. The previous two articles relating to 2010 Bargaining gave details into the rights and responsibilities of the Bargaining Committee under the Labour Relations Act therefore I will not reiterate them. (See March / June Newsletter)

Back to the question at hand, does the Bargaining Committee have the right to make the decision to go on strike, to enter into binding arbitration, or even with a strike vote decide not to go on strike?

The answer is simply yes.

The Labour Relations Act gives the Bargaining Committee very far reaching rights.

The second part of this question is will the Bargaining Committee exercise these rights when the time comes to make a decision or will they return to the membership to make the decision in the form of a vote?

There are several things to be considered when looking at this question;

The Membership has nominated the people who comprise the Bargaining Committee and by doing so entrusted them with the responsibility for making all decisions at the table on their behalf.

The logistics of multiple membership meetings (the entire membership represented at Central Table) is astronomical in terms of time, cost to the membership and possibly a deterrent regarding time sensitive constraints set by the Employer.

On average a full series of membership meetings takes 4 to 5 weeks.

The cost of these meetings in condiments (coffee, water, etc) offsite rooms and travel is greater than many members can imagine. Multiplying this by two is inefficient and costly.

The membership must be involved in the decision to strike or accept a new collective agreement and certainly would be. However, does it make sense that one would expect the Bargaining Committee to spend valuable time, members money, and possibly risk some loss to gains already made at the Bargaining Table by holding 8 to 10 weeks of member meetings?

The core of the question or matter is trust.

The members have entrusted the Bargaining Committee with their issues.

This Committee is duty bound by position descriptions, Codes of Conduct and the Constitution of the Association to act in the best interests of the members they represent at the table and neither the Lead Negotiator or the staff person's involved have any right to make this type of decision.

The Bargaining Committee for 2010 has not been formed yet and it will be their responsibility to decide what the best course of action will be when the time comes and I am confident that they will take all of the factors into consideration and make a decision that is in the best interest of all members.

Please voice any thoughts, concerns or comments on these issues through the MAHCP website, myself or your President, Wendy Despins.

In Solidarity,
Lee Manning
Executive Director

MAHCP Career Profile

Polysomnography Technologist

Submitted by
Tanya Egan



Tanya Egan
Polysomnography Technologist
Misericordia Health Centre

At the Sleep Disorder Centre you will often hear the tech's laughing about how most people think we sit all night and watch our patients sleep. We laugh because we do just the opposite.

On a typical night shift you will find 10 technicians and technologists briskly walking from one patient room to the next calibrating diagnostic equipment, hooking patients up to our electrode-filled head boxes, and trouble-shooting. Once our patients, 10 per night (two patients per tech), are settled into bed, we begin their Full Sleep Study. We guide our patients through a set of bio-calibrations. This ensures all of our electrodes and monitoring devices are working properly. If electrode impedances are high, or our TcPCO2 units are reading incorrectly, or our nasal pressure cannulas are blocked, you again will find us walking if not running to fix the issue.

The first hour into our studies is usually quiet. We begin the recording with a set of patient vitals. These vitals include patient position, sleep stage, respiratory events, volume of snores, oxygen percentage, and carbon dioxide levels from both transcutaneous and end tidal. This is about the only time you will find a sleep tech sitting and watching. We are waiting for our patients to fall asleep.

Once our patients have fallen asleep our job begins. You see, when you are awake you are pretty much in control of what your body does. When you are sleeping your body is relaxed and does what it wants to do. This is where our night shift becomes hectic. The sleep techs are watching your vitals as well as the output from our recording equipment like hawks. We are constantly making notes as to what it is our patients are doing in each position they sleep in and what stage of sleep they do it in. Some people sleep soundly for the entire night, while others begin to snore heroically. Some people begin to have Obstructive Sleep Apnea (OSA) immediately, and others have Central Sleep Apnea (CSA), and the odd person has Cheyne Stokes Respirations (CSR). The sleep techs need to be

very alert to recognize each Sleep Breathing Disorder (SBD) because each disorder has its own treatment protocol. A good number of our patients have already done their research on sleep disorders and are quite surprised to find out that CPAP (continuous positive airway pressure) does not fix everything. For instance, if you are diagnosed with CSA, CPAP will in fact make your breathing worse as you sleep. It will prolong your apneas, causing your SaO2 levels to drop even more, which in turn deprives your heart and brain of oxygen. Thus possibly (and it's been proven) leading you into the direction of a stroke or heart attack.

Over the last few years the sleep lab has been receiving more sick patients than ever. Just seven or eight years ago the lab only studied one "in-hospital" patient per month. These particular patients are considered to be a heavy work load because of their medical history. Most, if not all, of them are in respiratory failure. It almost raised our eye brows when we received two "in-hospital" referrals in a month. It just wasn't common back then. In the past couple of years the sleep lab

has been studying one to two "in-hospital" patients per week. Lately that number has crept up to three to four per week. Eight years ago you could find me mentally preparing for an in-patient at least three days in advance of actually studying them.

