NEWS
Manitoba Association of HEALTHCARE Professionals
March 2012

Health Care and Pensions - We Care About Both!


Shelley Kowalchuk

By Shelley Kowalchuk, Physiotherapy Director

Surprise everyone – when we weren't watching, our federal government made a quickie announcement about the future of Medicare. Do you remember it?

The day after Christmas (a big news day as you might imagine) the federal finance minister Jim Flaherty put all Canadians on notice that instead of renegotiating the health care accord in 2014, he was giving us the bottom line two years early. Despite the fact that the federal govt and the provinces have always negotiated these terms, collaboration times were over. This time the feds were going to allow health care funding to increase only 6% over from 2014 to 2017; after that health care funding would then be tied to the conditions of an improving economy and rising GDP (gross domestic product). No negotiations, no discussions.

There was outrage at first, from the provincial governments who could see that they were going to face a dwindling amount of funding for health care. The premiers met at the end of January to discuss how to work together to ease the impact on their budgets. Most premiers were critical of the announcement. Ontario Finance Minister Dwight Duncan stated that if growth in health transfers is allowed to fall further to 3 per cent – the minimum set out by Ottawa beginning in fiscal year 2018-19 – the federal government would be removing $36-billion in national support for health care.

Quebec premier Jean Charest was also vocal regarding the appropriate level of funding for health care by the federal government. Years ago, funding was 50 per cent. According to Charest, funding is currently about 20 percent although the Romanow Report of 2002 recommended it be around 25 percent. A new report by Parliamentary Budget Officer Kevin Page said it may decrease to as low as 10 per cent under Ottawa's new funding proposal.

People were getting concerned and angry, and then suddenly, the news started getting overshadowed by a new impending crisis: the controversy over curtailing the Old Age Security Pension and raising the eligible age from 65 to 67. And thus began a huge debate about the viability of OAS and CPP.

Two huge political announcements that have far-reaching implications, within a few weeks of each other. Both issues, healthcare and pensions are near and dear to Canadians hearts, and are fraught with strong emotions. We are told over and over again by the government that we can't afford them at the level they are currently funded, and there is an impending crisis. So is this true?

As I have mentioned in a previous article, medicare costs are not escalating. In fact healthcare costs have remained relatively the same, as a percentage of GDP (gross domestic product) over the last 25 years. CIHI (Canadian Institute of Health Information) reports that healthcare costs grew from over 5% in 1981 to just under 8% in 2009. Actually, according to CIHI, real dollar spending was less in 2011, compared to 2009 and 2010. The one factor that has increased these costs is prescription drugs, particularly in the last decade, according to CIHI, though, the impact is lessening.

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- Staff Rep Nomination Form
- Scholarship Application Forms
- Call for Resolutions 2012

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Physiotherapy Director

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CANADIAN ASSOCIATION CALM OF LABOUR MEDIA

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 Develoment Fund.*

Meeting Calendar

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

March 6, 2012
- Gamma-Dynacare Staff Rep Meeting
  101-1500 Notre Dame
  1800 to 1930 hours

March 6, 2012
- Gamma-Dynacare General Meeting
  101-1500 Notre Dame
  1930 to 2100 hours

March 7, 2012
- CCMB Staff Rep Meeting
  CCMB - Rm TBD.
  1200 hours

March 13, 2012
- Seven Oaks Staff Rep Mtg
  Seven Oaks Cafeteria
  1200 hours

March 14, 2012
- Executive Council Mtg
  101-1500 Notre Dame
  0845 to 1700 hours

March 14, 2012
- General Staff Rep Mtg
  101-1500 Notre Dame
  1830 hours

March 15, 2012
- SEH Staff Rep Meeting
  Smitty's, Steinbach
  1200 hours

March 19, 2012
- AHWC Staff Rep Meeting
  Golden Terrace Restaurant
  1200 hours

March 21, 2012
- HSC Staff Rep Meeting
  NA001, Isabel Stewart Bld
  1130 to 1300 hours

April 4, 2012
- CCMB Staff Rep Meeting
  CCMB - Rm TBD.
  1200 hours

April 6, 2012
- Good Friday
  MAHCP Office Closed

April 9, 2012
- Easter Monday
  MAHCP Office Closed

April 10, 2012
- Seven Oaks Staff Rep Mtg
  Seven Oaks Cafeteria
  1200 hours

April 11, 2012
- Executive Council Mtg
  101-1500 Notre Dame
  0845 to 1700 hours

April 11, 2012
- General Staff Rep Mtg
  101-1500 Notre Dame
  1830 hours

April 16, 2012
- AHWC Staff Rep Meeting
  Golden Terrace Restaurant
  1200 hours

April 19, 2012
- HSC Staff Rep Meeting
  NA001, Isabel Stewart Bld
  1130 to 1300 hours

April 19, 2012
- SEH Staff Rep Meeting
  Smitty's, Steinbach
  1200 hours

April 25, 2012
- Thorlakson Mall, HSC
  MAHCP Information Booth

May 2, 2012
- CCMB Staff Rep Meeting
  CCMB - Rm TBD.
  1200 hours

May 8, 2012
- Seven Oaks Staff Rep Mtg
  Seven Oaks Cafeteria
  1200 hours

May 9, 2012
- Executive Council Mtg
  101-1500 Notre Dame
  0845 to 1700 hours

May 9, 2012
- General Staff Rep Mtg
  101-1500 Notre Dame
  1830 hours

May 16, 2012
- HSC Staff Rep Meeting
  NA001, Isabel Stewart Bld
  1130 to 1300 hours

May 17, 2012
- SEH Staff Rep Meeting
  Smitty's, Steinbach
  1200 hours

May 21, 2012
- Victoria Day
  MAHCP Office Closed

Bring your collective agreement to all member meetings.

