

NEWS

Manitoba Association of

HEALTHCARE

December 2008

Professionals

MAHCP Makes Significant Gains with Five Non Central Table Bargaining Contracts

In recent months MAHCP has reached agreement with five of its non-central bargaining units. They are: Aboriginal Health and Wellness Centre, Central Medical Labs, Community Therapy Services, Jocelyn House and the Society for Manitobans with Disabilities. All contracts have attained significant increases and positive enhancements for members.

Aboriginal Health & Wellness Centre

AHWC went into bargaining with two tier wage scales and had seen a large reduction in their incomes in 2005. The membership was adamant to get back what they had lost and to improve their contract in a number of areas. They were not covered by Worker's Compensation and they wanted a Vision Care Plan. They were concerned about family medical appointments and their accessibility to Income Protection benefits.

The contract they ratified on October 30th provided for a three year agreement to expire on March 31, 2011, with significant increases to Salary scales. In order to achieve parity the lower of the two scales obtained a sixth step with a 3% bump which is equal to the final step of the higher scale. All classifications except nurses received a 6% increase

over the life of the agreement. Nurses, in a final ditch effort to ward off a severe shortage received parity with the WRHA nurses with fewer steps.

The contract now includes Worker's Compensation, a vision care plan, an employee driven discretionary day, inclusion of family members appointments for income protection utilization, protective clothing for clinical and day care employees, premiums for training other employees, forty seven cents a kilometer for mileage, and a shorter work day.

Central Medical Labs

Bargaining began with the employer giving the employees an automatic 3% increase on April 1, 2008 prior to negotiations beginning. The bargaining committee believed they deserved more in order to keep up with their counterparts in Manitoba.

When the contract was settled on the fourth of October the membership had achieved 14% over the life of agreement: 3% April/08, 1% October/08, 5% Apr/09, 5% Apr/10. They were also able to gain improvements in vacation and sick credit accruals and much more.

Community Therapy Services

The goal for the bargaining committee was to achieve parity with the

Central Table Bargaining Units. They were able to accomplish a two year agreement which ends on March 31, 2009. Although parity was not achieved entirely they were able to bring their wages very close. They were also able to expand their benefits to include a higher level of benefits contribution. The employees did not have an Employees Assistance Program. It was attained in this round of bargaining.

Jocelyn House

Although a very small bargaining unit, negotiations took the longest of all five bargaining tables. The members wanted more full time employees, and wages more in line with the public sector. They were also concerned over expanded housekeeping duties.

The bargaining committee was able to achieve one more full time position as well as a promise to look into the feasibility of another full time in the next year. They were also able to achieve an increase of 13.4% for the Health Care Aides in the first year and a further 2.14% each successive year on a 3 year contract.

Some of the ground breaking language achieved included a commitment by the employer to ensure protection for employees in case of a pandemic outbreak.

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Editor: Wendy Despins, President
wendy@mahcp.ca

