

NEWS

Manitoba Association of
HEALTHCARE

March 2010

Professionals

The Manitoba Government Plans to Freeze Wages

By Lee Manning, Executive Director

With two of the largest unions representing health care workers currently at the bargaining table and on the eve of MAHCP bargaining about to begin, the Manitoba Government announced a plan to freeze public sector wages over the next two years.

Based on a recommendation by the Canadian Taxpayers Federation (CTF), recently appointed Finance Minister Rosann Wowchuk announced that in order to avoid layoffs or unpaid days off for public sector employees a wage freeze must be implemented.

The Manitoba Government is currently facing a 600 million dollar deficit and says that the freeze will “help” the province in its five year plan to get back into the black.

The CTF is presenting the view that private sector employees have suffered during the economic slowdown and that public sector employees need to share the pain.

Joe Ahrens, chairperson for The Manitoba Council of Healthcare Unions stated in a recent article: “The government of Manitoba has accepted the recommendation by the Canadian Taxpayers Federation to freeze public sector salaries while ignoring every



piece of reliable financial data. Statistics Canada reports a sustained 3% percent increase in average weekly earnings. Similar projections are anticipated for 2010. The Bank of Canada projects inflation near 1.5% in 2010 increasing to 2.5% in 2011. Private sector workers have not endured anything near a wage freeze over the last two years and are projected to continue to realize consistent wage increases.”

The fact of the matter is if you freeze wages you limit buying power; when you limit people’s ability to purchase goods and services the economy suffers and recovery is slowed.

With the current shortages of professional technical health care workers and no projected relief in sight, it is ludicrous to assume that this government could continue to offer health care services to the people of the Province of Manitoba with people spending less time in the workplace (days off without pay). Or . . . that they would contemplate permanent layoffs which could drive already scarce health care professionals to other provinces, countries, or into retirement.

Regardless of the Province’s plan to freeze wages, the Association will proceed with proposals for much deserved wage increases at the upcoming round of bargaining.

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Enclosed with this Newsletter:

- Executive Council & Staff Rep Nomination Form
- Scholarship Application Form
- Resolution Submission Form
- MCHCU Protect Pension Brochure

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PROUD SUPPORTER OF THE



Visit diabetes.ca/proudsupporter

Meeting Calendar



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

March 9, 2010

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

March 10, 2010

- DSM-HSC Staff Rep Meeting
RR125, Rehab Hospital
1130 to 1300 hrs

March 10, 2010

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

March 10, 2010

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

March 15, 2010

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

March 17, 2010

- HSC Staff Rep Meeting
GC303, General Hospital
1130 to 1300 hrs

March 25, 2010

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

April 13, 2010

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

April 14, 2010

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

April 14, 2010

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

April 15, 2010

- HSC Staff Rep Meeting
NA235, Isabel Stewart Bldg
1130 to 1300 hrs

April 19, 2010

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

April 22, 2010

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

May 11, 2010

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

May 12, 2010

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

May 12, 2010

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

May 17, 2010

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

May 19, 2010

- HSC Staff Rep Meeting
GC303, General Hospital
1130 to 1300 hrs

May 27, 2010

- SERHA Staff Rep Meeting
Smitty's Steinbach
1200 hours

June 3 & 4, 2010

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

June 7 & 8, 2010

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

June 8, 2010

- Seven Oaks Staff Rep Mtg
Seven Oaks Cafeteria
1200 hours

June 9, 2010

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

June 9, 2010

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

June 17, 2010

- HSC Staff Rep Meeting
NA235, Isabel Stewart Bldg
1130 to 1300 hrs

June 21, 2010

- AHCW Staff Rep Meeting
Marigold's Restaurant
1200 hours

2009-10 Executive Council

Officers

President

Wendy Despina,
DSM - SBGH, Laboratory

Vice President

Al Harlow
DSM - Concordia Hospital
Laboratory

Treasurer

Chad Harris, CCMB
Medical Devices

Secretary

Bob Bulloch, HSC
Pharmacist

Directors

Aboriginal Health & Wellness Centre

Daphne Lafreniere
Residential Health Support
Worker

Cardiology

Colleen Bemister,
Misericordia Health Centre

Community Therapy Services

Margrét Thomas,
Physiotherapist

Laboratory

Janet Fairbairn, CCMB

Mental Health

Kathy Yonda, Brandon
RHA

Nuclear Medicine

Shelagh Parken, SBGH

Occupational Therapy

Adele Spence, DLC

Orthopedic Technology

John Reith, HSC

Physiotherapy

Shelley Kowalchuk, HSC

Radiation Therapy

Robert Moroz, CCMB

Radiology

Michael Kleiman, HSC

Recreation

Zana Anderson, DLC

Burntwood RHA

Tanya Burnside,
Pharmacy Technician

Winnipeg RHA

Jason Linklater, HSC,
Orthopedic Technology

Bring your collective agreement to all member meetings.

Staff Assignments

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St. Boniface General Hospital, Misericordia Health Centre

Ken Swan, LRO:
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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, Health Action Centre

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:
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Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre, Nor-Man RHA, Burntwood RHA, South Eastman RHA, Gamma-Dynacare Medical Labs, Jocelyn House

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Welcome New Members!

More health care professionals are choosing to join the Manitoba Association of Health Care Professionals (MAHCP). In the past six months the MAHCP has had a lot of success in organizing new members into our Union, especially at Concordia and Seven Oaks hospitals. Within those two hospitals we welcome over 120 new bargaining unit members to the MAHCP. These individuals are employed in classifications that we have not previously represented within those hospitals.

These new members represent an increase of over three percent in our Provincial membership.

Most of the Manitoba Labour Board Certificates held by the MAHCP certify us to represent all of the health care professionals at the worksite. The Concordia Hospital and Seven Oaks Hospital Certificates are unique in that they have excluded a number of health care professions from being represented by the MAHCP and covered by the collective agreement. Over the years many of those excluded professional groups have approached the MAHCP seeking to become part of the Union. That interest has really intensified recently with the Physiotherapists and Social Workers at Concordia Hospital electing to become a part of the MAHCP this past fall. Shortly thereafter the Physiotherapists, Occupational Therapists, Health Coaches, Charge Sonographer, Clinical Instructor-Radiology, CT Charge Technologist and Professional Lead-Dietician at Seven Oaks Hospital obtained Union representation with the MAHCP.