MAHCP Career Profile

Neurodiagnostic Technologists

by Joanne Nikkel, Jodi Kent, Ashton Liban, Kara Gillis, Michael David, Mindy Becker, and Darryl Hay
EEG, Health Sciences Centre

Introduction

We sit, we stand, we push, we pull and sometimes we crawl on the floor. We untangle knots of wires that can make your eyes cross and your fingers numb then ensure all are plugged into the correct slots. We drive our mini AV systems through the corridors of the hospital looking more like someone from the set of a Star Trek movie. We are Neurodiagnostic Technologists and we record tiny electrical signals from the most amazing Mother Board on Earth, the human brain and all its intricate connections.

Neurodiagnostics is a field encompassing several medical tests which record low voltage bioelectric signals from the Central and Peripheral Nervous Systems (CNS, PNS). Technologists use sophisticated equipment to record and evaluate electrical activity generated by the brain and nerves, and electrical activity resulting from stimulation of sensory and motor pathways. These tests aide in the diagnosis, prognosis and treatment of patients with a myriad of symptoms and include Neonatal, Pediatric and Adult Electroencephalogram (EEG), Electromyogram (EMG), Nerve Conduction Studies (NCS), Evoked Potentials (EP) and Intraoperative Monitoring (IOM).

Requirements

Technologists need a wide range of skills which require us to:

- interact with and reassure the patient, family and caregivers
- obtain relevant history pertaining to the patient's clinical symptoms
- have good knowledge of all Neurological symptoms, conditions and diseases
- have good knowledge of Neuroanatomy, Nerve and Muscle Anatomy and Physiology
- measure, mark and apply electrodes at predetermined sites of the head and body
- troubleshoot equipment and ensure the recording system is intact
- operate specialized equipment and evaluate data as acquired
- identify, eliminate or monitor physiological, electrical and environmental artifacts
- observe and instruct the patient to maintain a high quality recording
- recognize normal and abnormal patterns
- alert physicians to any conditions which require immediate medical intervention

Pattern Recognition is a highly developed skill that few individuals are accomplished in. Even most physicians are not familiar with all the complex patterns we must understand to do our jobs well!

EEG

We see patients for many reasons but the main purpose of an EEG is to detect seizures. When neurons send out the wrong signals in the brain, seizures may occur. They can arise at any age, even in utero and can happen to anyone. They can be caused by genetic anomalies, structural abnormalities, (for example those resulting from head injuries, strokes, tumors, hypoxia, etc.) or happen in association with any type of metabolic derangement. They can be influenced by drugs, alcohol, stress and sleep deprivation.

The Technologist must be familiar with all seizure types and their array of symptoms. We have to know which area of the brain corresponds to a patient's symptoms. We have to know specific EEG patterns, how they relate to the symptoms and how to best display these patterns. We must know what Activation Procedures will likely provoke a seizure and which patients we should perform these procedures on. If we capture a seizure we must ensure patient safety, response test the person to determine what impairments they suffer during their Seizure and document our observations.

One example we encounter daily is a pattern in the alpha frequency range of 8-13Hz. It is a sinusoidal rhythm in the posterior head region, seen maximally in the occipitals and known as the Posterior Dominant Rhythm. It is the hallmark pattern of a normal awake EEG and should be reactive to eye opening and closing. This is just one of hundreds of patterns and situations we need to understand to be good Technologists.

A patient diagnosed with seizures may lose their driver's license and may need one or more EEGs to show their seizures are under control. Imagine the truck driver, taxi driver or delivery person whose lives are on hold until an EEG confirms they are safe to resume working.

In one of our most critical situations, a patient may present with unexplained loss of consciousness (LOC). If their clinical presentation and other tests do not explain their LOC, an EEG may reveal the patient is in Non Convulsive Status Epilepticus. This is a life threatening condition and must be treated immediately. In this case an EEG is the **ONLY** way to know if the patient is having ongoing seizure activity.

Once diagnosed, will continue to monitor the patient to ensure treatment is working. This involves days, sometimes weeks of intensive monitoring. Once the medical team is ready to lift treatment, we also monitor this process to ensure the patient does not begin having seizures again.

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Cola, Chocolate and the Freedom of Choice to be a Union Representative

by Janet Fairbairn, Lab Director

Janet Fairbairn

A trade union is an organization of workers that have banded together to achieve common goals such as better working conditions. The trade union through its leadership, bargains with the employers on behalf of union members and negotiates labour contracts with employers. This may include the negotiation of wages, work rules, complaint procedures, rules governing hiring, firing and promotion of workers, benefits, workplace safety and policies. The agreements negotiated by the union leaders are binding for both the members and the employer.[1] This all seems simple and straight forward right?

Historically unions have been around for a long time. As seen in the picture on the opposite page, it was not always easy to stand up for your rights without feeling some form of intimidation. This is a far cry from our grievance procedure today which states that the first step is to simply approach your supervisor to attempt to resolve the dispute. It would appear that in present day, unions have come a long way and it is somewhat easier to stand up for what one believes that they are entitled to. This is not so easy if you are born in another country because trade unions in some countries are ruled by corrupt governments and company owners.

At 8:30 am on December 5, 1996, a right-wing paramilitary squad (Paras) of the AUC (United Self-Defense Forces of Columbia) showed up at the gate of the Bebidas y Alientos Coke bottling plant in Carepa, Columbia. Isidro Segundo Gil, an employee and local SINALTRAINAL member of the union's executive board, went to see what they wanted. The Paras opened fire on Gil, shot him ten times, and he dropped to the ground, mortally wounded. An hour after he was assassinated, paramilitary forces kidnapped another leader of the union at his home; he managed to escape, however, and fled to Bogotá. At 8:00 pm, Paras broke into the union's offices, destroyed the equipment there, and burned down the entire house, destroying all the unions' records.[2]

The next day, the heavily armed group went inside the bottling plant, called the workers together, and gave them until 4:00 pm to resign from the union. They said that if they didn't resign, they would suffer the same fate as Gil and they would be killed. Resignation forms were prepared in advance by Coca-Cola's plant manager. He had a history of socializing with the paramilitaries and had earlier given them an order to carry out the task of destroying the union.

Fearing for their lives, union members at Carepa resigned en masse and fled the area. The company broke off contract negotiations. The paramilitaries camped outside the plant gate for the next two months and the union was crushed. Experienced workers who made approximately $380 a month were replaced by new hires earning minimum wage ($130 a month).