Nowadays, we get very little notice of in-patients arriving. We usually find out about one hour before they arrive in the lab and to us techs, it's just another night shift.

We laugh too because a lot of our patients think that we are nurses.



We are not nurses or therapists, we are, by profession Polysomnography Technicians and Technologists. Following a formalized training program and 18 months work experience we then write an international exam.

Upon completion we are then Registered Polysomnographic Technologists (RPSGT). We have been trained specifically to analyze a polysomnograph (sleep study), find a diagnosis and treat the sleep disorder. This is all done preferably in one night. Why one night? Because by morning, when we begin to un-hook our patients, they have had enough

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STAFF REPRESENTATIVE TRAINING SEMINARS LEVEL 1 & 2

Level 1

November 5 & 6, 2009
Applications must be received by Monday, October 19th in order to provide your employer with two weeks notice for union leave as per the Collective Agreement.



Level 2

November 9 & 10, 2009
Applications must be received by Thursday, October 22nd in order to provide your employer with two weeks notice for union leave as per the Collective Agreement.

Who should attend level 1?

For new staff representatives or staff representatives who want to learn more about MAHCP and the role of the staff representative as well as some fundamental tools for dealing with workplace issues.

Who should attend level 2?

Only for those who have been to the level 1 workshop. In this highly interactive workshop you will learn more about the collective agreement and how to conduct an investigation, more on CSE, problem solving, human rights and health & safety legislation.

How to register: Contact MAHCP Receptionist. Apply by mail, phone (1-800-315-3331 or 772-0425), fax (775-6829), or email (milcah@mahcp.ca). Provide your name, work and home phone number where you can be reached, employer name, and area that you represent. Indicate whether you are scheduled to work on either or both days of the seminar and which seminar you would prefer to attend.

For more information please visit the MAHCP website and look under "News - September 2009".

Member Comment

*Dear Walter,
I can't thank you enough for all you've done to bring my reclassification to a successful and happy win-win conclusion! Your consummate professionalism and expertise gave me the encouragement and confidence to work with and through our union which I am so proud to belong to.*

I am very grateful for my new enlightened perspective of the grievance process and most especially for the opportunity to work with you! With heartfelt thanks . . .

Sleep Habits: Tips for Shift Workers

Fact: Too little sleep can result in loss of cognitive ability, decreased motor skills, and that can easily result in an increase in accidents and on the job injuries.

- Get 7-8 hours of continuous sleep
- Fixed bedtimes
- Get to sleep as soon as possible after a night shift
- Make your sleeping quarters as dark as possible
- Use white noise - fans or air conditioner units that make a low noise
- Unplug telephones and fax machines, use an answering machine
- Disconnect doorbells or intercom systems
- Ask neighbours, friends and family not to disturb you while sleeping
- Hire a babysitter for children and inform them about no interruptions during your sleep
- If sleep eludes you, get out of bed and read a book or watch television for a little while, until you feel more tired
- Avoid clock watching
- Give yourself time to unwind, especially after a hectic shift
- Be as routine or regular as you can. Take all medications at the same time daily as well as your vitamin supplements. If working shift, you should take Vitamin D
- Healthy lifestyle promotes healthy sleep

Avoid

- Caffeine 4 hours before sleep time
- Strenuous exercise or activity
- Nicotine or alcohol
- Don't take sleeping pills or aids to sleep

*Polysomnography Technologist
continued from page 5*

of us. In one night shift your sleep tech could enter your room for trouble-shooting reasons anywhere from one time to 20 times.

Our patient wait list consists of people ranging in age from 18 years old to 99 years old. These people also range in size from tall and slim, to short and slim, to morbidly obese. In the last few years we have also seen a growing trend of medication use. There are certain medications that make our job even more difficult. These medications are benzodiazepines and SSRI's (selective serotonin reuptake inhibitors). They alter the architecture of your EEG, therefore, making it more difficult for us to read and determine what sleep stage you are in. Some of these medications will also delay your REM sleep.

REM is very important for us to see as this is the stage of sleep where your disorder will either improve on its own, or worsen to life-threatening.



Continuous Positive Air Pressure (CPAP) Machine

If your disorder requires therapy such as CPAP, we need to see REM while you are on CPAP. If we don't see REM before or during treatment, then the doctors will either prescribe CPAP with the pressure seen during your sleep study, or

they may prescribe a slightly higher pressure and hope that your disorder is resolved. If there has been no improvement in your sleep quality, or blood gases, then chances are good you will be returning to the sleep lab for a re-titration study.

There is also a sleep lab in the Children's Hospital. There are only two sleep technologists there, but they are two of the strongest techs you could ever know. They perform the same duties we do in the adult lab, just with smaller patients anywhere from two months old to 17 years old.

This is just a small peek into our careers as sleep techs. It is difficult, chaotic, and confusing to explain. We now have a training program in place and are currently training our third group of new individuals. This is the third time our senior techs have seen new trainees sweat, panic, and even cry because of how difficult it is to fully understand what it is we do and why. There can be intense pressure placed on us to record a clean study and treat some of the most difficult patients.

