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President

We're on the Web!
www.mahcp.ca

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Wait Times

by Wendy Despins, President

On November 3, 2005, Dr. Brian Postl (Federal Advisor on Wait Times) addressed the Canadian Health Professionals Secretariat (CHPS) on his development of a strategic plan for national wait times. To date he has met with a large number of physician groups. "Benchmark Targets" and "Access Targets" are being determined and established. The "Benchmark Targets" will be recommended as federal standards and need to be significantly evidence based, whereas the "Access Targets" will vary province to province and will be based on physician experience in the absence of available research and data.

Dr. Postl identified the five priority targets of the wait time review:

1. Cancer
2. Heart
3. Diagnostic Imaging
4. Orthopedics (Joint Replacement)
5. Sight Restoration

Despite diagnostic imaging being identified as one of the five priority areas, Dr. Postl stated that no data exists that explicitly demonstrates the impact of diagnostics on the outcome for the patient, or wait lists.

Representing more than 70,000 health care professionals nationally, the CHPS delegates had a number of questions, comments and observations for Dr. Postl. After fielding many questions regarding wait times the group's sense was that Dr. Postl was not cognizant of the Professional Technical Paramedical impact on wait times. The following are examples of some of the questions the delegates posed to Dr. Postl:

- When is a patient on the wait list? When are they off the list? When does the clock start and stop for the wait time list?
- How will you ensure waits for post-surgical and rehabilitative care are part of the equation in assessing wait times?

- What about diseases other than the "big five"?
 - How many wait lists is a patient on before and after a procedure is done, and how will these various waits be integrated into the overall question of how long a patient waits for care?
 - What is the target date for establishing benchmarks?
 - Do we have the health care providers to meet these targets? Where do you see the people we represent fitting into this discussion?
- (In response to this question, Dr. Postl observed that these were interesting questions; and that health councils might have a role, but there were no specific plans to consult directly with our members at the moment.)*

With no plans for consultation in place, many questions remain:

- Given that 85% of all medical treatment is based on diagnostics, why are the critical shortages of the professionals who provide diagnostics not considered key to addressing long wait times?
- When provinces provide statistics indicating a reduction in wait times, are we confident these reductions are real? Or have patients gone elsewhere for service or simply removed themselves from the wait list altogether because they cannot afford to pay for the service?
- Is there a consensus on developing a single common waiting list? Has the issue of choice been taken into consideration?
- What is an example of an improved outcome based on a reduced wait? *(Dr. Postl's example of a benchmark target with evidence-based data was that of a hip replacement being set at 6 months wait or less had measurable improvement on the outcome and recovery for the patient.)*

The delegates suggested that diagnostics should be considered a factor in the

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MAHCP Executive Council

The 2005-06 MAHCP Executive consists of the following elected membership:

President – Wendy Despins,
SBGH Laboratory

Vice President - Al Saydak
HSC Radiology

Radiation Therapist - Treasurer
Paul Norman, CCMB

Orthopedic Technology - Secretary
Randy Buschau, HSC

CTS - Margrét Thomas,
Physiotherapist

Dietitian - Susin Cadman,
Brandon RHA

Laboratory - Tom Walus, HSC

Medical Physics - Chad Harris,
CCMB

Mental Health - Kathy Yonda,
Brandon RHA

Nuclear Medicine -
Shelagh Parken, SBGH

Occupational Therapy -
Adele Spence, DLC

Pharmacist - Bob Bulloch, HSC

Pharmacy Technician -
Cindy Dziadek,
Concordia Hospital

Physiotherapy -
Shelley Kowalchuk, HSC

Radiology - Michael Kleiman, HSC

Recreation - Zana Anderson, DLC

Burntwood RHA - Tanya Burnside,
Pharmacy Technician

Nor-Man RHA - Bernie Krawchuk,
Resource Coordinator

Winnipeg RHA - Allan Harlow,
Concordia Hospital Lab

Meeting Calendar

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

December 14, 2005

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

December 15, 2005

- SBGH Staff Rep Meeting
Rm L1304, Path Conf Rm
1200 hrs to 1300 hrs
Barb Johnson, LRO