Charges were never filed against Gil's killers or those who killed at least seven other Coca-Cola unionists. However,the Alien Tort Claims Act (ACT) permits foreigners to sue in U.S. courts for violations of fundamental human rights that are clearly defined under international law, so SINALTRAINAL (with the help of United Steelworkers of America) filed a lawsuit against the Coca Cola Company.

On March 31, 2003, the United States District Court for the Southern District of Florida dismissed charges against The Coca-Cola Company because the alleged wrong doing either occurred in the United States but was too removed from the injury, or occurred abroad but did not have a substantial origin within the United States.

SINALTRAINAL Vice President Juan Carlos Galvis summed it up best when he said: *"If we lose this fight against Coke,*

First we will lose our union,
Next we will lose our jobs,
And then we will lose our lives!"

* * * * * * *

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Cola, Chocolate . . .

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In May 2008, Krzysztof Pruszewicz would have been 21. He was killed on April 16 in an industrial accident in the Vobro Chocolate Factory in Brodnica, Poland. Krzysztof had finished vocational school as a dietician and because it was difficult to find a job in his profession in the small city of Brodnica; he found a job in the Vobro chocolate factory. Krzysztof had been working on the chocolate mixing vat for 16 days. The job in the chocolate factory was Krzysztof's first. He started work on February 1st as an assistant on a three-month probationary period.

In the less than three months Krzysztof worked in the factory, he went from being an assistant to a machine operator. In the report produced after his death, he is listed as a "brygadzista", which is something like a supervisor. Krzysztof had complained to his family about lack of proper training. His training lasted less than 20 minutes. He had less than 48 hours to learn to operate new machinery and had to do this while still working and meeting production norms. According to a police investigation, training did not last more than 8 hours in total.

Employees in the factory worked in 12-hour shifts. If they didn't like these shifts, or couldn't produce the norm, they would find themselves out of a job. The person that Krzysztof replaced was fired because he couldn't make the 1700 kg daily norm. Krzysztof complained that there should have been two workers at this machine, but since the factory didn't want to hire too many people, only one person had this job. In addition to operating the machine, Krzysztof had to get the ingredients, add them and supervise the work of others. The machine often experienced technical problems.

Two employees had reported problems to the State Labour Inspectorate and were fired. The person in the Inspectorate was the brother of someone doing business with the firm. Reporting abuse in the company to the Inspectorate was supposed to be anonymous. However in the city of Brodnica, the boss had the ability to find out who did it and made a point of making an example of those people.

At 5:00 am on April 15, Krzysztof started his 12-hour night shift at the factory. He had been trying to get some chocolate out of the bottom of the machine. Some witnesses have told the family that there had been problems with the machine that night, and some security devices had been shut off. Krzysztof was crushed in the machine and employees heard him screaming. He was dragged out bloody and mutilated. His co-workers tried to stop the bleeding and managed to resuscitate him however, he could not be saved.

At around 7:30 am the police arrived at the factory and the safety inspectors arrived at 830 am. There was plenty of time to tamper with the scene of the accident. Krzysztof's family said that the police and the hospital would not allow them to view documents related to the case. The morning shift, which started at 6:00 am, went straight to work as normal. The family felt that nobody in town would help them get to the truth.

One last note, that very same day of the accident, the factory went ahead and produced its products from the chocolate in the vat where Krzysztof was killed. For weeks after the factory employees had been pleading with them to take this chocolate out of circulation. There is no evidence that this was ever done.[3]

Labour union demonstrators surrounded by soldiers during the 1912 Lawrence Textile Strike in Lawrence, Massachusetts

I am sharing these stories with you for a reason. I guess what I am trying to say here is that you should not be afraid to stand up for what you believe in. Let your name stand forward to become a staff representative to help yourself and others achieve what you are entitled too. Knowledge is power and getting to know your contract is the best weapon available to you.

The next time you have an issue, don't be afraid to come forward with it and approach your supervisor. Be calm, be firm and be proud. The worst they can say is no. And take comfort in knowing that you are not alone as the Labour Relations Officer of MAHCP will be beside you all the way.

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[1]Webb, Sidney; Webb, Beatrice (1920). History of Trade Unionism. Longmans and Co. London. ch. I(Wikipedia). Retrieved Dec 12, 2012 from en.wikipedia.org/wiki/Trade_union.

[2]Bacon, D.(2002, January)The Coca-Cola Killings. Retrieved January 25/2012 from prospect.org/article/coca-cola killings

[3](2008, August) Bitter Death in a Chocolate Factory. Retrieved January 25, 2012 from torun.indymedia.org/6170.

Neurodiagnostics

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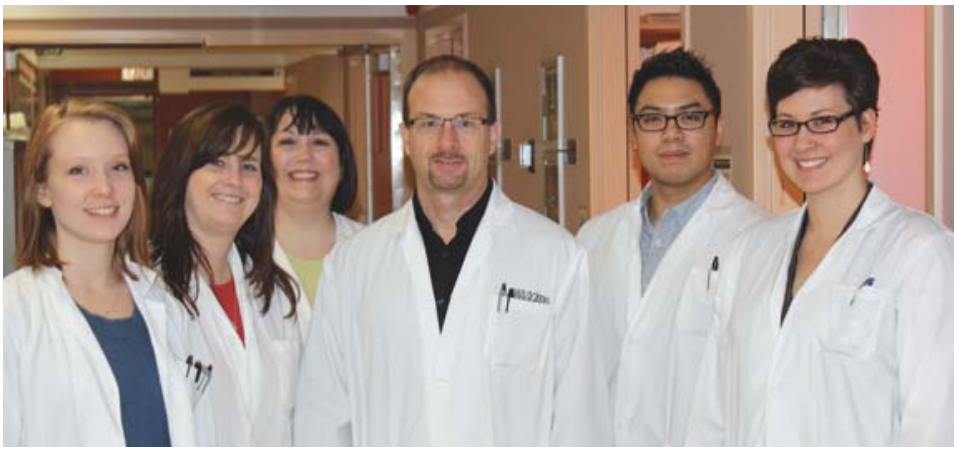

L to R: Ashton Liban, Jodi Kent, Melinda Becker, Darryl Hay, Michael David, Kara Gillis, missing from photo is Joanne Nikkel

EMG/NCS

Patients are referred to the EMG lab for signs or symptoms indicating a nerve or muscle disorder. These symptoms may include tingling, numbness, weakness, muscle pain or cramping. EMG/NCS results are needed to help diagnose or rule out a number of conditions.