A Field Guide to Sleep Disorders

While sleep-disordered breathing, such as apnea, makes up the bulk of the disorders treated at the Sleep Disorder Centre, patients also receive treatment for the following disorders.

Insomnia: We all tend to suffer from the inability to sleep from time to time, but a persistent inability to get to sleep or stay asleep is clinical insomnia. It can often be a symptom of other sleep disorders, such as apnea, but for most sufferers, its root causes are psychological, and as a result, often treated by psychiatrists.

Circadian rhythm disorders: The body's waking and sleeping cycle is controlled by the circadian (internal) clock. A sufferer from a circadian rhythm disorder is out of sync with conventional sleeping patterns. Some people cannot sleep at night, while others wake up very early in the morning. Shift work is often a contributing factor to this disorder. Medication or lifestyle changes are the most common treatments.

Sleep-disordered breathing: The most common form is obstructive apnea where the airway becomes blocked and the sufferer is roused from sleep by choking. It is often accompanied by hypopnea-laboured breathing from a partially obstructed airway. Another form is central apnea where the signal from the brain is causing irregular breathing patterns, often called Cheyne-Stokes breathing. Continuous positive air pressure is often the best treatment.

Hyper-somnolence: Narcolepsy is the most common form. It is characterized by falling asleep unexpectedly during the daytime. Sufferers are also believed to have abnormally low levels of neuro-proteins that regular REM (rapid eye movement) sleep. Unlike normal individuals, who go through the first four stages of sleep before reaching REM, narcoleptics go from waking state straight into REM during daytime hours. It is often treated with stimulant medications similar to methamphetamine, but some patients have also responded well to non-medical treatments such as scheduling several brief naps during the day.

Parasomnias: Sleepwalking and night terrors are two of the more common forms. Sleepwalking - or somnambulism - is more common among children around age 12, but about four per cent of adults sleepwalk as well. Researchers believe that non-REM deep sleep stages are disrupted, leaving a sufferer in a state between wakefulness and sleep. About three per cent of adults suffer night terrors, similar to sleepwalking, but characterized by disruptive arousal, involving screaming, panic and bodily harm from running into objects, in extreme cases. Treatment can involve medications and psychotherapy.

Bruxism: Often considered to be a form of parasomnia, this is the involuntary clenching or grinding of the jaw during sleep. Bruxism can be caused by stress, stimulants like caffeine, high blood pressure, or it may be a symptom of other sleep disorders. Treatment can include reducing stress, blood pressure or consumption of caffeine. It is usually identified by dentists, who often prescribe a custom-fit night-guard that fits over the teeth, reducing the negative impact of clenching and grinding.

Restless leg syndrome: This is marked by an uncontrollable urge to move one's legs - although, it can also be experienced in other parts of the body. Sufferers also often describe burning or itching in the affected parts of the body. It is often a symptom of an underlying illness, such as diabetes, sleep apnea and circulatory diseases. Treatment often involves medication ranging from antidepressants to iron supplements.

Source: American Academy of Sleep Medicine

The Benefits of Being a Union Member

The following essays were submitted to apply for the annual MAHCP scholarships. As such, the author is writing from their own personal viewpoints and experiences. The author is writing about the benefits of being a union member, but is not a member of the MAHCP. As such, the essay is written in a general context, and does not reflect the specific content of any MAHCP collective agreement.

A labour union is a recognized organization of employees that have banded together to achieve key goals and working conditions, and to deal collectively with their employers. Unionized workers have input on the issues and events that affect them and their co-workers.

"As a member of a union, an employee is never alone."

Regardless of their job, each member is treated with the same respect, and receives the same benefits. Advantages of being a union member usually include higher wages, health care benefits, organization to promote health and safety, access to support services, a binding contract with the employer, specific grievance procedures, and being active in the community.

Of all the benefits unionized workers have, the most obvious is higher pay. In Canada, the average full time worker who belongs to a union earns \$20.29 an hour compared to \$17.22 per hour for non-unionized workers. Union members are also more likely to have dental and health care plans at their workplace, coverage for sickness or accidents, and a pension plan to which the employer contributes. Statistics Canada reports that 83% of unionized employees are covered by either a pension plan or a group RRSP, compared to just 33% of non-union workers. Unionized workers also generally have better paid vacation leave than non-union employees. Similar gaps exist for health care benefits such as dental plan coverage (77% of unionized workers have such plans while only 45% non-union workers receive such benefits) and supplemental health care plans (84% for unionized compared to 45% for non-union).

Health and safety is a major concern for unions. All workers are at risk

regardless of the job they are performing; whether it is a construction worker moving heavy items and working on a busy roadway, an exterminator spraying toxic chemicals, a respiratory technician treating someone with a contagious illness, or a therapist counselling someone with violent tendencies. Unions give workers a voice in making their workplaces safe by participating in decision making about health and safety. Unionized workers also have access to training on health and safety, and they have support when they challenge employers about unsafe working conditions. If a worker is injured on the job, the union can help them through the maze of Workers Compensation. Studies have shown that union support results in a higher likelihood of unionized workers receiving WCB benefits.