What caused this increased interest in having the MAHCP represent these previously un-unionized health care professionals? A number of reasons have been shared including; concerns about not receiving the benefits contained within the MAHCP collective agreement such as maternity leave top-up; uncertainty with regard to transfers of jobs or programs to other worksites; a desire to be a part of the MAHCP; having a voice in the conditions of their employment as the MAHCP prepares to negotiate a new collective agreement; having the right to question matters in their workplace that appear to be unfair and; access to the dispute resolution processes contained in the collective agreement on those matters.

A lot of hard work by individuals at both of these hospitals was the catalyst for these professions gaining the protection of the MAHCP and its contracts. Their leadership role in the organizing of these groups is greatly appreciated by their colleagues and the MAHCP. Many have also agreed to become MAHCP Staff Representatives within their units. Again thank you.

There are still a number of health care professionals at these two hospitals and elsewhere in the Province that do not enjoy representation by the MAHCP nor the benefits of its collective agreements. If you are one of those non-unionized health care workers, or if you know of someone who is not unionized and would like to be; we would love to talk with you. Give us a call at the MAHCP office. We are the Union of choice for health care professionals in Manitoba and we want to be your voice.



Seven Oaks General Hospital & Wellness Institute:

- Occupational Therapists
- Physiotherapists
- CT Charge Technologists
- BSW – Health Coach/Behavioural Counsellor
- Charge Sonographer
- Clinical Instructor – Radiology
- Professional Lead – Clinical Dietitian

Burntwood RHA:

- Lynn Lake Emergency Medical Responders

Are you missing out on an opportunity?

Have you overlooked the

MAHCP Professional Development Fund?

Since its inception in 2007 the MAHCP Professional Development Fund has been well utilized by the membership. Over \$5000.00 has been awarded to members to support them in their profession. This fund is available to qualifying members for professional development relevant to their work or to take courses related to union education.

The maximum frequency of eligibility is once every two years. Successful candidates are required to pay the full amount of registration, and will be reimbursed upon submission of receipt, along with information about the course and an explanation of the relevance of the course to their profession. Maximum award will be \$250.00.

The application form can be obtained either from the MAHCP website or the MAHCP office. Completed application forms and supporting information should be sent to: MAHCP 101-1500 Notre Dame Ave. Winnipeg MB R3E 0P9 or fax to 1 204- 775-6829.

One on One with the Canadian Diabetes Association

By now you have probably seen the special Proud Supporter logo on MAHCP materials, and may be aware of our partnership with the Canadian Diabetes Association. To feed your curiosity, and address some of your questions and about the agreement and our new partners, MAHCP sat down with Regional Director, Linda Berg.

MAHCP: We're a provincial organization and the Canadian Diabetes Association is a national one. Tell us about your Association's presence in Manitoba.

Linda: We have three offices in Manitoba - the Regional Leadership Centre in Winnipeg, and branch offices in Brandon and Dauphin. While we're a small staff of 12 people, we reach many Manitobans across the province through our educational programs. Last year we presented our "Learning Series" programs to more than 3,500 people, and interacted with over 7000 people at health fairs and displays.

MAHCP: In your view, why is this an important partnership for MAHCP? What's the benefit/impact to MAHCP members?

Linda: Our Association's mission is "to lead the fight against diabetes by helping people with diabetes live healthy lives while we work to find a cure." Regardless of which type of allied health professional they are, your members share this mission: they are helping Manitobans with their health care in an effort to help them live healthier lives. For MAHCP members who are seeking leading edge and current information about diabetes and healthy living, the Canadian Diabetes Association is a great resource. There are also great opportunities for your members to volunteer with us.

MAHCP: What is the one thing about your organization and the work that you do, that might be news or a surprise to MAHCP members?

Linda: One of the things we are most proud of is the specialized camp we run for children living with type 1 diabetes. Camp Briardale provides an opportunity for children aged 8-16 to meet other children living with diabetes; they learn to manage their diabetes more independently in addition to the great fun they have just enjoying the camp experience.

Our camps are staffed by volunteers - many of them are students in the medical, nursing or nutrition



MAHCP President Wendy Despina receiving a certificate of appreciation from Canadian Diabetes Association President and CEO Ellen Malcolmson and Regional Director Linda Berg.

field. These young adults gain valuable experience in dealing with children with diabetes- in essence, we're training the doctors and diabetes educators of tomorrow!

MAHCP: There's a lot of information out there for the health community – where do you like to get your information? How do you stay current?

Linda: The Canadian Diabetes Association website is an amazing resource! We have a great section on Nutrition where you can find tasty recipes, our Healthy Living Calendar and "Just the Basics" portion guide. There is also a section specifically tailored to health professionals where you can find our world renowned Clinical Practice Guidelines which assist medical professionals in the treatment of diabetes. This is also the place to find out more about the research the Association is funding as well as get timely information such as the recently released report titled "An economic tsunami- the cost of diabetes in Canada".

"The MAHCP's partnership has generated great excitement at the Canadian Diabetes Association. We are so grateful to have your members and you aboard in 2009 – 2010 as a Proud Supporter of the work we do on behalf of the 100,000 Manitobans living with diabetes. We look forward to building on the unique relationship" - Linda Berg Regional Director CDA

MAHCP Career Profile

Clinical Trials Coordinator

Submitted by
Judy Patterson

Clinical Trials Coordinator
Great West Life PET/CT Imaging
John Buhler Research Centre

The Clinical Trials Coordinator is like the deputy sheriff in an old western movie: responsible for posting rewards, rounding up the suspects, giving them a number, studying their behavior and completing all the paperwork. Only in this case it is the paperwork that is locked up for 25 years – not the suspect!