We see a broad range of these in our lab, including muscular dystrophies, inflammatory muscle diseases, neuromuscular junction disorders and neuropathic disorders. We also see traumatic nerve injuries ranging from a herniated disc of the spine to a gunshot wound of the leg. Diagnosis may include Carpal Tunnel, a fairly common syndrome in this computer driven era, to debilitating diseases that affect the motor neurons in the brain and spinal cord. A well known example to baseball fans is Amyotrophic Lateral Sclerosis, also known as Lou Gehrig's disease.

The technologist's role in the EMG lab is to perform Nerve Conduction Studies. These are done by placing electrodes on the skin and stimulating nerves through electrical impulses. NCS are broken down into two categories, motor and sensory. NCS allows us to accurately localize focal lesions or detect generalized disease processes along accessible portions of the Peripheral Nervous System (PNS).

The EMG Technologist must have an intricate knowledge of the PNS, including all nerves and the muscles they innervate. We must understand both dermatomes, the sensory distribution of these nerves, and myotomes, the motor distribution. We must understand all neuromuscular conditions that may present to the EMG lab and be able to obtain history relevant to these disorders.

EMG is performed by the Neurologist who will insert a recording electrode, a small needle, into the muscle and record the electrical activity from the muscle. Once the needle is inserted the Neurologist will show the patient how to move to activate their muscle so we are able to record its electrical potential.

HSC Adult Lab: Additional Services

Telephone Transmission EEG

We provide remote EEG recordings in Thompson and The Pas using specialized equipment in our lab to liaise with northern technicians cross trained in electrode application. This allows patients the opportunity to have this service in their own community and to avoid long and costly trips away from their family.

Ambulatory EEG

For patients with possible Epilepsy we may provide Ambulatory EEG monitoring. With a generous donation from ***Mr. James Cook***, the lab was able to purchase two ambulatory systems. Patients can return to the comfort of their home each day while their brain waves are monitored 24/7. At the same time we save the health care system thousands of dollars by avoiding costly hospital admissions. A win win situation for patients and taxpayers alike!

Epilepsy Monitoring Unit

We have a 2 patient Epilepsy Monitoring Unit on GD2 that is hard wired to capture 24 hour EEG Video and Audio recording. The goal here is to help patients with Intractable Epilepsy. Their treatment may be altered or the monitoring may be part of their work up for epilepsy surgery. The surgery may help reduce or even stop a patient's seizures. We may help change the way a patient is able to live the rest of their life; how amazing is that?

WADA and Ictal SPECT

Epilepsy patients may also require Ictal SPECT or WADA testing as part of their surgical workup. Here we team up with Neurology, Neuropsychology, Radiology and Neurosurgery staff to administer highly specialized tests. Coordinating all these departments requires a bit of magic.

Intraoperative Monitoring

For candidates who have a surgical resection to manage their seizures, we are in the OR to help guide the Neurosurgeon while he places electrodes into the patient's brain. We continue to monitor the patient in the Neurosurgery step-down unit on GA5, recording from these specialized electrodes until enough seizures are captured to proceed with the surgical resection. Did I mention this can be a life changing experience?

Education

Most individuals entering Neurodiagnostics have some post secondary education. Technologists are often trained in EEG initially and then receive additional training in other areas. We must obtain a registration in our discipline of choice.

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The EEG program is 2-3years long studying under a Hospital based program or a College diploma certificate. The National exam is governed by a Board (CBRET) with members from across Canada. There is a Written Exam after 1-2 years of training. Then we must perform 500 recordings to be eligible for the three part Oral Practical Exam. The exam is held once a year at a National site governed by CBRET. Once we have passed all portions of the exam, we become a *Registered Electroencephalogram Technologist (RET)*.

The EMG/NCS Registration is also governed by a National Board (BRETC). An individual must complete a variety of unassisted Nerve Conduction studies on 1000 patients. The exam is administered in two parts, with a Written and a Practical component. The Practical Exam is a 1hour minimum assessment of the Technologist's ability to carry out a Nerve Conduction Study. Once successfully completing the exam we become a *Registered Electromyography Technologist (R EMG T)*.

Neurodiagnostic Technologists in Manitoba

So now that you have an idea of what we do, could you guess how many Neurodiagnostic Technologists there are in Manitoba? Currently Children's Hospital has 4 RET's, HSC Adults has 5 RET's, 1 is a cross trained R EMG T, there are 2 student EEG Technicians and we are providing a Practicum site to a third Neurodiagnostic student from a diploma program in Ottawa. The 2 RET's at SBGH have recently retired but are taking shifts until their 1 student EEG Technician can become registered (this still leaves the lab short one Technologist). At the time of this article SBGH has been unable to fill their recently vacated positions. There is 1 RET at Deer Lodge and 1 RET in Brandon. Some of these sites provide on call services.

That's a grand total of 13 Registered Technologists and 3 student EEG Technicians who do EEG, EMG, NCS, EP and some IOM. In fact, there are fewer Technologists now than when our most senior Technologist was a student, and many of the services we provide today were not being offered.

HSC Adult Neurodiagnostic Lab

At the HSC Adult lab we provide outpatient and inpatient services in both EEG and EMG daily. In 2011 we performed over 4400 EEG studies and almost 1400 EMG/NCS. We have 3 EEG Acquisition labs, 3 Portable EEG units and 3 EMG labs. The EMU, with 2 Acquisition beds, is shut down for 2 weeks every year but otherwise operates 50 weeks per year, 24/7. We also operate 2 Ambulatory monitors which collect files several days per week. All these 24 hour files must be reviewed by a Technologist. Telephone Transmissions are performed 2-3 days per week. We've recently had a number of WADA tests and IOM surgical cases.