Meeting Calendar

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

December 10, 2008

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

December 10, 2008

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

December 25 & 26, 2008

- MAHCP Office Closed

January 1, 2009

- MAHCP Office Closed

January 14, 2009

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

January 14, 2009

- General Staff Rep Meeting
Canceled

February 11, 2009

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

February 11, 2009

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

March 11, 2009

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

March 11, 2009

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

April 8, 2009

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

April 8, 2009

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

May 13, 2009

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

May 13, 2009

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

June 10, 2009

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

June 10, 2009

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

June 18 & 19, 2009

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

June 22 & 23, 2009

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

July 8, 2009

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

July 8, 2009

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

August 12, 2009

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

August 12, 2009

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

October 15, 2009

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

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

2008-09 Executive Council

Officers

President

Wendy Despins,
SBGH Laboratory

Vice President

Al Harlow
Concordia Hospital Lab

Treasurer

Chad Harris, CCMB
Medical Devices

Secretary

Bob Bulloch, HSC
Pharmacist

Directors

Audiology

Leanne Gardiner,
Brandon RHA

Community Therapy Services

Margrét Thomas,
Physiotherapist

Laboratory

Janet Fairbairn, CCMB

Mental Health

Kathy Yonda, Brandon
RHA

Nuclear Medicine

Shelagh Parken, HSC

Occupational Therapy

Adele Spence, DLC

Orthopedic Technology

John Reith, HSC

Physiotherapy

Shelley Kowalchuk, HSC

Radiology

Michael Kleiman, HSC

Radiation Therapy

Jenn Moyer, CCMB

Recreation

Zana Anderson, DLC

Respiratory

Michael Bachynsky, SBGH

Burntwood RHA

Tanya Burnside,
Pharmacy Technician

Winnipeg RHA

Jason Linklater, HSC,
Orthopedic Technology

Staff Assignments

Lee Manning
Executive Director
lee@mahcp.ca

Janet Beaudry
Executive Assistant
janet@mahcp.ca

Lauren Shier
Secretary/Receptionist/Clerk
lauren@mahcp.ca

Joan Ewonchuk
Administrative Assistant
joan@mahcp.ca

Walter McDowell, LRO:
walter@mahcp.ca

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

Ken Swan, LRO:
ken@mahcp.ca

Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG), Deer Lodge Centre, Community Therapy Services, Winnipeg Clinic

Michele Eger, LRO:
michele@mahcp.ca

Health Sciences Centre (all other HSC Members not included under Ken's listing), Concordia Hospital, Tissue Bank Manitoba, Manitoba Clinic, Critical Care Transport Team

Gary Nelson, LRO:
gary@mahcp.ca

Victoria General Hospital, Brandon RHA, Brandon Clinic, Centre Taché Centre, Society for Manitobans with Disabilities, Rehabilitation Centre for Children, CancerCare Manitoba

Armand Roy, LRO:
armand@mahcp.ca

Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre, Nor-Man RHA, Burntwood RHA, South Eastman RHA



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Society for Manitobans with Disabilities

MAHCP members employed by the Society for Manitobans with Disabilities recently ratified a new collective agreement that provides for significant improvements to their wages and benefits. A two year agreement that will expire on March 31, 2010, the same date as all of the MAHCP Central Table agreements.

Members wanted to achieve the MAHCP Central table rates for their disciplines. The negotiations team succeeded and members' salaries will increase from 7.6% to 9.2% by April 1, 2009.

Other improvements within the contract include;

- A 20% increase in the mileage rate; these members work extensively in the community.
- A new weekend premium of \$1.35 per hour.
- Parental leave top up
- Recognition of all experience a new hire has in their professional discipline. Previously, the Employer would only recognize the experience new employees had in a pediatric setting.
- A additional 10% allowance for members who perform their duties and carry caseloads originating north of the 53rd parallel.
- Retroactivity on salary increases, mileage rates and parental leave top up to April 1, 2008.

Condensed Bargaining Update

Aboriginal Health & Wellness Centre: The new collective agreements (CA's) have been mailed out to all AHWC members. This CA is in effect until March 31, 2011.

Brandon Clinic: The CA is in effect until July 31, 2010.

Gamma-Dynacare Medical Labs (formerly CML): This CA is in effect until March 31, 2011.

Community Therapy Services: The CA's have been mailed out to all CTS members and is in effect until March 31, 2009.

Jocelyn House: The agreement was ratified on Monday, December 5th and is in the process of being signed.

Manitoba Clinic: Bargaining is now in process. The current CA expires on December 31, 2008.

Society for Manitobans with Disabilities: The CA has been ratified and signed. The CA's are now being printed and copies will be mailed to members shortly. The new CA is in effect until March 31, 2010.

Winnipeg Clinic: The CA has been ratified and is in the process of being signed.

If you have not received your collective agreement, please call the MAHCP office.

Just the Facts

Here are some quick facts on unions from Stats Canada's annual *Perspectives on Labour and Income*.

The average unionized worker is paid \$23.58 an hour while the average non-union worker is paid \$18.98.

The majority of union members are now women, which has been the case since 2006. The unionization rate for women (30 per cent) exceeds men's (28.7 per cent) - 2.15 million women and 2.07 million men are unionized members.

Unionized women are closer to achieving pay equity than non-unionized women. Women in unionized full-time jobs average 94 per cent of union full-time men's average (\$23.36 versus \$24.83). The wage gap is much bigger for non-unionized full time women who earn only 81 per cent of non-union full-time men's average (\$18.16 versus \$22.50).

A full-time union workers' average wage is \$24.15. Full-time non-union workers average only \$20.55.

A part-time union workers' average wage is \$19.99. Part-time non-union workers earn dramatically lower pay of \$12.56.

Statistics Canada/CALM

Wanted: Member Photographs



We welcome photographic submissions of our members in the workplace. There can not be any identifiable patient information or patients. Images should be accompanied by a signed MAHCP model release. Contact Wendy Despina at 772-0425 for more information.

New Owners for Central Medical Laboratories

As of December 1, 2008, the CML is now owned by Gamma-Dynacare Medical Laboratories. Gamma-Dynacare (www.gamma-dynacare.com) is one of Canada's largest providers of lab services and solutions and has more than 40 years of experience serving Canadians.