Today, most unionized workers take the collective agreement, or contract, that exists between them and their employers for granted. In a non-union workplace, workers are at the mercy of their boss. If an employee has a complaint related to the workplace, they can attempt to talk to a manager about it, but the manager is not obligated to do anything. The manager might act on the complaint or ignore it, or punish the employee for raising the issue depending on the nature of the complaint, the company's labour-management philosophy or even the manager's mood on that particular day. In a unionized workplace, grievances and complaints are handled in an entirely different manner. Unlike the non-union environment where the workers are basically subject to the whims of management, unionized workers have a clear set of rights which are outlined in detail in their collective agreement - for example, if he or she fires a worker without just cause (ex: being pregnant) or if an employee is being harassed in some way on the job (ex: racism) - then the worker can take defensive action through the established grievance procedure. Union members don't have to face their boss or fight their way through labour laws alone. Union shop stewards and representatives are there to support individual workers who have been treated unfairly.

Union members also benefit from ongoing training and educational opportunities through courses offered by their union.

Union members have access to courses on health and safety, bargaining, peer counselling, literacy as well as broader issues of globalization, racism and equity issues. Union members also often have access to a broad range of other support services: everything from counselling for family and personal problems, to discounts and special offers negotiated with local businesses. What a particular union offers its members depends on what the members want.

In addition to helping their members in the workplace, most unions are also active in their communities, helping to make conditions better for working people and their families, both union and non-union. Unions individually and collectively pressure the government on issues that impact working people such as minimum wage, hours of work, health and safety regulations and other



employment standards. Unions have been at the forefront of struggles to preserve and protect health care, education and other important public services. Unions fight budget cuts and laws that help large business while eroding the quality of life in communities. Unions support people in need by lobbying government on employment insurance, public pension plans, and welfare to ensure that all

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people have a safety net underneath them. Unions have been a key player in educating the public about the negative impacts of globalization in Canada and around the world.

While there are people that still debate the policies of labour unions and the effects that they have on society, there can be no doubt there are valuable benefits for workers who are unionized. Many people accuse unions of holding society ransom by taking strike actions that result in the disruption of public services, such as the Winnipeg General Strike in 1919. However, these people often fail to comprehend that the main goal and desire for most unions is to achieve balance in the workplace. Rather than viewing the workplace as a constant battle between the employee and employer, unionized workers strive to find what can best be described as a "win-win" solution.

Unions strive to improve the workplace and the conditions for the employees by implementing consistent rules in a uniform manner.

Through training, support, research, information sharing and coalition work, unions help their members become active on issues that are important to them and the communities they live in.

by Melissa Bulloch

A large portion of our lives are spent in a workforce. We spend countless years in school to gain knowledge in order to spend the rest of our years working. No one wants to have all their years of schooling go to waste by being stuck with a job or in a workforce they hate. Throughout history people have been used and abused as a result of their work. Examples of this are long work days, child labour, unsafe work environments and inequality among men and women. The union has worked with its members to remove these trials and to elevate the condition of labour.

One of the first unions in North America was the Knights of Labour in 1869. The members of this union pressed for 8 hour days and opposed any child labour. This is something that many of us just take for granted now. But when we look back, we realize what a milestone this was and how it has benefited us in the present day. Similarly in 1886 the American Federation of Labour was created. This union had over a million members, who worked towards improvements for their jobs. They pleaded to have safer environments and an increase in wages. Even to this day, unions continue to work towards the common interest of its members. We have benefited from unions in the past and will continue to receive benefits.

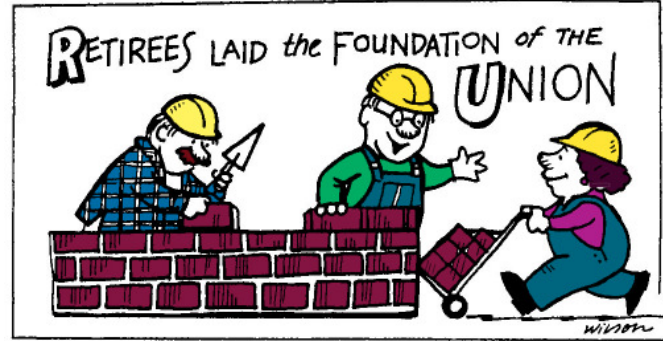
The benefit of working in a safe environment is still evident today, especially in the health care profession. Safe work practices are essential with the continual mutating of viruses and bacteria. A good example of this is how we deal with the H1N1 virus. It is crucial to have good work practices in place before emergencies or pandemics strike. The union helps create a safe environment for everyone to work in, so that the employees do not have to fear being in their workplace.

The union is also very understanding and helpful for those who have families. It gives the employee the chance to take sick leave or absences in case of emergency. There are many times that a mother or father will have to take a day off to take care of a sick child or elder.

The union will support your rights to have time off to cope with family illness or death.