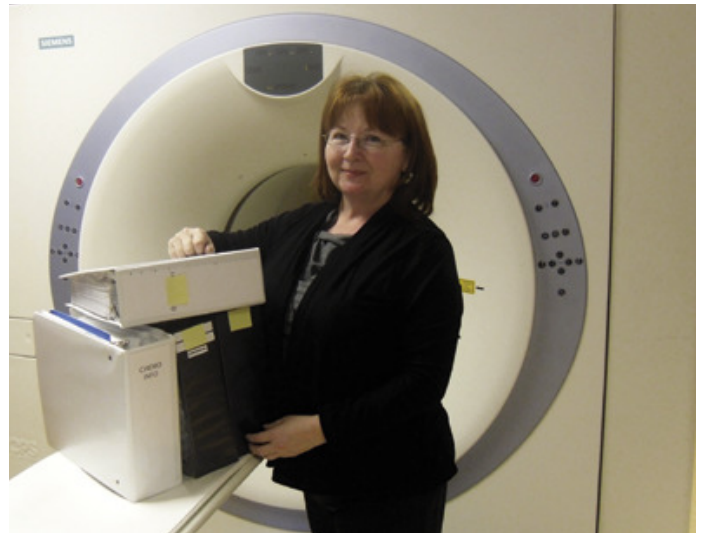
The primary role of a Clinical Trial Coordinator is to ensure that all studies are ethically sound and to make certain the study complies with the codes approved by the World Health Organization, the guidelines of Health Canada and the protocols of the UManitoba Research Ethics Board. “The rights, safety, and well-being of patients are to prevail over science”. Ethics is a very strong component of clinical research and is the direct responsibility of the Clinical Trials Coordinator.

At a practical level this means ensuring that all patients are suitable for the study; that each patient has a thorough understanding of the study and their individual role; and that each patient willingly consents to participate.....Then the paperwork begins and binders become your best friends! All study documentation must be recorded, organized, and stored to allow accurate reporting, interpretation, verification, and statistical analysis. This requires someone who is highly organized, detailed-oriented and has the ability to effectively and efficiently handle multiple tasks.

Career opportunities for Clinical Trial Coordinators, Research Assistants and Clinical Research Associates are found in almost all areas of hospitals and large clinics. The individuals hired for these positions may have backgrounds as varied as the departments hiring. Experience, skill or education requirements range from administrative, business, science and technology degrees to practical knowledge and ability skill sets. The requirements for a clinical trial recruiting patients to determine the effects of a drug will differ from those of a department studying tissue samples to determine the effects of temperature. Both of these studies require strong documentation and observational skill, but the patient trial requires a strong background in medical history intake and medical terminology; whereas, the tissue study requires a strong knowledge of pathology, biology, microbiology

or related fields. These background levels of expertise and knowledge can become the basis for obtaining a Clinical Research certificate.

There are two organizations that provide certification for Clinical Trial Coordinators: ACRP - Association of Clinical Research Professionals (www.arcpnet.org) and SoCRA – Society of Clinical Research Associates (www.socra.org). These are courses of study with exams set several times a year throughout North America. Red River previously ran a two year evening program resulting in a Clinical Research Certificate. Additional knowledge of statistics and ethics is an advantage. Ethics rounds (province wide links) are held monthly and ethics courses are available at UManitoba, UWinnipeg and UBrandon.



Judy Patterson

A quick Google of clinicaltrials.gov and Manitoba will result in a list of 894 (262 recruiting) patient studies taking place in Manitoba. This list does not include technical or equipment studies. In North America it is estimated that Clinical Trial Coordinator positions will increase by 20% over the next ten years.

While many coordinators work outside their department, I am fortunate to work as a member of the PET/CT Imaging team in Nuclear Medicine at the Health Sciences Centre. Since the inception of the PET/CT program, employment opportunities have opened for additional Nuclear Medicine technologists in the areas of general nuclear medicine, radiopharmacy, radiochemistry, and radiochemistry engineering.

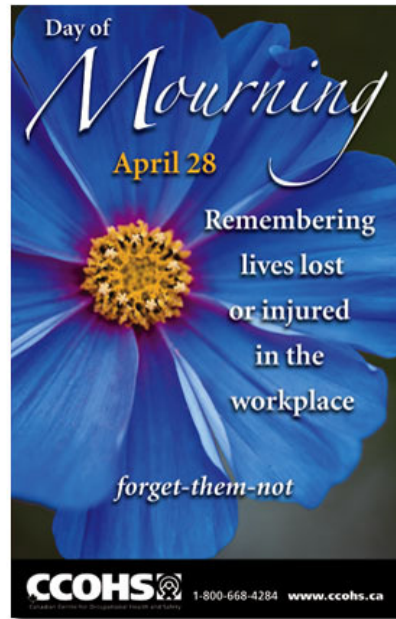
So back to the old western movie....

The Clinical Trial Coordinator (aka deputy sheriff) ensuresthat everyone wears a white hat and does the right thing.... that every detail is written down – or it didn't happen.....that the endless paperwork is completed in a timely manner..... that everyone's confidentiality is respected.....and that any regulatory body (the judge) would not find fault with the research study for the next 25 years.