We are very proud of our strong and dedicated Technologist team and the accomplishments of our highly successful training program. Historically Manitoba Technologists have won awards at our National Annual General Meeting and Teaching Seminar and this year was no exception. Two of the three awards were presented to HSC Adult Technologists!

Sadly there are still no concrete job offers on the table at HSC. In fact our students have been told to seek employment at other centers. In the event that we lose even one of these future RET's, we will have to reduce services in our lab, as they have been sharing a generous portion of the lab's workload during their senior academic year.

Our lab has just 4 RET's who take call. Requests have dramatically increased over the past few years. Lately it's not uncommon to work a full weekday shift, work an hour or two for several evenings during the week, work a 10-12 hour weekend and then be back to a second full weekday shift before having a day off. We have also begun to feel the effects of the shortages at the SBGH lab; we are now being asked to do urgent patients for this hospital as well.

And to really top things off, our lab had to cope with a catastrophic system crash that happened in early August 2011. Instead of shutting the lab down, Technologists added "IT Specialist" to their list of credentials to keep the lab functional. For almost 6 months this meant another significant increase to our workload. To date a permanent solution is still 6-12 months away. In the meantime we continue to strain our already over utilized staff.

When it comes to convincing people to remain in Manitoba once Registered, well … to say things are bleak would be an understatement. In Manitoba, our hourly wage is substantially lower than other provinces in the country and even amongst our peers in our own Union we sit near the bottom of the pay scale. And Canadian trained RET's are in high demand across the border. If we aren't competing on a National level, just Google "Neurodiagnostic Technologist" on an American head hunter's web site, and see how we fare on an International level! How long do you think it took for our 2 students to get job offers outside of Manitoba?

But here's hoping that by shedding some light on our skills and our situation, others will begin to understand the importance of maintaining a vibrant and viable Neurodiagnostic lab.

Read about HSC's Children's EEG Lab in the June 2012 issue of MAHCP News.

Call for Nominations
MAHCP Executive Council 2012-13

Nominations for the 2012-13 Executive Council are due at the MAHCP Office, 101-1500 Notre Dame Ave., Winnipeg, MB. R3E 0P9 on or before 1600 hours, June 29, 2012. Please send your nomination form 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 Executive Council positions which have the **current term of office ending in October 2012**. Nominations will be accepted for ***two year terms*** in the following positions:

Officers:
President
Regional Directors:
Winnipeg Region
Nor-Man RHA
South Eastman Health
Employee Interest Group Directors:
Clinics
Community Therapy Services
Jocelyn House
Society for Manitobans with Disabilities

Occupational Directors:
Child Life Specialist
Dietitian
EEG
EMS
Food Services Supervisor
Home Care Coordinator
Medical Devices
Mental Health
Midwife
MRI
Nuclear Medicine
Occupational Therapy
OrthopedicTechnology
Pastoral/Spiritual Care
Pharmacist
Psychologist
Radiology
Resource Utilization Coordinator
Respiratory Therapy
Social Work
Sonography
Speech Language Pathology

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

Officers:
Vice-President
Regional Directors:
Brandon RHA
Burntwood RHA
Employee Interest Group Directors:
Aboriginal Health & Wellness Centre


Allan Harlow

Occupational Directors:
Audiology
Cardiology
Laboratory
Physiotherapy
Radiation Therapy
Recreation

(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,
Allan Harlow
Chair - Nominations Committee

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 30, 2011 deadline still have one (1) year left in their term. These terms will end at the end of the 2013 Annual General Meeting.

The terms of those Staff Representatives who have been appointed by the Executive Council since June 30, 2011 will expire at the end of the 2012 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 June 29, 2012.

In Solidarity,
Allan Harlow
Chair – Nominations Committee

MAHCP Scholarship Fund

Bob Bulloch
MAHCP Secretary and Pharmacy Director

MAHCP Executive Council 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 27th to:

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

MAHCP Executive Council 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 entering their first year of full-time post-secondary education with the intention of entering 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 of the Honour Roll is 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 Council 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 Ave
Winnipeg, MB R3E 0P9

Criteria:

A member in good standing:

- Who has served in an elected position on the Executive Council 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.

Health Care and Pensions ... *continued from page 1*

In other words as the countries' wealth increases, healthcare costs keep in line with it. CIHI data also suggests that the rising age of our population will not adversely affect healthcare's bottom line, because a lot of our aging population is relatively healthy in comparison to other groups of elders in the past – and if they keep working, they are contributing to the tax base and paying for medicare.

But apparently the government is threatening to reduce the funding for medicare after 2017 by tying any increases to an external factor such as economic growth. It might sound reasonable until you wonder - how would economic growth be defined? Is it the GDP? The size of the nation's deficit? Since the government has been dramatically decreasing its own pot of money by increasing corporate tax cuts annually – the real money held by the government gets less and less. It's big money - **$90 billion of lost revenue each year.**

So the Conservative government willingly loses $90 billion a year, and then bemoans the fact that the aging population is the real problem for funding medicare. I guess someone should send them the link to CIHI (here it is in case you would like it *http://www.cihi.ca/CIHI-ext-portal/internet/EN/Home/home/cihi000001*). As Jean-Marie Berthelot, Vice President of Programs at CIHI stated "Over the past decade, the proportion of health dollars spent on seniors by provincial and territorial governments has remained relatively stable at 44%. This tells us that spending on seniors is not growing faster than spending for the population at large." Don't believe the smoke and mirrors, folks – Medicare is sustainable and funding it has always been under control and it's not your grandma's fault if we spend a lot of money on it.

But now our government is trying to find reasons to underfund it. Leaving it to the provinces is just another way of allowing some provinces who are not quite so dedicated to public healthcare, a backdoor to increased financing of a private two-tiered system. Another downside – the level of care and services to Canadians will be uneven across the country, leaving some parts of the country getting better healthcare than others. Instead of keeping universal healthcare universal, where it receives some oversight from Ottawa, each province will be able to set their own agenda – including funding for wages, administrative costs and 'special projects'. Canadians will no longer be guaranteed equal access to services and equal quality of service.