December 21, 2005

- HSC Staff Rep Meeting
1130 to 1300 hrs
Rm RR227, Rehab Audit.
- HSC On-Site LRO Meeting
1300 to 1600 hrs
Rm NA227, Isabel Stewart
Call Ken or Michele to
book ahead or drop in

MAHCP Office Christmas Hours:

December 26 & 27: Closed
January 2: Closed



January 12, 13, 14, 15, 2006

- Executive Council Strategic Planning Meeting

January 2006

- General Staff Rep Meeting
* CANCELLED *

January 19, 2006

- Non-Central Table Groups Meeting
Inn at the Forks
1900 to 2100 hrs

January 26, 2006

- SBGH Staff Rep Meeting
Rm L1304, Path Conf Rm
1200 hrs to 1300 hrs
Barb Johnson, LRO

February 8, 2006

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

February 8, 2006

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

February 24, 2006

- SBGH Staff Rep Meeting
Rm L1304, Path Conf Rm
1200 hrs to 1300 hrs
Barb Johnson, LRO

March 8, 2006

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

March 23, 2006

- SBGH Staff Rep Meeting
Rm L1304, Path Conf Rm
1200 hrs to 1300 hrs
Barb Johnson, LRO

April 12, 2006

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

April 27, 2006

- SBGH Staff Rep Meeting
Rm L1304, Path Conf Rm
1200 hrs to 1300 hrs
Barb Johnson, LRO

May 10, 2006

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

May 25, 2006

- SBGH Staff Rep Meeting
Rm L1304, Path Conf Rm
1200 hrs to 1300 hrs
Barb Johnson, LRO

June 14, 2006

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours



June 23, 2006

- SBGH Staff Rep Meeting
Rm L1304, Path Conf Rm
1200 hrs to 1300 hrs
Barb Johnson, LRO

July 12, 2006

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

August 9, 2006

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

September 13, 2006

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- General Staff Rep Meeting
101-1500 Notre Dame Ave.
1830 hours

October 11, 2006

- Executive Council Meeting
101-1500 Notre Dame Ave
0845 hrs to 1700 hrs
- General Staff Rep Meeting
* CANCELLED *
Please attend AGM.

October 12, 2006

- MAHCP Annual General Meeting
Site and Teleconferencing
Information TBA

Bring your Collective Agreement to all Member meetings

Diagnostic Services of Manitoba

Transfer of Employees Delayed

In an effort to hear the concerns of members at the urban sites and to comply with the collective agreement, representatives of DSM and MAHCP met with members at their workplaces for lunch meetings. A discussion was held regarding the transition from their current employer to DSM and included opportunities for members to raise questions or concerns. Any questions that could not be answered at the time were moved to the DSM Steering Committee.

Portability from site-to-site greatest concern.

It became very apparent that one of the greatest concerns was the portability of members from site-to-site. At this time all of the current collective agreements remain in effect for each of the affected sites and therefore only mobility in accordance with the current collective agreements applies.

The date for the transfer of current employer to DSM is tentatively January of 2006 and the first group of members will be the Health Sciences Centre. We expect there will be little to report on until that process begins.

Lee Manning
Executive Director

Market Adjustment Update

In our last meetings with the employer we were able to finalize the recreation facilitator/worker and coordinator classifications.

We are pleased that we were able to bring many of the groups to the HSC wage level, with the most significant increases made at the Deer Lodge Centre.

We have meetings arranged for the middle of November to deal with the outstanding groups and this will undoubtedly exhaust the remainder of the fund.

HEPP/HEBP Update

The Boards of HEPP and HEBP held a Strategic Planning Session on November 3rd and 4th to review the operations of the previous year, and develop a strategy for improvements in operations for the next five years.

The investment made by HEPP/HEBP in the new information system are still being implemented. Improvements in operations will improve member service.

The next Board meetings are December 16, 2005.