Meetings will be scheduled in the New Year to meet the new employer and discuss labour relations processes.

Helpful Legal Information for MAHCP Members

Retiring Any Time Soon?

by Jacob Giesbrecht
of Inkster Christie Hughes, LLP



For many of us the recent economic turmoil means we may have to work a few years longer than we intended because of the depletion of our investments. To work longer may not be our first choice but the alternative could be even worse. What if you didn't have the choice as to when you were going to retire? In Manitoba we have taken for granted that we will not be forced to retire at any given age, particularly at age 65. After all, 65 is the new 50.

This freedom of choice has not always been there. Until the early 1980s, employers in Manitoba were assumed to have the right to arbitrarily dismiss ("retire") an employee when they reached the age of 65, like it or not. To do that today violates the Manitoba Human Rights Code and the Canadian Charter of Rights and therefore not be done as a matter of policy. Some other provinces in Canada have only recently taken action on this issue and for those regulated by the Canadian Human Rights Code, employers maintain the right to retire employees when they attain the age of 65.

There was a recent arbitration case in Manitoba involving mandatory retirement. (CKY-TV v. C.E.P., Local 816 Arbitrator Peltz) A federally regulated company dismissed an employee working in Manitoba for the sole reason that the employee had reached the age of 65 years. The employer did not rely on unsatisfactory job performance, medical or capacity-related grounds. The evidence established that the grievor was perfectly able and wanting to continue to do work at his job when he was terminated.

In this case the employer had for many years followed a policy where it dismissed any employee when they attained the age of 65. The collective agreement in place between the employer and the union allowed for mandatory retirement. The

employer was a large corporate entity that had over time taken over many smaller companies across the country. Whenever it took over a smaller company, whether that company had a policy of mandatory retirement or not, the policy was imposed on the new company's employees.

The employer stated that mandatory retirement is justified on three principal grounds: (1) because it has done so for many years; (2) it facilitates staff turnover; and (3) it allows for a better retirement package for retiring employees if everyone retires at 65.

The employer provided an expert witness testimony who stated that "mandatory retirement was an integral part of the seniority system whereby workers receive increasing wages and benefits throughout their careers" (para 65 of CKY-TV arbitration). The expert further provided that mandatory retirement promoted equity and efficiency in the workplace and that friction and resentment could occur if retirement was not mandated because more senior employees would be seen to be "blocking" younger workers from getting the benefits of seniority.

The Union provided expert evidence that essentially stated that a persons employment is often very closely tied to the employees self worth and esteem. It should not be terminated on the basis of an arbitrary reason such as the attainment of a certain age.

The arbitrator hearing the case upheld the grievance and ordered the employer to compensate the employee for his termination without cause. The arbitrator stated "I cannot find that there

is a reasonable basis for believing that the employment regime of pensions, job security, good wages and reasonable benefits requires the maintenance of mandatory retirement at age 65 or a predominant age." (para 219 of CKY-TV arbitration)

Whether by reason of the drop in an investment portfolio or that you just want to continue to work because of the intrinsic self worth the job provides, employees in Manitoba can continue to work so long as they can properly do the job. Employees don't have to fear their employment being terminated because of the occurrence of a 65th birthday.

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

Collective Bargaining 101

Leading up to our central table negotiations, which will commence around March of 2010, our newsletters will dedicate ongoing articles about the process of bargaining. This article is the first of that series.

The MAHCP is the legally certified bargaining agent for more than 3600 health care professionals in Manitoba. The process of certification along with all other processes of labour relations between employers and unions is governed by the Labour Relations Act of Manitoba.

In order to be certified, the Manitoba Labour Board has to be satisfied that the majority of employees in a bargaining unit want the MAHCP to represent them in collective bargaining. Most of our certificates were issued in the late 1990's and early 2000's. They were the result of votes ordered by the Manitoba Labour Board intended to rationalize the technical/professional/paramedical bargaining units in the newly created Regional Health Authorities.

The votes gave employees a choice as to which union they wished to have represent them. Those votes saw the MAHCP more than doubled in size when the vast majority of employees employed in the technical/professional/paramedical bargaining units selected it over other unions.



In Winnipeg the MAHCP now represents all but a few members in

these units and outside of Winnipeg the majority of those employed in Health Authorities are members of the MAHCP.