5 Ways to get involved with your Canadian Diabetes Association

There are a variety of ways of connecting with the Canadian Diabetes Association. Here are a few suggestions:

- 1 **Volunteer your time:** A variety of volunteer opportunities are available through the Canadian Diabetes Association, including helping deliver presentations for our Learning Series, canvassing and administrative support. Connect with **Kasia James** at **925-3800 x225** for more information.
- 2 **Encourage donations and corporate giving:** There are many ways to support a cause, and donations are a key part giving back. Visit <http://www.diabetes.ca/get-involved/supporting-us/donate-online/> to read more about how you, your colleagues and your contacts in the business community can make a difference in the fight against diabetes. You may also contact **Grant Fleming** at **925-3800 x234** regarding major donations and corporate giving, or **Gwen Smith** at **925-3800 x227** for questions about individual giving.
- 3 **Share your news:** If you know of a special event, story or initiative that may be of interest to the diabetes community, please let us know. As appropriate we would be pleased to help spread the word through our communications vehicles, including our website www.diabetes.ca, and our monthly e-newsletter, Diabetes Current. Please reach **Allison Langridge** at **925-3800 x231** with details.
- 4 **Run or walk in support of the fight against diabetes:** Interested in keeping fit, having fun and giving back to the community? Team Diabetes could be the challenge you are looking for. Participants run or walk national and international marathon events in support of the Canadian Diabetes Association. To learn more, please speak with **Kelvin Hollender** at **925-3800 x236**
- 5 **Support Association events:** Through the year the Canadian Diabetes Association hosts a selection of special events in support of the diabetes community. On the morning or Saturday, April 24, 2010, we invite you and your personal and professional network to attend our Educational Expo: Finding Balance: Mastering challenges, changes and choices for living with diabetes. This event will feature a special presentation by **Chris Everhardus, RN, CDE** from St. Boniface Hospital. For full details, please call **Holly Brownlee** at **925-3800 x226**



April 28 just another busy day . . . of the 365 busy days that fill our year. And yet, people around the world observe April 28th, the International Day of Mourning.

I encourage you to take a moment on Wednesday April 28th to reflect on those that have been injured or died in work related accidents.

And also, please give thought to your own safety in the workplace and the safety of your coworkers.

Focus on your day-to-day actions and practices, notice where and what situations may be putting yourself or others in jeopardy and initiate changes for a healthier, safer work environment.

What steps can we take to make our workplaces safe? Hazardous working conditions may be overt and obvious or subtle and insidious. Often the solutions are simple and easily implemented. We all have a part to play in identifying the hazards and taking the steps to ensure that our workplaces are safe. It is through action that we can have healthier, safer work environments. Going beyond the individual pain and suffering resulting from work related illnesses and injuries, the health care costs are staggering. Often the steps required for a safer work place are significantly less costly, and someone is spared an injury or worse.

Does your worksite have a workplace health and safety committee? Are you aware of who your workplace health and safety representative is?

Take the next step, get curious, find out about your local workplace health and safety committee, discover who your representative is, or become one, and together we can all strive for a healthier and safer work environment.

The Workers Mourning Day act was passed by the Canadian Government on December 28, 1990. (For more information on the International Day of Mourning see the MAHCP News from March 2006.)

If you have any questions or concerns please contact me at the MAHCP office 1-204-772-0425 or wendy@mahcp.ca.

Welcome New Staff Reps!

We want to congratulate our new Staff Representatives, whether you are stepping up for the first time, or continuing in your role as a representative of MAHCP. It's great having you on board at any time, but in a Bargaining year, you will be fulfilling an especially important role.

You may have heard the phrase "members are the union", and you, the elected Staff Reps, are our first link in helping our membership. Staff Representatives are a dedicated, diverse group of people that help members understand their collective agreements, keep them informed, and give them a voice.

We are very excited that more and more people are taking an active role and interest in union work. This benefits our members, because Staff Reps can understand the issues in a department, and can streamline the process. They are a direct conduit between your LRO and the members. Not only does a resolution of a problem help the individual, it can help all of us.

Currently we have 115 Staff Reps signed up this year, and there's room for more! If you are interested in learning more about your union and at the same time representing your colleagues, call the MAHCP office at 772-0425 for more details.

Aboriginal Health & Wellness Centre:

- Rhonda Mose – Nurse RN
- Jo Ann Makara – Administrative Clerk

Brandon RHA:

- Leah Hyrsak – Physiotherapist
- Kristin Guild – Speech Pathologist

Burntwood RHA:

- Janet Krahenbil – Mental Health Worker

Cancer Care Manitoba:

- Michael Smyth – Senior Radiation Therapist

Gamma Dynacare Labs:

- Sherry Lussier – Lab Technologist
- Lori Baril – Lab Technician

Concordia General Hospital:

- Clara Collier – Respiratory Therapist
- Kim Sawatzky – Physiotherapist

Health Sciences Centre:

- Janice Hodgson – Pharmacy Technician
- Jodi Shore – Pharmacy Technician
- Jennifer Sleeman – Pharmacy Technician
- Joyce Cabigting-Fernandes – Child Protection Specialist

Misericordia Health Centre:

- Hubert Clouatre - Eye Bank Technician

Nor Man RHA:

- Ainsley Hebert – Mental Health Worker
- Dennis Fourre – EMTB (Operations Supervisor)
- Gord Grandison - Rehab Counsellor

Rehabilitation Centre for Children:

- Reisa Adelman - Social Worker

Seven Oaks General Hospital:

- Krystal Kaposi – Social Worker (BSW)

St. Boniface General Hospital:

- Melanie Chaput – MRI Technologist
- Shannon Mulligan – Social Worker (BSW)
- Nicole Leclerc - Pharmacy Technician

Tissue Bank Manitoba:

- Hubert Clouatre - Tissue Bank Specialist

Staff Representative Training Seminars Level 1 & 2

Level 1

June 3 & 4, 2010

Applications must be received by Monday, May 17th in order to provide your employer with two weeks' notice for union leave as per the Collective Agreement.



Level 2

June 7 & 8, 2010

Applications must be received by Monday, May 17th 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 the Communication Model (CSE - clarify, share, engage), problem solving, human rights and health & safety legislation.

How to register: Contact Cathy. Apply by mail, phone (1-800-315-3331 or 772-0425), fax (775-6829), or email (cathy@mahcp.ca). Provide your name, work and home phone numbers 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.

With 80% of Our Membership Being Women, Thoughts Worth Considering

March 8th - International Women's Day

International Women's Day? It's 2010, why would we need an International Women's Day?

You might be thinking that the whole fight for women's rights is a thing of the past and that all of those battles have been won. Think again!

Yes, in Canada women's equality and human rights are protected by the Canadian Charter of Rights and Freedoms and the Canadian Human Rights Act, and still need to be defended.