This is an incredible benefit that the union offers. So many people need time off to deal with personal issues, and the union makes it easy and stress-free to do so.

When in a union you receive the benefits of mutual aid and protection. You also can collectively bargain as a



group of people in order to receive what you want. Unions are very powerful because it is not just an individual requesting something, but a large group of employees. If you belong to a union you gain some power, and a right to voice your opinion, that you wouldn't have otherwise. The union joins a large group of people who all have one common goal. This goal is to work in a safe environment that will not only benefit their labour but their lifestyle.

Submitted by Sara Bittner

Before unions, Canadians were subject to long working hours, minimal or no holidays and very few rights; even quitting an unsatisfactory job could be treated as a criminal act. Under the Master and Servant Act employees were neglected and employers were favoured. Workers used to have to work long hours, in conditions that were very often unsafe and for meagre pay. Even when someone had been injured on the job, there was no compensation and there are even cases where they were to report back to work the following day or to be fired. Life for Canadian workers before unions was not the life of luxury that we enjoy today, not even close.

On May 15, 1872 workers in Hamilton, Ontario launched a campaign to reduce their workday to nine hours, against the law and their employer's wishes. At this point in time, unions were illegal, and could not take such actions such as collective bargaining or engaging in strikes. Workers formed

continued on page 10

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.

- **Ellen Ting**, Pharmacist, WRHA HSC
- **Debra Harvey**, Laboratory Technologist, CCMB
- **Michaele Milburn**, Laboratory Technologist, CCMB
- **Marta Kulczyckjy**, Dietitian, SBGH
- **Bette Hooke**, Mental Health Worker, Brandon RHA
- **Ralph Crossley**, Respiratory Therapist, DLC

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

Scholarship Essays . . . continued from page 9

local unions, but they had not power to change the conditions in which they were forced to work or the pay they were given. Yet, the workers in Ontario formed an orgnaized movement, something Canada had never seen, to combat their problems; the movement spread through Ontario and Quebec and had workers rallying for shorter working hours. Although this protest did not fulfill its purpose of a nine hour workday for all it did create awareness throughout Canada, especially its government.

John A. MacDonald, the prime minister at the time, caved in to public pressures and passed an act to allow trade unions to be formed; the Trade Unions Act was passed on June 14, 1872.

In the 21st century, unions still play a very important role in our lives. From preserving and creating rights and benefits for its workers, helping workers who have a complaint about their workplace to be heard to settling and raising wages, unions make quite the impact on our everyday lives. When there is a discrepancy between the employees and employer, unions, on behalf of all its members, engage in collective bargaining to fight for what the members want from their job. If for some reason, negotiations fail; unions can organize strikes to put pressure on the employers to accept their terms, something non-member employees don't have the ability to do.

Unions in Canada are democratic organizations; members elect their officials through secret ballots and have representatives who listen to their concerns and relay them to higher officials to be dealt with. Most unions are affiliated with central labour councils; in fact, historically it was the unions who lobbied the governments to create these councils and regulations. These labour councils apply to every worker in Canada, union member or not. Through unions, everyday citizens in Canada have gained rights, and have a representative body in government, that speaks for them on their behalf. Without unions, Canada, and other developed countries would not have the workplace security we have today, nor would we have the same wonderful lives that we enjoy here in Canada.

by Nick Humniski

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.

Campaign to Save Public Health Care

Contact/CAW/CALM

The Canadian Health Coalition has launched a national campaign to save public health care and is urging concerned citizens to get involved.

Michael McBane, national coordinator for the coalition, warned Canadians against the threat that private, for-profit health services pose to public health care. He said Canadians have consistently indicated they want improvements to public health care, not a two-tier for-profit system.

The Canadian Health Coalition is using the slogan "Privatized, for-profit health care: You'll pay more and get less" to highlight the dangers of accepting claims that more privatized, for-profit services can be incorporated into Canada's health system without harm.

The CHC is a not-for-profit organization dedicated to protecting and expanding Canada's public health system for all Canadians.

--www.healthcoalition.ca

Helpful Legal Information for MAHCP Members

Duties of Executors and Trustees

by Jacob Giesbrecht
of Inkster Christie Hughes, LLP



Jacob Giesbrecht
Inkster Christie Hughes, LLP

Because of the positions as highly trained, intelligent professionals working in the medical field, members of the Manitoba Association of Health Care Professionals are often chosen to act as representatives for friends or families during periods of ill health or death. There are three distinct offices that one may be appointed to during this time. They are (1) executors under a will, (2) proxies under a living will or health care directive or (3) agents under a power of attorney. The topic of this article is the duties and responsibilities that an executor has when appointed under a will to administer an estate. The role of proxy and agent will be the subject of a future article.

An executor, or executrix, is designated in a person's last will and testament to represent the deceased after they die to take care of their estate. This normally means collecting all of the deceased's money and assets, paying off any debts of the deceased, and then distributing the remaining property to the beneficiaries designated in the will to receive them. An executor's work is usually completed or at least substantially completed in the year following death.