Submitted by Ken Swan



Staff Assignments

Lee Manning
Executive Director
lee@mahcp.ca

Heather Pappin
Secretary/Receptionist
heather@mahcp.ca

Joan Ewonchuk
Administrative Assistant
joan@mahcp.ca

Barb Johnson, LRO:
barb@mahcp.ca

St. Boniface General Hospital, Central Medical Labs, Jocelyn House, Misericordia Health Centre, DSM-St. Amant Centre

Ken Swan, LRO:
ken@mahcp.ca:

Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG, Sleep Lab), 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

Karen Noga, LRO:
karen@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

Wait Times cont'd from Page 1 ||||

review of wait times. Dr. Postl thought that there are some real opportunities here for our membership to expand our scope of practice due to shortages amongst physicians and nurses.

A few days prior to Dr. Postl's presentation, there was a press release from Health Minister Tim Sale identifying the breakdown for the spending of the \$155 million federal health dollars for Manitoba with some of that money, \$25.5 million going for more diagnostic testing and \$12.4 million to train health professionals.

Although physicians and nurses are an important factor in wait times and much has been done to address their impact, little has been done to address the impacts of the myriad of health care professionals involved with patients at varying stages, diagnosis, pre-treatment, post-treatment and therapy.

MAHCP believes that the clock on wait times should begin when a patient presents to an intake physician. The patient is often not referred to the appropriate specialist until results are back from diagnostic testing. Patients may wait from two to three and one half months for tests such as MRI, Ultrasound and CT scans.

Often the surgery is performed without adequate resources for post-surgical therapy. The clock shouldn't stop until post-treatment/surgery therapy is concluded.

There are also many other areas beyond the targeted five where wait times need to be addressed. In a meeting with the Acting Deputy Minister of Family Services, MAHCP raised a number of concerns including the wait times for children/pre-schoolers needing speech language pathology, and occupational and physiotherapy treatment through the Society for Manitobans with Disabilities. The wait time is currently eighteen months to two years and the program is only for pre-schoolers. Thus, if not diagnosed before two or three years of age, by the time a child is at the top of the wait list, they are too old to be seen in the program. This is unacceptable. It is well established that early intervention with a therapeutic team including Speech Language Pathologists, Occupational Therapists and Physiotherapists is crucial when working with these young children with a range of disabilities from cerebral palsy, autism spectrum disorder, Down syndrome, global developmental delay, seizure disorders or other syndromes diagnoses.

Currently in Manitoba, Sleep Laboratory wait lists are over two years, and in order to have patients tested earlier, Manitoba will send a patient to Toronto for testing within three months. One can safely assume that this would be a significantly higher cost. While MAHCP applauds government's initiatives to expand the Sleep Lab program, even with the expansion they are not able to keep up, as the referrals continue to increase.

In late spring, MAHCP and MGEU made a joint presentation to the Minister of Health presenting statistics on critical shortages, recruitment and retention issues and training issues. MAHCP is pleased to see that several of the concerns we identified are being addressed by the Government, such as increased enrollment in training programs and improved enrollment standards.

Wait times are a very complex topic. They impact and are impacted by all aspects of health care. Wait times are affected by shortages throughout the spectrum of health care providers. Wait times evolved from human resource decisions made in the early to mid-1990's driven by government cutbacks and discontinuing of training programs. Wait times are currently affected by the under-funding of facilities to deal with the staffing shortages. There is capacity in the system for increased testing, but not the staffing to do it. A study of wait times needs to include a comprehensive look at the human resource requirements of all health care professionals.

There is a preponderance of evidence to support the tie between wait times and health care professional shortages. Even without a mass of statistics, one only has to go into an emergency room at a hospital, wait to be seen by a physician and then be sent for the tests required to make the diagnosis to understand that their wait time increases while waiting to be tested.

Across the entire health care continuum, the group that touches the patient in more ways than any other group in health care is the allied health care professional group. From diagnosis to rehabilitation, the allied health care professional will in most cases touch more patients in the course of their illness than physicians and nurses combined.

In order for Manitoba to deliver quality health care and reduce wait times, the human resource shortages of health care professionals providing diagnostic, clinical, pharmacy and rehabilitation services, together with improved physician and nursing distribution need to be addressed.