Young Samburu Women

Elsewhere in the world there are countries that have not yet declared a "Women as Persons Act"; countries where women are still chattel. As difficult as it is to believe, there are countries where it is still illegal for women to drive cars, where women cannot own or rent their own housing. Access to education varies and may be restricted to males only. Advocates and activists for women's rights and human rights may be detained, arrested, tortured or murdered.

The struggle for women's rights, children's rights, and human rights seems never-ending and I wonder why. The status of women has advanced. There has been progress, there have been changes and yet we still must be mindful of the



Maasai Women Leaders & Teachers

erosions that can occur without our watchfulness. We must add our voices in support of women's rights. We must also educate those coming up after us.

March 8th of each year marks the recognition of women. Since 1911 this day has been set aside in celebration for the economic, political and social achievements of women. There are many activities worldwide to help you celebrate this day and the women in your life. I have been reflecting on the women in my life who inspire me, enrich me and lift me up. Those women are found everywhere, at the hairdressers, the grocery store, in the workplace and the women I have met in third world countries. On March 8th I plan to celebrate those lovely, rich beautiful human beings, and offer thanks to all who have paved the way.

In closing I would like to share a quote with you by Bishop Desmond Tutu, South African Prelate:

"If you are neutral in situations of injustice, you have chosen the side of the oppressor."



Young Samburu Woman

Women's Groups Tell UN Canada Lagging

CLC/CALM

Labour women's groups issued a report they describe as a reality check highlighting Canada's lagging performance in achieving women's equality.

The report will be presented at the Beijing's meeting at the United Nations in March.

"Canadian women have lost ground in many areas in the past 15 years," says Canadian Labour Congress vice-president Barbara Byers. "Our government has sent a report to the United Nations that paints a rosy picture on women's equality in Canada. We have written our own document and it is a reality check."

The UN meeting will evaluate progress, identify challenges, and recommend policies to promote gender equality and the advancement of women. This year holds special significance because it marks the 15th anniversary of the UN's Fourth World Conference on Women.

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Congratulations to MAHCP Member Jill Thurston!

Jill and her team from the Deer Lodge Curling Club won the 2010 Manitoba Women's title in the Scotties Tournament of Hearts.

Jill is an MAHCP Union member and a Pharmacy Technician at St. Boniface General Hospital, where she has worked in the Pharmacy Department for a little over 10 years.

She began curling at age 11, and fell in love with the game, in part because of her father, World Champion Don Duguid, and her many brothers who also enjoyed the game.

She was a Manitoba Junior Champion as a skip in 1991, losing the Canadian final in an extra end to New Brunswick. She then played third for many years, winning the province in 2000, and 2006 before deciding to take a couple of years off from the game.



Jill Thurston (far left) with her team-mates Kristen Phillips, Leslie Wilson, and Raunora Westcott

After spending time with her husband and dog, enjoying a couple of much needed vacations, she was lured back to curling to skip Kristen Phillips, Leslie Wilson and Raunora Westcott.

In their first year together, and Jill's first year skipping since 1996, they had some moderate success on the cash spiel circuit, but came out victorious at the 2010 Manitoba Scotties Tournament of Hearts. With an extra end win in the

semi finals, they advanced to the final, where they played Thurston's former team-mate, Janet Harvey, and won, again in an extra end.

At the National Scotties Tournament of Hearts, they battled through the round robin, finishing in a tie breaker for fourth place.

Unfortunately, they lost that tie break game to Ontario, missing the final weekend.

Jill is no stranger to the Nationals; this was the third time as a member of rink playing at that highly competitive level. This was Jill's first time as skip.

Jill and her team are proud of their accomplishments this season and look forward to trying to repeat as Manitoba Champions in 2011.

We wish Jill and her rink every success in 2011!

Excerpts from Statement by New Democrat Leader Jack Layton on International Women's Day, March 8, 2010

Women and men around the world recognize International Women's Day as a time to reflect upon and celebrate women's social, political and economic achievements, both globally and locally. In this country, much progress has been made since Canadians first marked International Women's Day in 1977.

Sadly, there is still much work to be done. Women across the world continue to suffer extreme poverty, violence and violations of their basic human rights.

The Conservative government, led by Stephen Harper, has undermined the important advancements essential for the security of women by:

- Eliminating the phrase "gender equality" from the mandate of Canada's primary institution responsible for gender equality in Canada: Status of Women; and while the word equality was re-introduced to the mandate, the spirit of equality has not been re-established;
- Failing to meet the commitment to the implementation of gender-based analysis throughout its departments and agencies;
- Closing twelve of sixteen Status of Women offices;
- Ignoring recommendations made by the 2004 Pay Equity Task Force Report, and placing pay equity negotiations back on the bargaining table;
- Eliminating funding for the court challenges program – a program established to provide assistance to court cases related to equality rights guaranteed under Canada's Constitution;
- Failing to create and implement a national childcare strategy. \$100-a-month in universal child benefits does not alleviate financial strain for impoverished mothers, especially single ones, who must work to support their families;
- Decreasing levels of financial and human resources allocated to gender-equality projects within the Canadian International Development Agency and the Department of Foreign Affairs;
- Failing to address violence against women;
- Failing to effectively improve the lives of aboriginal women, establishing a comprehensive national response to meet the specific needs of aboriginal women;
- Lacking strategies to address the specific challenges faced by women of colour, women from the LGBTT communities, and women with mental and physical difficulties;
- Failing to improve women's pension rights.

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.

- **Wilma Geurtz**, Radiology Technologist, Concordia Hospital
- **Donna Collins**, Senior Laboratory Technologist, HSC
- **Gisele Meilleur**, Senior Laboratory Technologist, SBGH
- **Gloria Despiegelaere**, Senior Laboratory Technologist, SBGH
- **Helen Wilson**, Physiotherapist, Tache Centre

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

Associate Membership Status Available for Retirees

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.

Take the Medicare Pledge

CHC/CALM

NOVEMBER 2009 marked the 30th anniversary of the Canadian Health Coalition. In honour of those who fight for Canada's medicare system, the CHC is asking supporters to take a medicare pledge.