With certification comes MAHCP's legal right to be the exclusive bargaining agent for all employees in the bargaining unit, whether they chose to become MAHCP member or not. Certification means the employer no longer has the right to settle wages and working conditions unilaterally or directly with any employee in the bargaining unit. By law it is obligated to only negotiate with the MAHCP. Those negotiations ultimately result in a collective agreement that details all terms and conditions of employment of our members in the workplaces where we are certified.



For a number of years, the MAHCP has negotiated most of our collective agreements at what we call the central table. Central table negotiations brings a number of bargaining units and a number of employers to one bargaining table to negotiate all of the collective agreements concurrently. The advantage of this process is that most of the language and benefits contained in these collective agreements are common; ensuring that our members employed in the same discipline can expect to have the same terms and conditions of employment within any of the MAHCP bargaining units they may chose to work within.

Central table negotiations can only occur when both the employer and the bargaining agent mutually agree to proceed with negotiations that way; they cannot be compelled to negotiate at the central table. If either party removes its consent, the other party is obligated to negotiate that collective agreement independently.

A central table Negotiations Committee is established within the guidelines of the MAHCP constitution and policies comprised of MAHCP members, Staff Representatives, Board Members, MAHCP staff, the MAHCP President and Executive Director. We will be seeking nominations for the Negotiations Committee, which will be responsible for the negotiations of our upcoming central table contracts. Nomination forms will be contained in our March and June 2009 issues of the newsletter.

The June newsletter will contain an extensive bargaining survey that we need all members to complete. The information from the survey will be crucial for your negotiations team.

The negotiations committee will consider all issues that have been identified as needing attention in this round of bargaining. Sources of that information include concerns raised by members through the duration of this agreement, items we couldn't achieve at last bargaining, issues identified as problematic by the Labour Relations staff, failed grievances, current trends in salary and collective agreements across the Province and nationally, as well as the survey.

With all of that information the Negotiations Committee develops a proposals package. That package is then shared with the membership through their staff representatives.

The MAHCP can serve notice to the employers of its desire to negotiate a new collective agreement not more than ninety, nor less than thirty, days prior to the expiry of our current collective agreement (March 31, 2010). Once notice is served dates are arranged between the parties to exchange their respective contract proposals and to commence the bargaining process.

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Negotiating our central table collective agreements is a complex and time consuming process. There are more than 160 different occupational classifications within our agreements, all of which may have uniqueness's that need be addressed in bargaining. Bargaining cannot be rushed and it is not uncommon for the negotiations process to take many months before a final offer is placed before the Negotiating Committee. Ideally a point comes where the Committee has been able to negotiate a new collective agreement that it can recommend that the membership vote to accept. However, this doesn't always happen. In those situations the committee must decide what they believe is the best course of action to achieve a collective agreement that would meet members' expectations and needs. Processes available to them include; conciliation and mediation where an independent third party meets with the MAHCP and the employers to see if they can help broker a tentative agreement; whether binding arbitration is an option worth considering to resolve the outstanding issues, or; whether they return to membership, recommending rejection of the package and seek authorization to proceed with strike action.

Any of the collective agreements negotiated at the central table are subject to ratification or rejection by each of the individual bargaining units. The MAHCP members within your bargaining unit ultimately determine whether the agreement negotiated at the central table is, or is not, acceptable to you.

That also applies to whether members elect to take strike action to leverage the employers to negotiate a collective agreement that meets their expectations. How other members vote in other bargaining units does not determine what occurs with your agreement at your workplace.

In the next issue of the newsletter we will continue to examine the collective bargaining process.

**It's
Back!**

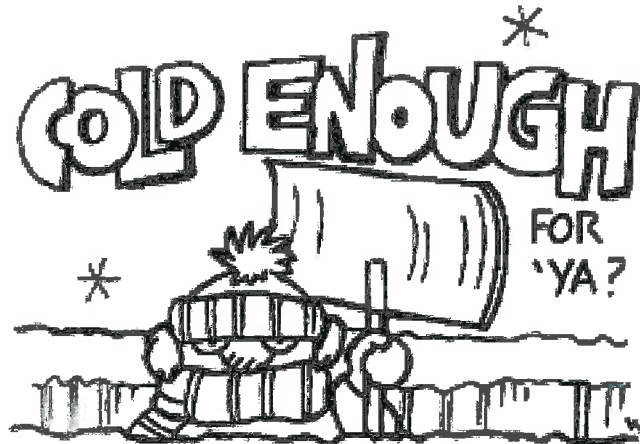
MAHCP Professional Development Fund

an Executive Council Initiative

MAHCP has a fund available for our members for Professional Development. This fund will be available to qualifying members who wish to take professional development courses or courses related to union education.