Honour Roll Inductee 2005 Gail Cadigan

The inductee for this year's Honour Roll is a member who has sat at many negotiation tables in our 35 year history.

This person has also served for many years on the Executive Council and has been a Staff Representative forever.

All of this has not been without personal cost and hardship. Over the decades it has required a great deal of travel.

Since becoming a member while employed at Lynn Lake, Gail Cadigan has been active, involved and committed to MAHCP.

Gail's sense of timing and drama are legendary, as are her unconventional and devious ways of getting the bargaining team fired up. Another adjective that comes to mind is "stubborn". Gail knows her mind and stands behind her convictions and her membership, but she is also willing to consider another point of view. Gail is fiercely loyal.

Gail has garnered tremendous respect and admiration from her co-workers, in the Burntwood Region, who have all expressed their appreciation for the work she has done in the past on their behalf.

Gail has an eye on the future and has been looking towards succession planning, as she has stepped down from a number of her positions, to let the next generation become involved. It has been suggested that a contributing factor has been her two large beautiful huskies that she recently brought into her home. Gail adores her dogs and when vacationing with her family in Winnipeg her dogs travel with her.

It is a great pleasure to add Gail Caidigan's name to our Honour Roll, and to thank her for all she has done and continues to do for MAHCP.



MAHCP Celebrates 35 Years!

We celebrated our 35th Anniversary as an independent provincial union, at our Annual General Meeting held at the Clarion Hotel on October 13, 2005. During the registration and the reception portion of the evening a slide show was aired highlighting much of the life and activities of MAHCP members, staff and guests over the years. There have been many changes: name changes, membership composition, logos, office locations, staffing, including six Executive Directors and much more.

The business portion of the meeting began at 1800 and was concluded at 2000 during which the Financial Report was reviewed, the new budget passed, the Membership Report reviewed, the new bargaining certificates welcomed, the Honour Roll awarded to this year's inductee and all the resolutions tabled in the AGM package passed and those changes are reflected in the enclosed and updated Constitution.

Many guests from other unions, government, founding members, our legal counsel and employers attended to help us celebrate. This also included Larry Brown, National Secretary-Treasurer of the National

Union of Public and General Employees (NUPGE). Larry arrived from Ottawa as our guest speaker, and his speech was both timely, informative and thought provoking as he talked about issues facing labour in Canada and on a global scale. Rather than attempting to summarize Larry's speech here and following up on suggestions from members who were inspired by his remarks, Larry's speech has been included in this newsletter (page 8).

During the reception, Magician Darren Dynamo circulated amongst members and guests, performing and entertaining us with his magic acts and card tricks.

There were a number of door prizes donated by: Inkster Christie Hughes - WOW Hospitality Concepts Gift Certificates and Oasis Urban Spa Gift Certificates; Clear Concepts - 17" Flat Panel Monitor; Clarion Hotel, Winnipeg - 1 Night in a Theme Room Gift Certificate; Curt Smith Agency - Insulated Mugs and Key Chains; Kikiwak Inn - The Pas - Gift Certificates to Friday Night Buffet; Victoria Inn - Flin Flon - Gift Certificates for Smorg; the Dietitians of Canada - Cookbook; and a 2.4ghz Cordless Telephone from an

anonymous donor.

The door prize winners include: Paul Norman (cordless phone); Shirley Luczenczyn, Kathy Yonda, Carol Winger, Leann Strauman, Susan Moss, Shawna Rutherford (WOW gift certificates); Colleen Buechler, Jacqueline Moffatt (\$100 Oasis Spa gift certificates); Kathy Pollock (Clarion Hotel Theme Room gift certificates); Marcia Tait, Les Koroscil (insulated mugs and key chains); Joelle Fillion-Kopp (cookbook); Bob Bulloch (17" Flat Panel Monitor); Alice Soshycki (Kikiwak Inn Buffet gift certificate); and De-lores Smith (Victoria Inn Smorg gift certificate).