By taking the pledge, thousands of Canadians are urging Prime Minister Stephen Harper to show leadership on health care by enforcing the Canadian Health Act against privatization and starting a drug plan for all Canadians.

The Medicare Pledge

As a Canadian, I believe access to quality health care must be based on need, not ability to pay.

Our public health care reflects those values of equality and fairness.

We must improve our public health care for everyone, instead of expanding private for-profit services that benefit only a few.

I pledge my support for the protection and improvement of public health care in Canada.

Take the pledge at <http://medicare.ca/medicare-pledge>

Call for Resolutions

The Manitoba Association of Health Care Professionals is accepting resolutions for change(s) and/or additions to:

- Constitution and Bylaws
- Standing Rules
- Policy Papers

Resolutions must be specific and must be typed or in legible handwriting. The resolution must be moved and seconded by Members of the Association. The mover of the resolution must attend the Annual General Meeting on October 14, 2010 to speak

to the resolution as written. A telephone number should be included should clarification be required. A copy of the resolution form will be available in the newsletter, or may be obtained by calling the office (772-0425), or by downloading from the website (www.mahcp.ca).

Please forward all resolutions to the MAHCP office, to the attention of Al Harlow, Vice-President. **Resolutions are due at the MAHCP office prior to 1600 hours June 25, 2010.**

In solidarity,
Allan Harlow, Vice-President
Chair - Governance Committee

Helpful Legal Information for MAHCP Members

Health Care Directives and End of Life Treatment

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 asked by friends and family members to act as representatives during periods of incapacity or vulnerability. As discussed in a previous article in this newsletter, there are three distinct offices that one may undertake on behalf of another. They are: (1) executors or trustees under a will; (2) agents under a power of attorney document; and (3) proxies under a health care directive. The topic of this article is to describe the usefulness of the Health Care Directive.

there are three distinct offices that one may undertake on behalf of another. They are: (1) executors or trustees under a will; (2) agents under a power of attorney document; and (3) proxies under a health care directive

A Health Care Directive, is an inexpensive and effective estate planning tool that can save money and unnecessary inconvenience during periods of incapacity. A health care directive is a legal document by which the donor grants authority to another person (proxy) to make health care related decisions on the donor's behalf when the donor is incapacitated. A health care directive is only effective during the donor's life, terminating upon death. A health care directive is limited to making health care related decisions and is only effective when the donor is incapacitated and unable to provide instruction themselves.

A health care directive must be in writing, dated and signed by the maker. Health care directive becomes effective when maker is unable to communicate his or her own wishes. The decision maker can then make a health care

decision on behalf of the donor.

There are some significant limitations to what type of decisions a proxy is able to make on the basis of a health care directive. Does the decision maker have a right to demand end of life (EOL) life sustaining medical treatment? The Act doesn't say. Section 25 provides "Nothing in this Act abrogates or derogates from any rights or responsibilities conferred by statute or common law."

The Health Care Directives Act provides in preamble that Manitobans have right to "consent or refuse to consent to medical treatment". That means that a proxy making a "health care decision" is limited in their decision making to "a consent, refusal to consent or withdrawal" of consent to EOL treatment. Many people don't realize this.

The College of Physicians and Surgeons issued a statement on February 1, 2008 identifying the following principles and guidelines regarding EOL treatment:

1. Death takes place when there is irreversible cessation of brain function (Vital Statistics Act)
2. No legislation or the common law provides a right to demand life-sustaining treatment
3. No-one, other than proxy under health care directive or committee appointed by the court, has the right to consent or refuse consent to medical treatment
4. The courts have recognized that physicians have the authority to

withhold or withdraw EOL medical treatment without the consent of a decision maker

Where the withdrawal of EOL treatment is being considered, The College of Physicians and Surgeons requires the attending physician to go through a 4 step assessment process:

1. Clinical Assessment - Must assess the patient based on minimum goal of life-sustaining treatment (minimum goal means, "maintenance of cerebral function that allows patient awareness of self, environment and experience existence"). If the minimum goal is not achievable, life-sustaining treatment may be withdrawn
2. Communication - Physician must identify the person to whom they must communicate their decision to withdraw treatment. All relevant information should be shared and decision makers should be allowed to express their position. The discussion should include the patient's relevant personal, cultural, religious and family issues
3. Implementation - Treatment may be withheld where the physician and the decision maker agree. The physician's decision to withhold treatment may be implemented so long as s/he has complied with requirements of the statement. The grieving process should be respected
4. Documentation - There should be accurate and complete documentation



Legal Info continued from page 11

of the assessment and communication with the decision maker and the implementation plan. There should also be sufficient identification of the basis for conclusion to withdraw treatment

Where a decision maker declines treatment offered by a physician, the health care directive is effective and the physician must withhold treatment. This is essentially the limit of what the health care directive can speak to when the issue of life sustaining treatment is being considered.

Where the physician determines that a minimum goal is not realistically achievable, and decides to withdraw life sustaining treatment and the decision maker disagrees, the physician must, "if possible" consult with another physician. Where the consulted physician agrees with first physician, treatment can be withdrawn. The decision maker must be informed of the context of the second opinion, including location, date and time.

Where the minimum goal is achievable but the physician decides to withdraw EOL treatment and the decision maker does not agree the physician must consult with another physician. Where the second physician does not support the decision of the first physician, treatment must be provided. Where the second physician supports the decision, the decision maker should be informed of second opinion and allowed time to transfer care of the patient to another facility. Where care is not transferred and there is no consensus, even though the minimum goal is achievable, a physician can withdraw treatment with 96 hours written or verbal notice of:

- Name of patient, location, name address and phone number of physician, diagnosis;
- Date, time and location and description of treatment to be withdrawn;
- Date, time and name of person to whom notice made.

In emergency situations the physician has discretion, after assessment of the patient's status, whether to

withhold life-sustaining treatment

In February of 2008 there was a legal battle regarding the issue of withdrawal of life sustaining treatment. The patient in that case had ventilation and feeding tubes. The patient could not speak or walk. There was no conclusive proof of brain function. The physician made a decision to disconnect life support, ventilator and feeding tube. The family brought an application to court for an injunction to stop the hospital from withdrawing treatment. The court had to decide whether "just or convenient" to continue injunction prohibiting withdrawal of treatment until trial.