And what about pensions, you ask? Ah the poor baby boomers – blamed for the collapse of medicare and the destruction of the OAS pension. Well there has been A LOT of ink and air-time spent on this topic, and I won't add much more to it. I do care about pensions and was just as outraged as many other Canadians were about potential changes , but I think there was something else happening.

I think the timing of the two press conferences was very suspicious. Why would the government make such far-reaching announcements in such a short pace of time? It's not because it was a slow-news week. Steven Harper's comments about changing the eligibility age for the OAS were designed to get people talking – talking about pensions and not about Medicare. It's been all but forgotten and I don't think that's accidental.

The OAS pension might or might not be changed, but it's definitely a motherhood issue that gets everyone excited - a juicy distraction from the larger, more disturbing issue of the attack on Medicare. The federal government may have forgotten that though the OAS pension is important to Canadians, it is Medicare that most Canadians chose as its defining feature.

We shouldn't forget about it. Let's not let our government leaders forget it either.

Non-Central Table Bargaining Update

Aboriginal Health & Wellness Centre: The current agreement is in place until March 31, 2014

Brandon Clinic: Your new collective agreement has been mailed out and is in effect until March 31, 2014.

Gamma-Dynacare Medical Laboratories: Your new collective agreement has been mailed out and is in effect until March 31, 2014.

Jocelyn House: The current agreement will expire January 31, 2014.

Manitoba Clinic: The Manitoba Clinic Collective Agreement was ratified in December 2010 and is in effect until December 31, 2013.

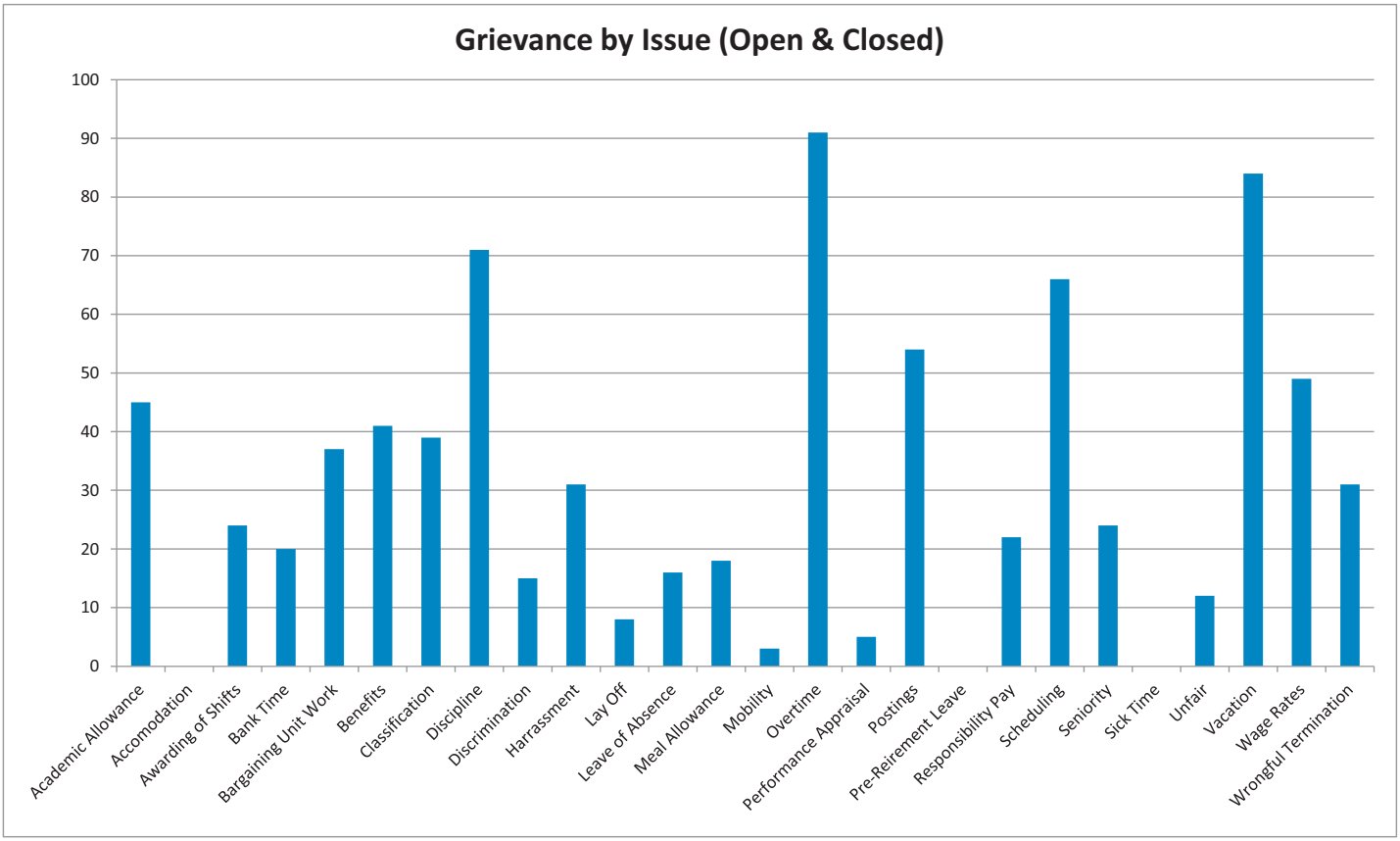
Society for Manitobans with Disabilities: Negotiations continue with the Employer to conclude a new collective agreement. Unfortunately dates set for March 6, 8 & 14 had to be cancelled due to a request by the Employer.

We have set new dates of April 3 and 18 as well as May 1, 4 and 10.

A meeting with all MAHCP members at the MAHCP Offices has been scheduled for Wednesday April 4, 2012 at 5:00 pm to provide members with a complete update on negotiations and to seek any direction from members, that may be necessary, with regard to concluding an acceptable agreement. A light supper will be provided.