We look forward to seeing you at next year's AGM, October 12th, 2006 including all those who joined us from our five remote teleconference sites: Thompson, Gillam, Flin Flon, The Pas and Brandon.

Thank you to everyone who made this year's AGM such a success.



At the beginning of the meeting, President Wendy Despina read the following statement from the Executive Council:

"The Executive of the MAHCP regrets and wishes to apologize for the inadvertent scheduling of the AGM to conflict with the end of Yom Kippur. We realize that this has resulted in distress for a number of our members. We regret that this situation occurred. As a Union, we value inclusiveness. Unfortunately, by the time we became aware of the conflict, there was insufficient time to remedy the situation. We will certainly be more sensitive to this in the future."



MAHC October



P AGM 13, 2005



**“Freedom, freedom, is
a hard won thing,
You’ve got to work for
it, fight for it,
Day and night for it,
And every generation
has to win it again.”**

**Larry Brown,
National Union of Public
and General Employees**

**Remarks to the Manitoba
Association of Health
Care Professionals Annual
General Meeting, Winnipeg
October 13, 2005**

Let me begin by offering you congratulations on your 35th Anniversary. You are actually older than the National Union – we are only 29!

35 years – you’ve come through some interesting times. Ed Schreyer must have been the Premier when you were formed, you’ve had Howard Pauley, Gary Filmon, now Gary Doer.... some major policy issues, some major battles along the way. How many of you remember Filmon Fridays?

It would be nice to tell you that during those 35 years, health care in Canada has gotten the respect and funding it deserves and is in better shape now than it was 35 years ago.

It would be nice to tell you that the union movement in Canada has gotten the respect and legal protection it deserves during those 35 years, that the union movement has grown in strength and effectiveness.

It would be nice to tell you that it will be warm and snow free here in February.

It would all be nice, but it would not be true.

In fact, these 2 issues are related – maybe not the snow in February, but the two serious issues.

I can say without any hesitation that

we would not have a public health care system in Canada if it weren’t for unions, especially in this field of health care, lead by the health care unions. We wouldn’t have gotten it in the first place and we wouldn’t have been able to retain it against the attempts to privatize it and replace it with a for profit system.

Certainly, we have had our losses, but the basic public system is still intact, still serving all Canadians, in very large part because unions fought fiercely to protect it. We worked with allies, yes of course, but without the organizational effort and support of unions the system would have been under serious threat.

As one example, not too long ago the Romanow Commission allowed the people of Canada to speak out about their health care system, and the answer was very clear - we want our public system. Well, unions played a huge role in the Romanow Report. Our National Union campaigned across the country, providing our members and the public with information, material, facts, and mobilization. Many unions did the same kind of work.

One of the chapters of the Romanow Report was essentially written by a research team put together by the Canadian Centre for Policy Alternatives, the CCPA – one of the 3 most prominent, respected research and policy bodies in Canada. That chapter was a serious contribution to the quality of the Romanow Report, dealing with the effect of international trade agreements on health care. Well, the fact that the CCPA is able to make that kind of a contribution to the public policy arena is because of support from Canadian unions. If not for that support from the Canadian union movement, the CCPA would be a shadow of what it is today.

We know what we’ve done, what we’ve fought for and defended. We know that among many other examples, we would not have the kind of public health care system we do if not for the efforts of Canadian unions and their members.

So do right wing political parties, “think” tanks like the Fraser Institute, and editorial writers.

They know as well as we do that without unions, the neo-conservative agenda of privatization and the elimination of public services would have been much more

successful.

We would have had more private, for profit, health care, and education, and even jails.

The union movement is the strongest vehicle that we have to enable the Canadian people to speak out, to defend and protect and expand public services.

We know all that – but ---

The National Union is currently engaged in a major campaign to defend and protect workers’ rights in Canada. Why?

- We know that without strong workers’ rights, without strong unions, countries have weaker political debate, weaker human rights, weaker social systems. We have seen this time and time again around the world.

- We know strong unions, and the effective right to join a union, are essential to economic democracy. In countries without strong unions, there is a greater gap between rich and poor.