The maximum award will be \$250.00 and members can only apply once every two years. The fund is solely to offset the cost of registration fees and will be administered on a first come first served basis. The funds will be available until they are depleted.

The rules of eligibility and how to apply is available either on the MAHCP website or through the MAHCP office. Please submit your application form and a copy of your paid registration to Janet by fax at 775-6829.



EMAIL UPDATES

If you would you like to receive **updates by email** call Joan at 772-0425 or email 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.

MAHCP EXECUTIVE COUNCIL 2008 - 2009



From Left to Right:

Back Row: Adele Spence, Michael Bachynsky, Michael Kleiman, Chad Harris, Jason Linklater

Middle Row: Leanne Gardiner, Shelley Kowalchuk, John Reith, Zana Anderson, Bob Bulloch, Janet Fairbairn

Front Row: Shelagh Parken, Tanya Burnside, Kathy Yonda, Wendy Despina, Al Harlow, Margrét Thomas

Missing: Jenn Moyer

AGM Prize Winners

- Kathy Yonda, \$25 Keg GC, UnionWare
- Kelly Curtis, \$25 Keg GC, UnionWare
- Margeurite Zaworonok, \$25 Keg GC, UnionWare
- Chad Harris, \$25 GC, UnionWare
- Deborah Willits, DVD Player, Bridgeport
- Shelagh Parken, DVD Player, Bridgeport
- Tara Picklyk, \$50 Earl's GC, Tangent Strategies
- Shelley Kowalchuk, \$50 Earl's GC, Tangent Strategies
- Bernie Krawchuk, 1 Night Stay/Spa Package, Clarion Hotel
- Janice Smith, Bottle of Wine, Galaxy Travel
- Tannis Morrisette, Bottle of Wine, Galaxy Travel
- Ed Hordienko, Bottle of Wine, Galaxy Travel
- Karen Harrison, Bottle of Wine, Galaxy Travel
- Susan Cote, 2 Airline Tickets, Calm Air
- Judy Cote, 1 Night Stay, Brandon Victoria Inn
- Jen Bochen, Canon Pixma Printer, Clear Concepts
- Lynn Lambert, Canon Pixma Printer, Clear Concepts
- Sharon Hopfner, I-Pod Shuffle, The Personal Insurance
- Shelly McNamara, \$100 GC Oasis Spa, Inkster Christie Hughes
- Ellen Yatsko, \$100 GC Oasis Spa, Inkster Christie Hughes
- Joan Ewonchuk, \$50 Can Tire GC, Inkster Christie Hughes
- Victor Goertzen, \$50 Can Tire GC, Inkster Christie Hughes
- Melissa Langlais, \$50 Joey's GC, Inkster Christie Hughes
- Gerry Weigelt, \$50 Joey's GC, Inkster Christie Hughes
- Marina Novelli, MAHCP Gift Package
- Don Laramée, MAHCP Gift Package
- Gloria Van Styvendale, MAHCP Gift Package
- Baileigh Kaptein, MAHCP Gift Package

MAHCP Annual General Meeting 2008



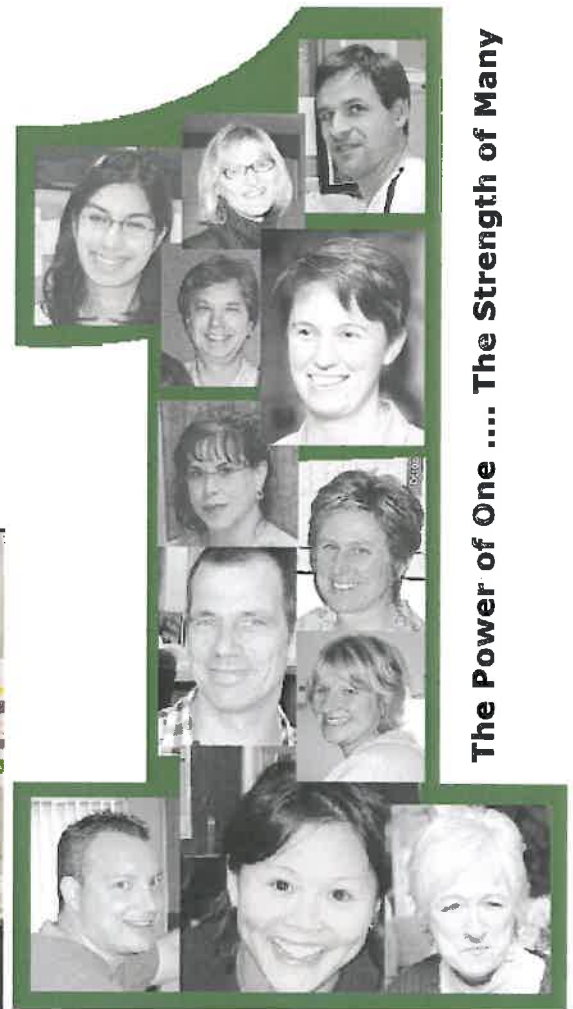
Wendy Despina, President
addresses the membership

**The Power of One
The Strength of Many**



Members voting on a resolution "The Strength of Many!"