The family argued that removal of treatment required consent and that it was a battery on the patient to possibly hasten his death. The family also raised the issue of a Charter violation. The court stated its role as a finder of fact and to provide advice as to the legality of a course of conduct prior to the death of the patient. Court discussed the issues for trial: The removal of the ventilator involves interaction with the patient. Might this constitute battery or require consent? Can the plaintiff successfully argue a Charter violation of security of the person or religious freedom? It may be that the College statement is not accurate in its assertion that the physician has the final say? The court in that case granted the injunction and set the matter down for trial in fall of 2008.

The patient died before the case went to trial so the law as it stands now in Manitoba is that the physician can make the determination to withdraw support where he follows the steps outlined above.

Where does that leave the validity of health care directives in light of the College's statement above? Does a physician have the ultimate authority to provide or withdraw EOL treatment? The Act provides that it does not "abrogate or derogate from any rights or responsibilities by the common law". The College statement is intended to comply with common law principles. Where the health care directive speaks to issues of withdrawal of consent, it will be effective. Where the health care directive attempts to enforce a positive

requirement to administer EOL medical treatment, it is likely not effective.

Regardless of the limitation of a health care directive, it is a useful legal document that can smooth a lot of the emotional harm suffered by families left to make personal decisions when their loved one is no longer able to make treatment decisions on their own.

Choosing the Attorney

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

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

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

MAHCP LEGAL ASSISTANCE PLAN

Membership does have its privileges

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

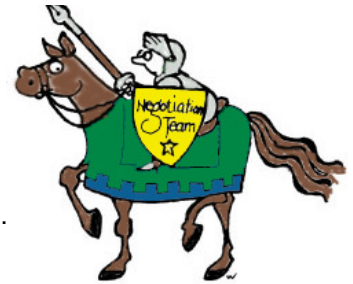
Discounts also apply to family law matters and members benefit from a 20% reduction in other legal fees.

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

Central Bargaining Committee 2010

It is with pleasure that I introduce the Central Bargaining Committee to the membership.

The committee is very diversified, both in experience and in occupational representation. The team met in mid-March for training and preparation for bargaining.



Shirley Luczenczyn, HSC Children's	Radiology
Clara Collier, Concordia Hospital	Respiratory
Jason Linklater, HSC	Orthopedic Technology
Oleksandra Synova, DSM HSC	Laboratory
Shelagh Parken, St. Boniface Hospital	Nuclear Med Technologist
Cathy Atkinson, Deer Lodge Centre	Recreation Therapist
Tanya Burnside, Thompson Hospital	Pharmacy Technician
Allan Harlow, DSM Concordia Hospital	Laboratory Technologist
Jo-Anne Peltz, St. Boniface Hospital	Physiotherapist
Wendy Despins, DSM St. Boniface Hospital (Chairperson)	Laboratory Technologist
Cheryl Keller EMS SeRHA (alternate)	EMT1
Janelle Morissette DSM HSC (alternate)	Laboratory Technologist
Lee Manning (Lead Negotiator)	Executive Director

Women's Groups cont'd from page 8

Mary-Lou Donnelly, president of the Canadian Teachers' Federation, says, "As teachers, we see the ravages of poverty every day in our classrooms, and rates are increasing at an alarming rate while the support mechanisms are disappearing or non-existent. With more women and girls living in poverty and being denied fundamental human rights, how can we build for a strong and prosperous Canadian future?"

Patty Ducharme, Public Service Alliance of Canada vice-president, adds, "Although Canada has made commitments to implement equal pay for work of equal value, the federal government hasn't lived up to its commitments. A case in point is the federal government's removal of the right to pay equity for federal public sector workers in 2009, with the adoption of the Public Sector Equitable Compensation Act."

Kate McInturff, director of the Canadian Feminist Alliance for International Action, says,

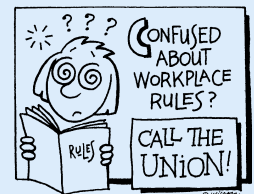
"Five years ago, Canada was ranked amongst the top 10 countries in the world for its achievements in women's human rights. In 2009, Canada had fallen to 73 in the UN Gender Disparity Index.

Changes to gender architecture, shifts in policy and programming within the government, and the government's response to the economic crisis have been felt by the most vulnerable women and girls in Canada."

Reality Check: Women in Canada and the Beijing Declaration and Platform for Action Fifteen Years On, A Canadian Civil Society Response is coordinated and produced by the Canadian Feminist Alliance for International Action and the CLC with endorsements from a variety of other groups.

How Well Do You Know Your Collective Agreement?

Question: How much notice do I have to give to terminate my employment with my employer?



Answer: While many of our Collective Agreements state that notice is four weeks, changes made to the Employment standards Code state that Collective Agreements cannot provide a lesser provision than the Code. The Code states:

- one week before the termination, if the employee's period of employment is less than one year; or
- two weeks before the termination, if the employee's period of employment is one year or more.

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

Call for Nominations MAHCP Executive Council 2010-11

Nominations for the 2010-11 Executive Council are due at the MAHCP Office, 101-1500 Notre Dame Ave., Winnipeg, MB. R3E 0P9 on or before 1600 hours Friday, June 25, 2010. Please send to the attention of the Nominating Committee.

In order to be valid, a nomination must be signed by two eligible members of the Association (i.e. same occupational group, same geographical health region), and must include signature of acceptance of the eligible nominee.

The Executive Council of MAHCP monitors the business affairs of the Association, plans policy, and sets direction for the Executive Director to follow. The Constitution permits representation from each geographical health region, each occupational group with ten or more members, and each special interest group.