- A new International Labour Organization report demonstrates a clear-cut and positive link between labour rights and productivity. It even shows that the stability produced by union rights improves a country’s volume of exports - those countries with good records on labour standards fare better in world markets.

- The Organization for Economic Cooperation and development (OECD) Employment Outlook (2004) has done a study that confirms that countries with high levels of union density or collective bargaining coverage are much more equal than countries with low union density, and perform no worse in terms of creating jobs.

- **Even a World Bank publication, based on a survey of more than a thousand studies on the economic effects of unions and collective bargaining, concludes that high unionization rates often lead to a more equal distribution of income, decreased wage discrimination against women and minority workers, and improved economic performance.**

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• We know can't have human rights without worker/union rights. They are part of the same whole.

So why is this an issue for us? Especially here in Canada, where we usually sort of assume that we have achieved decent labour rights.

Because we also know that workers' rights are much less secure than they should be.

The fact is, Canada's record on labour rights is abysmal. Since 1982 there have been 170 pieces of legislation passed at either the federal or provincial level that restricted, suspended or denied collective bargaining rights for workers. 83 laws were passed ordering workers to end legal strikes.

The government of Canada has had a decent record in Geneva, the home of the International Labour Organization. Canada is seen as a supporter of the ILO, which is a tripartite UN agency. Our government makes promises and commitments at the ILO regarding workers rights – but in practice, our governments flaunt those promises.

Since 1982 there have been more complaints from Canadian unions to the ILO than from any other country regarding violations of the Freedom of Association commitments made by our government! This is the worst record of any country. We're now ranked with Chad and Morocco as problem cases at the ILO.

Both the private and public sectors have been hit by this phenomenon, this legislative abuse and denial of workers rights.

The legislative attack on workers' right in Canada is part of an international phenomenon - during the last two decades, national labour movements in almost every country of the world have been under attack. The objective in all cases is the same – to weaken workers' rights and their unions. This phenomenon is called Corporate Globalization.

Corporations now compete by

reducing their labour costs. Countries compete for investments by deregulating both the workplace and the labour relations framework. The impact of this global competition is that workers in one country are played off against workers in another, driving down the wages and working conditions for all workers.

Global competitiveness has a clear and specific purpose – to increase the power of capital over labour. That's why part of the fight for workers' rights here is to fight against the trade deals that are an integral part of the corporate global agenda – the WTO, and GATS, and the FTAA.

For too long the question of workers rights in Canada has been a sleeper issue, running under the public radar screen. Most people assume that we have good basic labour legislation, and that these unacceptable interventions are only implemented to resolve crises.

For too long we ourselves have treated this as a series of unrelated issues – we have a problem here, and we deal with it and move on, then we have a problem there, which we deal with and move on but recently we added it all up, produced a book which took a comprehensive look at all the activity across the country in the last couple of decades, and it was not a pretty picture.

We need to face the fact that workers' rights, union rights in Canada are seriously threatened.

Our campaign is aimed at making this a political issue, an election issue, a public issue, a legal issue – we want to put the question of basic human rights, part of which is workers rights, on the public agenda.

We want to see a basic respect for workers' rights, and a basic respect for the international commitments we have made at the ILO.

We have a partner in this campaign, the United Food and Commercial Workers Union, UFCW. We're proud to be associated with them; they are the Union that went to the Supreme Court, successfully, over legislation in Ontario that denied farm workers the right to organize.

They are also the union that is working so hard to offer the employees at Walmart stores the right to organize. This huge company, Walmart, is fundamentally anti-union, and they break the law constantly to stay that way. They break the laws respecting workers rights to unionize, they break laws respecting equal pay for women workers, they even routinely break store hour opening laws because they feel they are above the rules set by the citizens of a community. They have been found guilty of using illegal immigrants to clean their stores because they could pay them less.

The state of California pays \$86 million out of the public purse to provide food stamps, and subsidized housing, for Wal-Mart employees, because these employees earn so little they qualify for welfare.