The Power of One The Strength of Many



Staff Rep Conference 2008

MAHCP brought together 40 staff representatives from MAHCP sites throughout the province to attend the MAHCP Staff Representative Conference. The conference, an all day event, preceded the annual general meeting.

There were presentations and interactive sessions throughout the day. A highlight for many was the presentation by guest speaker Danny Schur. Danny is a successful composer/producer of original musicals, including *Strike! The Musical*. His presentation on the 1919 Winnipeg General Strike was fascinating. In addition to being the first and largest general strike in history it was also one of the most influential strikes in Canadian history. His approach was to investigate the life and death of Mike Sokolowski, focusing on the political, social and economic climate of the day. His interest in the strike was a by-product of the larger theme.

Many of the other topics of the day included Workplace Conflict and Harassment, Conflict Management in Health Care, Labour History Workshop Session, HEPP and HEPB and Meeting with Management.

Some of the comments from the participants:

"Loved the history aspect of labour and Medicare."



MAHCP LRO Armand Roy presenting Labour History

"rights of representation, union history and the presentation by Danny Schur were Awesome!"

"very impressed by the variety of topics covered and how efficiently it was done."

"Thoroughly enjoyed Danny Schur - excellent. All the LRO's were excellent also."

"Danny was awesome!"

"the guest speaker was awesome, very interesting."

"Great labour history, too bad more members couldn't be given this kind of session, might generate more interest."

"Great Handouts!"

"The binder was and will be very useful!"

There were also several suggestions for future topics and interest for more interactive sessions.



Cheryl Keller and Christine Ciaey



Playwright Danny Schur

Staff Rep Conference Door Prize: Congratulations to Karen Chenier - she won a Sony Digital Camera.

Staff Representative Training Level 1 November 27 & 28, 2008

November 27 and 28 was a buzz of activity here at MAHCP as the Level 1 staff representative training was underway. There was a great deal of discussion over how difficult it is to identify facts in the investigative process. The case studies and role playing were wonderful opportunities to explore and learn investigative techniques.

The following are just a few of the comments from staff representatives at the end of the intensive two day training.

"I look forward to level 2 training and more in depth interpretation of the collective agreement."

"Overall this training was great – it was so nice to sit in a room with other union members and discuss issues – refreshing! I feel much better about my role as a staff rep now, and look forward to the monthly info sessions. *One suggestion: perhaps let the membership know about the staff rep meetings and encourage them to attend (to learn more about their union and maybe they'll become staff reps. I would have done this sooner if I'd known about the support available to us.)* I think more opportunities to learn about the union would be great for the general membership."

"Information and conversation that evolved was very helpful. Role playing was important in knowing how to handle staff rep role."

"GREAT JOB WALTER!!!"



Cheryl Keller, Cameron Plett
and MAHCP LRO Walter
McDowell



Karen Harrison and
Stacie Karlowsky



The next Level 1 and 2 training sessions will be held in June 2009. Information will be sent out to all Staff Reps in early Spring 2009 as well as being advertised in the March Newsletter and on the MAHCP website (see meeting calendar on page 2).

Why Does a Professional Need a Union

In the past, many health care professionals have felt that union membership and professionalism are if not mutually exclusive, a problematic balancing act for the professional ...

Historically many of us have seen professionalism as being integral to our selves. When asked what I do, my automatic answer is I am a physiotherapist. I recently was told by one of my newer colleagues who is embarking on what will hopefully be a long and rewarding career, that she had had a particularly good day at work and was so glad to "finally feel" like a physio.

The history of all the health care professions has followed a similar pattern. We have first had to have developed a body of knowledge, then had to have identified and demonstrated in what ways our knowledge serves the health of others, then had to in some way establish a consistency of training and of practise so that the other professionals and the public in general can believe in and rely on the consistency and efficacy of "our" knowledge and practise. For most of the history of health care and for all of our professions, including medicine and nursing, it has been a struggle to establish recognition for and trust in what we do. If you doubt that this struggle has affected all professions in the past you only have to look at the depiction of health care in the literature of the 1800s and early 1900s.