Winnipeg Clinic: The Association has served notice to bargain a new Collective Agreement for the period starting April 1, 2012.

Wonder What Kinds of Grievances are Reported?



This graph is used by the Executive Council as a part of the Grievance Report. It is used to track the "hot-button" issues being faced by the membership. This information is useful to the Labour Relations Officers during their interactions with the employer. It is also useful during negotiations to illustrate the pervasiveness of an issue. This particular graph shows grievances reported as of January 2012.

In many instances, members may not be aware just how commonly these events occur. If you believe your employer is not following the contract on any issue, please contact your Staff Representative or LRO.

We Need Your Assistance!

In order to keep our database as up-to-date as possible, we need your help. If you change your name, address, home email address, telephone numbers, work site, etc., please let us know. Complete the form below and email joan@mahcp.ca, or mail or fax to MAHCP - 101-1500 Notre Dame Ave, Wpg, MB R3E 0P9 - fax # 1-204-775-6829.

Name _____ **Previous Name (if changed)** _____

Home Address _____

City/Town _____ **Postal Code** _____

Home Phone # _____ **Home Email Address** _____

Employer _____ **Site** _____

Work Phone # _____ **Work Email Address** _____

Classification _____

Status (full-time, part-time, term, casual) _____

Date Changes in Effect _____

Supreme Court changes how arbitrators apply the law

Jacob Giesbrecht
LLP

The Supreme Court of Canada ruled on December 2, 2011 that MAHCP could not rely on the terms of the collective agreement that it had bargained with the employer. The Supreme Court allowed an arbitrator to "estop" the union from collecting a benefit for its members. In allowing this estoppel the Supreme Court changed the law in Manitoba regarding labour arbitrations. This article will review the Supreme Court Decision written by Supreme Court Justice Fish.

The case started in July of 2008 when a member from Flin Flon filed a grievance because she was not being credited with the right vacation by the employer. The employer was calculating vacation entitlement without including casual service. The Arbitrator agreed with her that casual service should count for calculating vacation entitlement but said that because the employer had been calculating the vacation entitlement in that way for a long time, the union was "estopped" from enforcing the correct calculation until after the current collective agreement had ended.

MAHCP applied for judicial review of the decision on the basis that the arbitrator had incorrectly applied the law of estoppel in the case. The law of estoppel states that both parties to a practice have to be aware of the practice in order for one of the parties to be stopped from reneging on the practice. The employer had not shown that the union was aware of the employer's practice over the years. The judge reviewing the case agreed with the arbitrator and upheld the decision as it was imposed.

MAHCP Goes to the Supreme Court

MAHCP appealed the decision to the Manitoba Court of Appeal. The Manitoba Court of Appeal agreed with the union. The Court of Appeal said that the arbitrator had wrongly imposed the law of estoppel. The law of estoppel can only be used where there is evidence that both parties to the collective agreement had known about a practice and had either by actions or words agreed that the practice was correct. The Manitoba Court of Appeal decision overturned the arbitrator's decision because the arbitrator had incorrectly imposed the law of estoppel.

The employer appealed the decision to the Supreme Court of Canada. The Supreme Court avoided the analysis of whether or not the arbitrator was correct when he applied the law of estoppel. The Court dealt broadly with the issue of standard of review and hardly at all with respect to the issue before it, the correct application of the law of equitable/promissory estoppel. The Court did not say that the decision of the Court of Appeal was ***wrong*** when it said that the arbitrator had incorrectly applied the law of estoppel. Instead, the Supreme Court focused on the long-standing practice of the employer on the case. Justice Fish said:

> "…the arbitrator held that the union was barred by its long-standing acquiescence from grieving the employer's application of the disputed provisions. Given the employer's consistent and open practice of calculating vacation entitlements as it did, and the employer's detrimental reliance on the union's acquiescence, it would be unfair, the arbitrator found, for the union to now hold the employer to the strict terms of the collective agreement in that regard."

Until this case, unfairness alone has never been the sole reason for imposing an estoppel. The Supreme Court overhauled the powers of arbitrators in labour cases, especially as it relates to applying the law of estoppel. It stated that "Labour arbitrators are not legally bound to apply equitable and common law principles – including estoppel – in the same manner as courts of law... They (labour arbitrators) must, of course, exercise that mandate reasonably, in a manner consistent with the objectives and purposes of the statutory scheme, the principles of labour relations, the nature of the collective bargaining process, and the factual matrix of the grievance."

When discussing the arbitral cases that the employer relied on at the arbitration hearing, Justice Fish stated: "Both arbitrators were alive to the foundational principles of estoppel. Essentially, they found that the union was fixed with knowledge – constructive, if not actual – of the employer's mistaken application of the disputed clauses throughout the relevant time; that this sufficiently fulfilled the intention requirement of estoppel; that the employer could reasonably rely on the union's acquiescence; that the employer's reliance was to its detriment; and that all of this had the effect of altering the legal relations between the parties."

Justice Fish avoided the Court of Appeal's correct analysis of the law of promissory estoppel by making the determination that this was purely a labour relations issue and therefore was not a "general question of law". The Court of Appeal's analysis and application of promissory estoppel is still the correct way of interpreting the law of estoppel. However, the Supreme Court determined that labour arbitrators don't need to apply the law correctly...just reasonably.

A New Doctrine

Fish states further: "To assist them in the pursuit of that mission, arbitrators are given a broad mandate in adapting the legal principles they find relevant to the grievances of which they are seized." The broad discretion provided to the arbitrator in this case has essentially created a new doctrine of law applicable to labour arbitrators.

The new doctrine states that so long as the arbitrator issues a decision in a "manner consistent with the objectives and purposes of the statutory scheme, the principles of labour relations, the nature of the collective bargaining process, and the factual matrix of the grievance" it can deviate from the established legal requirements of the law as imposed by the courts and in other tribunal settings.