We know "things are tough" in the retail sector. Poor little Wal-Mart – the little store that can't afford to pay its employees union wages. Well, on the Forbes list of the wealthiest people in the world, there are 5 people named Walton – in fact all five are in the top 16 on the world's wealthiest. These 5, the Walton's, are the owners of Wal-Mart. They got this rich by denying fundamental rights to their employees – it's an obscenity.

This is all obscene – and we are all weaker if Wal-Mart can do what it pleases, can continue to operate non-union.

We are proud to be a partner with UFCW in their efforts to organize Walmart workers.

We are fighting to reverse our government's poor record at respecting the freedom of association principles of the ILO.

We will insist all governments in Canada give effect to the international human rights norms, which they have made a commitment to comply with.

There is a particular public sector focus on all this, a public sector focus within the overall campaign for labour rights.

There has been a major change in the frequency and severity of back-to-work legislation in Canada in recent years.



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*Larry Brown, AGM Remarks
Continued from Page 9*

In the last 22 years, the federal government passed 13 pieces of back-to-work legislation while provincial governments across the country have enacted 70 pieces of back-to-work legislation.

Most of this legislation not only forces workers back to work after taking strike action, but also arbitrarily imposed settlements on the striking workers. This has happened 44 times in recent years.

All worker rights are important to us, but this aspect is of more direct import. In the Public Service, the new normal is that the government negotiates, then if there is a strike, they too often feel free to impose their 'offer' as the law! Their employees' wages get set by statute, a statute passed by their boss. An employer like General Motors would kill for this power.

Would governments buy cars that way? Setting the purchase price of the car by law? And if they tried, would people accept that? Would they lease buildings by legislating the rent? Would they set in law the amounts they are prepared to pay their friends, the consultants?

Public sector workers are the only workers in the country whose wages are set by laws – laws written by their employers.

In Newfoundland last year we had a 4.5 week strike – and, after all that, the employer, the government, passed a law imposing their offer as the contract. The same thing has happened in BC and with the federal government. Now there is a Teacher's strike in BC because once again the government decided to force its position on it's (indirect) employees rather than bargain with them.

It's happened 44 times – and

when something like this happens 44 times, it's time to admit that this is no long an aberration – it's no longer an exception – it's too close to being the new rule.

We need to reclaim the right to collective bargaining in the public sector. BC's teachers are currently doing just that – protesting an imposed contract.

The National Union's philosophy is simple – we believe that governments that use the law to break the law have no right to expect us to obey the law.

We cannot continue to roll over under the force of unjust and unacceptable actions by governments. We need to begin to draw our own line in the sand and say that we will not continue to accept the unacceptable.

We weren't given the right to collective bargaining or the right to strike. We took it. There were public sector strikes before it was legal for public sector workers to strike. The right to genuine collective bargaining was not a gift, it was a victory. It has to be reclaimed.

This is important work – an important campaign. We would be proud to work with the MAHCP on this campaign.

I have a poster in my office given to me when I left SGEU. It says:

**"Freedom, freedom, is a hard won thing,
You've got to work for it, fight for it,
Day and night for it,
And every generation has to win it again."**

---Pass it on.

Thank you.



**Welcome to our
Newest Members**

**DSM
St. Amant Centre**

MAHCP Member Retirees

You will notice in our change of address ad that we have added "retiring" to our list of changes. 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 the 1-800 number.

Thank you for notifying us of the retirees and we would like to congratulate and wish each and every one of you all the best on your retirement.

- **Gary Cavanagh**, a Pharmacist in Brandon as well as former MAHCP Board Member
- **Noreen Coates**, a Mental Health Worker in Brandon
- **Derek Williamson**, an Autopsy Technical Assistant at Health Sciences Centre
- **Brian Lavalley**, an Orthopedic Technologist at St. Boniface General Hospital
- **Chris Paulson**, a Laboratory Technologist at Seven Oaks General Hospital
- **Helga Perrett**, an Occupational Therapist at Community Therapy Services
- **Davada Carlson**, Pharmacy Technician at Concordia Hospital.

Our sincere apologies for anyone that has not been included in this list, we know that there are many more retirees out there. Please contact us if you know of anyone that has or is retiring.