In response to the need to prove that health care work is essential, and reliable and trust worthy health care workers have needed to have in some way control of the teaching of their own body of knowledge and especially the teaching of the philosophy of the profession. This has evolved in many professions to include the legal right of controlling the definition and the actions of the professionals claiming the status of the profession.

Professionalism and the protection of the standards of the profession and

through that of the public are enshrined in all of our educations as health care professionals. We have all accepted that we have legal and moral duties to

promote the health of our patients and the public, protect the public from poor practise, avoid any action or even suspicion of an action that may take an unfair advantage of our knowledge of or influence over our patients, support our own profession and its standards which includes controlling the individual members practise to protect both the public and the profession. We absorb this set of expectations during our training and we call the result "professionalism".

As time has gone by the amount of knowledge and the diversity of society has increased, as has the number of professions needed to be able to provide an efficient and effective health care system. As recently as the 1940s medical care was primarily supportive, with antibiotic usage in its infancy, surgery very risky and long stay hospitalization to avoid complications of care common. Most people working in health care would have had a hard time to list more than perhaps a dozen professions working in health care. MAHCP now has 160 separate job titles within it's membership.

We now work in systems that are large and very complex. We still have the need to act as professionals, to influence our work sites to protect our patients and our selves, to protect our patients from the effects of poor practises, influence our society to understand the value and importance of preventative care and the complexity of health care, and to enable the professionals working in the system to maintain their skills and be the best that they can be professionally.

We answer to and interact



Margrét Thomas
CTS Director

with supervisors, human relations departments, management boards, and other professionals, all of whom have their own levels of skill and understanding of the system and our particular place in it.

How can professionals meet their professional responsibility to ensure the safety of the patients in their care except by having some type of ability to influence the work load, the work conditions, the amount of continuing education, the health and safety of the work place both for the workers and the public, without some organization that will support them when these concerns arise.

Professionals as well as other workers need to have their skill and knowledge recognized, their ability to continue to provide good care retained within the system rather than being lost to fatigue and frustration with the working situation, and their value to the system recognized. The time when the system was small enough that these issues could be managed within a particular department has passed, now health care institutions employ thousands of workers.

The only way that the necessary influence that a professional needs to have over the work site and work conditions is attainable is through group action. I see a union as one of the necessary tools of a salaried professional, as essential to having control of our practise as a licence and professional attitudes. How else will we meet all of our responsibilities to our patients and the public in general if we cannot influence how we practise?

Seasons Greetings

Scholarship Recipient's Essays

Unions - Why They Are Important to Me

by Vanessa Bachynsky

I must admit, I had never heard of the MAHCP before, except from my dad who is a Respiratory Therapist and a Union Member. He keeps telling us how great the union is and how our whole family should appreciate the benefits of his being part of a union. Not that I don't trust my dad, but this project gave me a chance to find out the facts for myself by doing a bit of research on the topic.

Union history traces back to the Guild System in Europe where the workers organized themselves according to their own rules rather than those of their employers. This was the beginning of democracy in action and the precursors of modern trade unions.

The industrial revolution in Europe during the 18th Century prompted a new surge of workers to enter the market requiring protection for the people. The people were beginning to organize themselves into a collective voice of organized workers.

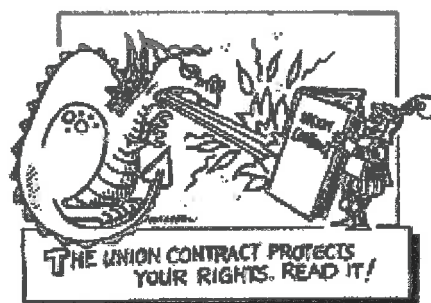
But it wasn't until 1866 in the United States that the first true union was created and was called the National Labour Union. Some of their first issues dealt with the problem of child labour and introduced demands for an 8-hour work day. Union membership in the USA grew to 1.4 million with the American Federation of Labour in 1886. They fought for basic human rights such as wage increases and better safety and working conditions at the work place.

So what is the purpose of the MAHCP and what do they do to protect workers? To find out, I went on the MAHCP website and looked

under the section, "who we are". The MAHCP mission and vision statements seem to say it all.

"MAHCP is a union of health care professionals dedicated to protecting, advocating for and advancing the rights of its members through labour relations activities. Its vision is to increase the awareness and recognition of MAHCP to its members, public and government, to educate members of MAHCP and grow as an organization."

Looking at MAHCP's history profile, it certainly has grown! From 74 members in 1970 to over 3,600 health care workers in over 160 professions today!