This is significant. It gives arbitrators in Manitoba a lot more power than they had before. It essentially deprives either the union or the employer from the ability to overturn an arbitrator's decision in court. That can work for or against a union. It means that matters will have to be dealt with at the local level. Only when the arbitrator clearly acts unreasonably will there be recourse to the courts. An arbitrator is allowed to act contrary to the law depending on what kind of law it is.

This decision comes at a time when arbitrators are being asked to deal with more and more sophisticated legal arguments. An arbitrator has jurisdiction to deal with any matter arising out of the employment relationship. As a result, negligence, assault, harassment, and any other tort that arises in the workplace have to be determined by an arbitrator. This case has essentially said that in deciding these matters an arbitrator simply has to be reasonable in the circumstances. He doesn't have to be right according to the law.

One of the benefits conferred by this case and the principles outlined therein is that an arbitrator can fashion a fair remedy without being bound by the application of the law as applied by the courts. This could be a significant benefit for the union in the long run because often it is the employer that seeks to impose the strict letter of the law when defending itself from grievances.

Only time will tell how these new found powers bestowed on arbitrators will affect labour jurisprudence in Manitoba.

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 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.

- ***Patti Aab,*** Laboratory Technologist, CCMB
- ***Charlotte Burch,*** Laboratory Technologist, CCMB
- ***Roberta Popoff,*** Radiology Technologist, Victoria General Hospital
- ***Robert Paluch,*** Laboratory Technologist, SBH

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.

Staff Rep Training

Level 1 – June 7 and 8, 2012

Level 2 – June 11 and 12. 2012

To reserve your spot, please call Cathy at 772-0425 or email her - cathy@mahcp.ca. Deadline for registration is May 16, 2012

Seniority Lists

Seniority Lists for all sites have been distributed and should be posted on your MAHCP bulletin board or available through your staff rep.

We'd like to remind all members to review their seniority information for any omissions or errors. If your seniority list is not posted or if you have noticed errors, please call your Labour Relations Officer at 772-0425.

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 in October 2012 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 Margrét Thomas. **Resolutions are due at the MAHCP office prior to 1600 hours June 29, 2012.**

In solidarity,
Allan Harlow
Chair - Nominations Committee

2011-12 Executive Council

Officers

President	***Wendy Despins,*** DSM - SBH, Laboratory
Vice President	***Al Harlow*** DSM - Concordia Hospital Laboratory
Treasurer	***Robert Moroz,*** CCMB Radiation Therapist
Secretary	***Bob Bulloch,*** HSC Pharmacist

Directors

Aboriginal Health & Wellness Centre	***Daphne Lafreniere*** Residential Health Support Worker
Audiology	***Leanne Gardiner,*** Brandon RHA, Audiologist
Cardiology	***Colleen Bemister,*** Misericordia Health Centre
Community Therapy Services	***Margrét Thomas,*** Physiotherapist
Dietitian	***Vanessa Hamilton,*** Brandon RHA
Laboratory	***Janet Fairbairn,*** CCMB
Nuclear Medicine	***David Veronesi,*** HSC
Occupational Therapy	***Ann Patton,*** HSC
Orthopedic Technology	***John Reith,*** HSC
Physiotherapy	***Shelley Kowalchuk,*** HSC
Radiology	***Michael Kleiman,*** HSC
Recreation	***Zana Anderson,*** DLC
Social Work	***Sylvie Theriault,*** HSC
Brandon RHA	***Gale Rowley,*** Mental Health Clinician
Burntwood RHA	***Tanya Burnside,*** Pharmacy Technician
Winipeg Region	***Janelle Morissette,*** DSM-HSC, Laboratory

Do you have any union questions, or would you like to meet with an HSC Executive Council member to talk about the union? Once again, we will be available to meet with members at a booth set up at Health Science Centre in the Thorlakson Mall, on April 25th. We invite you to come by and visit the booth, and make your voice heard.

We are also looking for members at different hospitals to host a booth - if you are interested in having a booth at your facility, please contact the MAHCP Communications Committee at *communications@mahcp.ca.*

Staff Assignments

Lee Manning
Executive Director
lee@mahcp.ca

Janet Beaudry
Executive Assistant
janet@mahcp.ca

Joan Ewonchuk
Administrative Assistant
joan@mahcp.ca

Cathy Langit
Secretary/Receptionist/Clerk
cathy@mahcp.ca

Milcah Abril
Secretary/Receptionist/Clerk
milcah@mahcp.ca

Walter McDowell, LRO: walter@mahcp.ca	St. Boniface Hospital, Misericordia Health Centre, Gamma-Dynacare Medical Labs, Jocelyn House
Ken Swan, LRO: ken@mahcp.ca	Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG), Deer Lodge Centre, Community Therapy Services, Winnipeg Clinic
Michele Eger, LRO: michele@mahcp.ca	Health Sciences Centre (all other HSC Members not included under Ken's listIng), Concordia Hospital, Manitoba Clinic, WRHA Corporate Program
Gary Nelson, LRO: gary@mahcp.ca	Victoria General Hospital, Brandon RHA, Brandon Clinic, Society for Manitobans with Disabilities, Actionmarguerite, 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 Health

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

In order to keep our database current, please keep us informed of any information changes including addresses and names. Don't forget to update your address with your employer too!
772-0425 or joan@mahcp.ca

SAVE THE TREES!!

If you would like to receive this newsletter and other information by email only or in addition to your paper copy, please 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.

Collective Agreement NO print copy, please!

In order to "save the trees" we are trying to keep our printing to a minimum. If you are interested in using the online version, please complete the form below:

I do not wish to receive a print copy of my collective agreement. I will view it online at the MAHCP website at http://www.mahcp.ca/htmlfiles/MEMBER_SERVICES/collective_agreements.asp

Name (print): _____

Employer/Site: _____

Signature: _____

Date: _____

Return completed form to MAHCP by mail or email joan@mahcp.ca.

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 $15,000.00 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.

Manitoba Association of HEALTHCARE Professionals

101-1500 Notre Dame Avenue, Winnipeg, MB R3E 0P9
Phone: 1-204-772-0425; 1-800-315-3331; Fax: 1-204-775-6829
Email: info@mahcp.ca; **Website: www.mahcp.ca**