The following represents the current Executive Council positions, which have **one year** remaining in the existing term of office:

Officers:

Vice – President

Regional Directors:

Burntwood RHA

Occupational Directors:

Cardiology
Laboratory
Medical Physics
Orthopedics
Pharmacist
Physiotherapist
Radiation Therapy
Recreation

Employee Interest Group Directors:

Aboriginal Health & Wellness Centre

Nominations will be accepted for the following vacancies on the Executive Council for a full **two year** term of office:

Officers:

President

Regional Directors:

Brandon RHA

Nor-Man RHA
South Eastman RHA
Winnipeg RHA

Employee Interest Group Directors:

Clinics
Community Therapy Services
Jocelyn House
Society for MBs with Disabilities

Directors:

Audiology
Child Life Specialist
Dietitian
Electroencephalography
EEG
EMS
Food Service Supervisor
Home Care Coordinator
Mental Health
Midwife
MRI
Nuclear Medicine
Occupational Therapy
Pastoral/Spiritual Care/Chaplain
Psychologist
Radiology
Resource/Utilization Coordinator
Respiratory Therapy
Social Work
Sonography
Speech Language Pathology

(N.B. Should any members believe that a particular occupational group constitutes ten or more members, but is not listed herein, please forward a duly completed nomination for consideration by the Executive Council).

Any inquiries regarding the nomination/election process can be directed to the MAHCP office via mail, phone 1-204-772-0425, e-mail info@mahcp.ca, Fax 1-204-775-6829, or by our toll free number 1-800-315-3331.

A nomination form has been included in this newsletter and can also be obtained by calling the MAHCP office or downloading from our website, www.mahcp.ca.

In Solidarity,
Al Harlow
Chair - Nominations Committee



Al Harlow

Call for Staff Representative Nominations

All terms for Staff Representatives are for two (2) years beginning at the end of the Annual General Meeting in October. When required the Executive Council may appoint Staff Representatives if a vacancy occurs during the term or if nominations come in after the deadline date. These appointments end at the next Annual General meeting.

All those Staff Representatives who had their nominations in by the June 26, 2009 deadline still have one (1) year left in their term. These terms will end at the end of the 2010 Annual General Meeting.

The terms of those Staff Representatives who have been appointed by the Executive Council since June 26, 2009 will expire at the end of the 2010 Annual General Meeting. You will need to be re-nominated by this year's deadline in order to qualify for a two (2) term.

If an election is required they will be held according to the Constitution.

For a comprehensive list of the areas that are eligible to have a Staff Representative, please go to the web site (www.mahcp.ca). If you do not have access to a computer a list can be sent to you.

Your nomination must be received at the Association office by 1600 hours on Friday June 25, 2010.

In Solidarity,
Al Harlow
Chair – Nominations Committee

MAHCP Scholarship Fund

MAHCP Executive will award up to five (5) - \$400, scholarships annually. Scholarships are open to children of MAHCP members entering their first years of full-time post-secondary education. E.g.: University or Community College, etc.



Eligibility:

Consideration will be given to candidates (students) who must submit the following information:

1. A copy of their final High School transcript of marks.
2. A letter of recommendation from one of the following (teacher, employer, counselor, or supervisor).
3. A brief letter or resume outlining activities such as volunteer work, community work, or extracurricular activities.
4. A 500 word essay on the benefits of being a union member.
5. Their intended course of study and their letter of acceptance to a Post Secondary program must also be included.
6. Candidates should include their parent(s)/ guardian(s) full name and place of employment.
7. Applications must be complete in full, otherwise they will not be considered.

Process:

Deadline submission of application (available on-line or through MAHCP Office) no later than 1600 hours on July 23rd to:

Bob Bulloch - Chairperson
MAHCP Scholarship Fund
101-1500 Notre Dame Avenue
Winnipeg, MB R3E 0P9

MAHCP Executive will notify all candidates by mail by the end of August.

MAHCP Monique Wally Memorial Scholarship Fund

The criteria for the Monique Wally Memorial Scholarship Fund is the same as the MAHCP Scholarship Fund, except for the following: one (1) - \$400 scholarship will be awarded annually to a resident of Manitoba with the intention of entering their first year of full-time post-secondary education in an Allied Health Profession; and the topic of the 500 word essay is "why enter into an allied health profession?"

Call for Honour Roll Nominations

Eligibility:

The intent to publicly acknowledge the contribution of a Manitoba Association of Health Care Professionals member who has enabled the Association to grow and prosper.

This includes individuals who have given a generous amount of time serving as an elected officer on the Executive or one of many committees such as EAP, HEPP, Workplace Health and Safety.

It also includes individuals who have helped organize or were instrumental in organizing groups to join the Association.

Normally, individuals who have retired or are close to retirement and who have the general support of their colleagues would be considered.

Process:

Deadline for submissions will be no later than the end of July.

To: Bob Bulloch, Secretary
Chairperson, MAHCP Honour Roll
101-1500 Notre Dame Avenue
Winnipeg, MB R3E 0P9

Criteria:

A member in good standing:

- Who has served in an elected position on the Executive for at least two terms; and/or
- Who has served as a representative of the Association on Committees such as collective bargaining, EAP, Workplace Health and Safety; and/or
- Who has in a major way assisted in organizing new units for the Association; and/or
- Who has actively promoted the Association to others; and/or
- A member who has retired or is close to retirement; and/or
- A member who is generally recognized as a positive influence on behalf of the Association by their peers.

**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!

Word Search

L O I D L F P R T E N B N C Q
 I B H J S C H O L A R S H I P
 N D A Y O F M O U R N I N G Q
 W O J R E S O L U T I O N S S
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|-------------|-----------------|------------|
| Bargaining | Day of Mourning | Earth Day |
| Medicare | Nomination | Staff Reps |
| Resolutions | Scholarship | Spring |
| Training | Womens Day | Wages |

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.



**April 22,
2010
Do Your
Part!!**

Mark Your Calendar

**MAHCP 2010
40TH ANNUAL GENERAL
MEETING**

**Thursday, October 14, 2010
Clarion Hotel, Manitoba Room
1445 Portage Avenue**

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.*



101-1500 Notre Dame Avenue, Winnipeg, MB R3E 0P9
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