Generally, and not necessarily in order of importance, the following are some of the duties accompanying the office of the executor.

1. One of the prime responsibilities of the executor is to ensure appropriate arrangements made for disposal of the deceased's body. Usually the family takes care of these arrangements but the ultimate responsibility and authority for this duty lies with the executor. If there is a dispute as to what arrangements should be made, the executor has the authority to resolve the matter.
2. The first obligation on the assets of the estate are the funeral and testamentary expenses. The expenses should be commensurate with the
3. The executor has a duty to call in assets that the deceased owned at the time of death. This may be as simply as transferring the contents of a bank account or it could be very complicated. Complications can arise when the deceased owns a business or is involved in a law suit or any other of a number of complicating factors.
4. The executor will usually have to make a request for probate. This is an application to court to be appointed as the fully sanctioned, legally appointed, personal representative of the estate.
5. The executor should as a rule advertise for creditors of the deceased in a local newspaper or the Manitoba Gazette. If the advertisement is not done and a creditor comes forward later, after the assets of the estate have been distributed to the beneficiaries, the executor may be personally liable for the debt that is owed.
6. The executor must ensure that all reasonable debts of the deceased are paid. Failure to pay may lead to personal liability of the executor.
7. The executor must ensure to file tax returns and pay income taxes for deceased in year of death and for estate in subsequent years, so long as income is generated in the estate.
8. The executor has a duty to pay

out specific cash gifts or transfer specific assets as required by Will to the beneficiaries under the will.

9. Then when all of the duties of the executor are fulfilled and a clearance certificate has been obtained from Revenue Canada, the executor must obtain approval from beneficiaries or the court of tasks performed while executor.

The term "trustee" is sometimes used interchangeably with "executor". When a Will directs that the assets (or some of them) are to be held for a period of time, then the person designated to hold them is more properly referred to as a "trustee". The trustee's job is to hold the assets over the long term while the executor's job is to restructure them over a short-term period following death.



There is a trend in today's highly complex society for more and more estate plans to include long-term testamentary trusts. These are formal arrangements written out in a person's will which provide that their assets are not to be given directly to their beneficiaries but instead to be held by trustees for some length of time into the future. This can span years or even decades, and is done to preserve an asset to provide a source of ongoing income for a deceased's beneficiaries or to minimize the income tax burden falling on the beneficiaries of the assets.

This trust document usually provides some guidance to persons who are asked to serve as executors and trustees under such arrangements. It is general advice only and may not be appropriate in all cases.

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*Legal Advice
continued from page 11*

As you will see, the duties and obligations of a trustee are quite different than that of an executor. Some of the duties of a trustee are:

1. The trustee must arrange for the transfer of ownership from the deceased or the estate to that of him or herself as trustee.
2. The trustee must open bank accounts or transfer the trust assets into investment accounts.
3. The trustee must determine the investment policy or intent of deceased when developing the trust's investment strategy. The intent of the deceased may be determined from a review of the terms of the will or trust document or from discussions with former advisors to deceased, or from discussions the trustee may have had with the deceased during life. The intent may also be gleaned from a review of any letters of direction left by deceased.
4. The trustee has the obligation to obtain appropriate investment advice, accounting advice and legal advice, as required.
5. For a long term trust, the trustee should diarize the 21 year deemed disposition of trust assets or have advisor do so. This 21 year rule is imposed by the Income Tax Act to trigger a capital gain on any capital asset held in trust every 21 years.
6. The trustee must make annual decisions regarding income distributions or capital distributions.
7. The trustee must arrange for a trust tax return to be filed annually. This is a specialized tax return and appropriate accounting advice should be obtained for the purpose.
8. The trustee should be aware that tax laws are subject to change. Trusts established for tax purposes should be monitored for changes

that may impact on their utility. An accountant, well versed in the area, can normally be relied on to address changes that may arise.

9. Simple book keeping and papertrail procedures should be in place. This is easily done at the outset, but more difficult if the records have to be created after the fact.
10. The trustee may have to retain legal or accounting advice if a significant change is contemplated to the trust. Such changes that typically occur over the period of a long term testamentary trust are:
 - Removing or adding trustees;
 - Appointing a trust company to act as custodian;
 - Changing the residence of the trust from one province or country to another;
 - Blending the trust assets with any other assets, from another trust or otherwise; or
 - Winding up the trust.

All in all the duties required of an executor and trustee are quite onerous and should not be entered into lightly. The key to successfully undertaking these duties is to seek out competent accounting, legal and investment advice.

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**

President's Message

Labour Day and the start of the school year signify to me the end of the summer and has ingrained in me that September is the unofficial "New Year". It is further reinforced



Wendy Despina
President

by our AGM being held in October. Thus it is a pivotal time to reflect back on what has been, while looking towards what can be. The reports in the Annual General Meeting (AGM) booklet speak to this past year. But . . . what about prior years? This year will be our 39th Annual General Meeting and it is a credit to our membership that because of consistently good attendance we were able to increase our quorum. I think attendance this year will be no exception. The meeting is a chance to meet with fellow members; meet the leaders you have elected to provide the governance and stewardship of the union and to meet with staff. It is here that you help to chart the course for our future. It is also an evening of fun and comradery. As the face of our union changes, as the demographic in the workplace shifts we see a greater need to document our history, providing a foundation of knowledge, which in turn builds understanding and solidarity.