MACHP Career Profile

Occupational Therapy

Submitted by Kim Stanley, OTM
Occupational Therapist, Community Therapy Services

Occupational therapists (commonly referred to as OT's) are university-trained professionals that help people participate in activities that are important to them, be it self-care, leisure, work or school-related. For occupational therapists, occupation means more than "work" – it refers to all the activities a person may do during the course of his/her day:

- self-care: e.g. washing, dressing, eating
- mobility: e.g. getting in/out of bed, walking, using a wheelchair
- home management: e.g. making meals, managing money
- leisure: e.g. gardening, playing cards
- school
- work

Occupational therapists use a holistic approach, i.e. looking at the physical factors (e.g. person's physical abilities), the psycho-social factors (e.g. cognitive-perceptual skills, coping skills, life skills, social support systems) and the environment (e.g. home, work or community) that may impact the ability to do the desired activity.

Occupational therapists provide services to people of all ages in a variety of settings: health centres, mental health centres, rehabilitation centres, personal care homes, schools, day cares, businesses, industry, private practice clinics,

clients' homes, adult day programs, vocational rehab programs and community mental health programs.

The services that can be provided by occupational therapy are quite varied. Assessments may include, but are not limited to:

- developmental paediatrics
- physical, cognitive and perceptual abilities
- self care and home management abilities
- manual and power wheelchair mobility
- ergonomics
- readiness to return to work

Interventions may include, but are not limited to:

- treatment: splints, exercise programs, developmental programs, graduated return-to-work programs, cognitive rehab
- teaching new skills: energy conservation, transfers, one-handed dressing or meal prep, coping skills, life skills such as banking
- prescribing equipment: wheelchairs and seating, bath tub equipment, ramps, adaptive aids

To practice in Canada, occupational therapists must:

- have graduated from an accredited university program
- have completed 1000 hours of

fieldwork training

- be registered with, and licensed to practice by, the provincial regulatory body for the province in which they are practicing.

For more information, on occupational therapy, you can visit the following websites:

Canadian Association of Occupational Therapists
- www.caot.ca

World Federation of Occupational Therapists
- www.wfot.org

Manitoba Society of Occupational Therapists
- www.msot.mb.ca

Association of Occupational Therapists of Manitoba
- www.cotm.ca

MEMBERSHIP DUES INCREASE

Membership dues will be increased from 1.15% to 1.25% of gross salary effective December 1, 2005 as per Resolution #5 which was approved at the MACHP Annual General Meeting on October 13, 2005. The Employers were notified by mail on October 19th.



*From the Staff and
Executive Council of the
Manitoba Association of
Health Care Professionals,*

*Have a Safe and Happy
New Year!*

Member Feedback

"Hi Wendy, Just wanted to let you know that I thought the AGM package this year looked great! I was very impressed with how professional it looked and how complete it was."

"Joan: I realize that you try very hard to advertise the meetings...I would have been there but had a terrible flu and was bed ridden. Keep up the good work!"

"Dear Michele: Just a short note to Thank-you once again. I know this is far from over, but it seems like this is a step in the right direction. One thing I know for sure right now is that even though I'm not happy about the events that lead us to meet, I am delighted to have met you. The fact that you spent 4 hours with me on Tuesday night tells me a lot about your character. I can also feel your empathy. You are good people Michele Eger. I feel lucky that you were in the office when I called."

Keep sending in your comments!

How Well Do You Know Your Collective Agreement?

A general question will be posed in every MAHCP newsletter. One correct entry will be drawn each issue and the recipient will receive a gift.

Question: Can a casual employee be regularly scheduled?

Send your response to: CA Contest, 101-1500 Notre Dame Ave, Winnipeg, MB R3E 0P9; fax 775-6829; or email joan@mahcp.ca with "CA Contest" in the subject line. Good Luck!!

There was not a winning entrant for the last contest.

Question: What does the Employer have to do if they are planning to change something that might eliminate my present job classification?

Answer: The Employer must give the Association 90 days notice of any alteration in the current complement of employees.

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. 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!