The evolution of MAHCP over the course of those 39 years is quite remarkable.

In the past five years in order to impart some of our history we have undertaken a number of different ways to make what has been an oral history available to more and more of the membership. We are doing so at staff representative training, the annual staff representative conference and by giving presentations to the membership that showcases our history. And currently the communications committee is in the process of developing a MAHCP historical timeline for our website. To better assist the Executive Council and specifically the governance committee we created a timeline tracking document of our constitution. It includes all changes, rationales, and passed and

defeated resolutions. This creates a historical link and fosters understanding about decisions made.

We can't just look at our history to understand our union . . . it is JUST as important to study the future.

We have continued to move forward on our strategic visions. One of the strategic directions is the focus on and development of staff representative's. We have more members who are starting off in their careers being nominated and elected to staff representative positions. Many of you have taken the opportunity of the MAHCP training programs. Several Staff Representatives attended the Mel Meyers Conference in March, and the Level 1 and 2 training offered in June. Thank you to each of you for your acceptance of the nomination and your commitment to the role. If however, your workplace currently doesn't have a staff representative, and you would like to be one or know of someone you would like to nominate feel free to contact me for information about the process and the responsibilities. To provide greater support to the staff representatives we have increased training opportunities, both internally and externally. This October we are hosting our second annual staff representative conference. If you have not been able to attend staff representative training, don't despair as Level 1 and Level 2 training is scheduled in November (see page 6 for details).



Birgit Molinski and Wendy Despina

Another aspect of the staff representative project was the creation this spring of a pilot program for a Senior Staff Representative. In May, Birgit Molinski a staff representative at HSC-DSM embarked on eight weeks of extensive training. She had training from the Labour Relations Officers

(LRO's) on subjects that included the Labour Relations Act, Workplace Health and Safety, grievances, the grievance investigation process (GIP), arbitrations and contract interpretation. Although the primary focus of staff representatives is on workplace and labour relations issues it is important to know about and to understand the governance aspect of the organization. So part of her training was spent with me learning about governance, the work done by council members and how that differs from being a staff representative. Her time spent with me also included learning about and understanding the differences between governance and operations.

Birgit attended a number of labour relations related meetings including arbitrations, disciplinary hearings, grievance investigation meetings, and employee/management advisory committee meetings. She also attended an executive council meeting, council committee meetings and one day of the ad hoc defense fund committee meetings.

With her training completed Birgit has returned to her worksite for an eight month trial of the senior staff representative role.

It is hoped that Birgit will be a valuable resource to her fellow staff representatives, and that this program will be a positive change in the workplace.

So with a vision to the future of a union built solidly on education, providing the support and the tools for the job it is hoped that we will continue to build confident activists standing together with even greater solidarity

Labour Day. . . It was the thoughts of Labour Day and its origins that sent me down this path for my president's report. I hope that you have each enjoyed the Labour Day long weekend.

It is one of the many benefits that unions have given to society. Union bargaining and activities have far reaching effects and benefits beyond the scope of the membership.

(If you are interested in the history of Labour Day please go to www.mahcp.ca see the September 2006 Newsletter article "Labour Day")

Manitoba Blue Cross Employee Assistance Program Workshops

The Manitoba Blue Cross is holding Employee Assistance Programs Workshops in September and October. See programs and dates below. You can also view all the EAP workshops on-line if you have access to the WRHA intranet at <http://home.wrha.mb.ca/dducation/index.php>

September EAP Workshops

Who's the Bully? Identifying and Dealing with Bullying in the Workplace:

September 15 at Golden West Centennial Lodge from 1 to 4 pm

Caring for the Caregiver:

September 17, 2009 at Convalescent Home of Winnipeg from 2 to 4 pm

Stress Management:

September 17 at Luther Home 1081 Andrews Street - call 786-8880 to register

Communication Techniques & Conflict Resolution:

September 22, 2009 at WRHA Community Office - 425 Elgin Avenue from 9 am to noon

Retirement Planning:

September 24 at Misericordia Health Centre - Education Resource Centre 691 Wolseley Ave - to register call 786-8880

Team Building:

September 28, 2009 at Charleswood Care Centre, from 1 to 4 pm

Healthy Communication in the Workplace:

September 29, 2009 from 1 to 4 pm

Managing Change and Transition in the Workplace:
October 6 at St. Joseph's Residence

Respectful Workplace:

October 13 at WRHA Community Office - 425 Elgin

Honoring All Cultures in the Workplace:

October 14 at St. Boniface General Hospital

Communication Techniques & Conflict Resolution:

October 19 at WRHA Community Office - 189 Evanson

Essentials of Professional Communication:

October 20 at Deer Lodge Centre

Caring for the Professional Caregiver:

October 20 or October 22 at WRHA Community Office 139 Tuxedo

Managing Change and Transition in the Workplace:

October 27 at St. Boniface General Hospital

Understanding Depression and Helping Others with Depression:

October 28 at HSC

Positive Discipline in Parenting:

October 29 at St. Boniface General Hospital

Pre-Retirement/Lifestyle Planning:

October 29 at CancerCare Manitoba

Emotional Intelligence in the Workplace:

October 29 at Concordia Hospital

Understanding and Managing Anger:

October 30 at HSC (Rescheduled from September 24)

October EAP Workshops

Understanding Depression and Helping Others with Depression:

October 5 at Seven Oaks General Hospital



Hi Wendy,

The Personal saved me approximately \$300/year over my previous insurance company, with more comprehensive coverage. I had a hail damage claim on my home two years ago, and with their head office being in Toronto I expected it to be a little more difficult than it was. I made a phone call and reported the incident. They sent out a local

company to inspect the damage and they submitted their findings to them. They phoned me and told me to pick the roofing company of my choice and bill them directly and I should go ahead and have the work done. I am very pleased with the service and coverage I have received as well as the yearly savings. I would encourage our membership to take advantage of the benefits that larger group plans can offer and at least get a quote to see if they can benefit as much as I have. Sincerely, Jason Linklater

For more information or to get a quote from The Personal, call 1-888-476-8737.

Don't Miss this Year's AGM Guest Speaker - Danny Schur



Dubbed "Canada's Andrew Lloyd Webber," Danny Schur is one of Winnipeg's most successful composers/producers of original musicals. Having made his name as a Juno Award-winning composer/producer (Chantal Kreviazuk, Doc Walker) Danny turned his sights on his true passion: original musical theatre. His musical *The Bridge* was Winnipeg's first full-scale original musical and *Strike!* earned Danny & co-writer, Rick Chafe, the 2006 Kobzar™ Literary Award and the 2007 Grant MacEwan College Kostash Award. The pair have written the screenplay adaptation of *Strike!* and a feature film is in pre-production.

WORD SEARCH ANNUAL GENERAL MEETING

S I V U O K U O L K C Z G E B I A L Y P
Q T P K X D Z V C J C H C V D E D B J O
Z R R Y M R P O Z N M N C A K U F Q A W
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AGM
BUDGET
IMPORTANT
MEMBER
MINUTES
POWER
PRE-REGISTER
PRIZES
REPORTS
RESOLUTIONS
SPEAKER
STRENGTH
TELECONFERENCE
VOTE

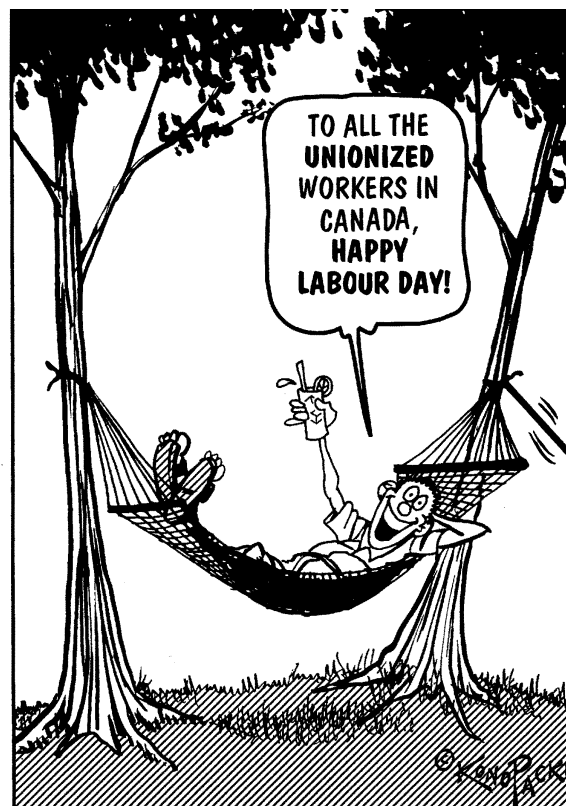
**Moving? Name Change?
Retiring?
New MAHCP Member?
Please let us know!!**



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**, 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.

SAVE THE TREES!! If you would like to receive this newsletter and other information by email only, please contact joan@mahcp.ca.

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.*

Mark Your Calendar

**MAHCP 2009
ANNUAL GENERAL MEETING**

**Thursday, October 15, 2009
1800 to 2000 hrs**

**Reception at 2030 hrs
Clarion Hotel, Manitoba Room
1445 Portage Avenue**

Please pre-register by calling the MAHCP Office with your name, address, phone numbers, employer and classification. Teleconferencing will be arranged for Brandon, Burntwood and NorMan RHA's. To make a request for a teleconference site, please contact Wendy Despins. Sites are listed in the AGM booklet included with this newsletter.

NOTE: In order to vote at the AGM, you must be a member in good standing having completed a Membership Application. If you're not sure if you have signed a Membership Application, please contact the MAHCP Office.