I took a look at the MAHCP collective agreement and I found immediate benefits for the health care workers. Benefits such as fair wage scales, seniority, vacation, sick time, over time and maternity leave to just name a few. Oh yes, there are also retirement benefits that my dad keeps talking about.

Recently, my dad had to take care of my 85-year-old grandma when she came home from the hospital with a broken hip and required some care at home. My dad was able to take a few days off work using "family sick time" to take care of her. I thought to myself, what a great benefit! It

certainly helped reduce a lot of stress in our family and its something I am very appreciative of.

Now when my dad talks about the union and how our family benefits from the hard work of the union volunteers and employees, I take the time to listen with a more open mind.

The MAHCP protects not just our family, but the families of over 3,600 other members both directly and indirectly.

A happy and secure employee makes for a productive and caring employee that the public and those that require their health care services benefit from.

Some day after I graduate from university I will appreciate the value of searching for an employer that offers the opportunity to be part of a union.

Thank you for the opportunity to research unions and the MAHCP. It has already started an important part of my education.

In solidarity,
Vanessa Bachynsky

OOOPS . . . Typo!! Apologies to Vanessa Bachynsky and her father Michael. Their surname was misspelled in the September issue of MAHCP News.

* * * * *

Why Enter Into an Allied Health Profession

by Maala Sharma

By definition, the allied health professions category is one that spans over a multitude of health related services from identification to evaluation to prevention of

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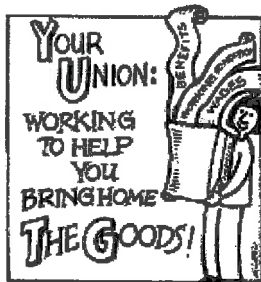
diseases and disorders. Allied health professions provide opportunities as diverse as athletic training, bioengineering, dentistry, emergency medical technician, massage therapy, nutritionists, optometry, pharmacy, and social work to name but a few. Similarly, reasons to enter into an allied health profession are just as vast.

Choosing a career in allied health is truly an excellent employment package because of the abundance of opportunity it offers and the highly rewarding quality it possesses.

Whether an individual's greatest interest lies in the arts or sciences, sports or psychology, careers in allied health offer opportunities in all kinds of subject areas. For example, for those who are deeply passionate for music and also desire a background in health care, they have the opportunity to land a career as a music therapist. For aspiring athletes who also enjoy the medical aspect of sports, nutrition and kinesiotherapy may be of appealing interest. Allied health also allows people to connect with patients in various venues and at many unique levels. For instance, allied health professions can be found in hospitals assisting doctors and nurses during surgery, or in clinics as medical assistants. In today's day and age, health care aides provide services to the elderly or severely injured in their homes, while individuals with backgrounds in social work may be posted in schools, working closely with students as well as teachers. Not only does choosing a career in allied health offer a diverse choice, but it also provides a vast choosing for the most suitable surrounding and atmosphere. Certainly with the broad spectrum of opportunity, the

professions allied health offers are an excellent employment package.

Moreover, allied health professionals provide services that are truly worthwhile and crucial for a successful health care team.



Entering into a career in allied health ensures tremendous job satisfaction as well as career prospects. Allied health professions allow for an individual to meet innumerable unique people since working on a team of health care professionals is an asset of such a career. Each day provides a new challenge, preserving the unpredictability of the job and maintaining a high level of excitement. As from an economic perspective, each allied health profession varies in salary though guarantees financial stability, along with continuing promotion. Most of all, entering into an allied health profession imparts immeasurable fulfillment because it allows the professional to make a lasting difference and improve the quality of life of patients. Their expertise can often be the most significant component in helping patients restore mobility, overcome visual impairment, develop communication abilities and restore confidence in daily life.

Undoubtedly, allied health professionals not only provide a wide choice of opportunity for young people exploring possible careers but are also extremely crucial to the sustenance of health care because of the integral contributions allied health professionals make each day.

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.

- **Bev Lohrenz**, Laboratory Technologist, DSM SBGH
- **Grace Perumal**, Laboratory Technician, DSM Seven Oaks
- **Kerry Knight**, Radiology Technologist, Concordia Hospital

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

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.

Congratulations to Kirby Côté

Kirby is the daughter of Judy Côté, an MAHCP member from Pharmacy at Deer Lodge Centre. Judy has a lot to be proud of in her daughter Kirby. She is an amazing young woman. Among other things Kirby is a paralympic athlete who has been competing at the world level since 2000. Since then she has won several medals and world records. Competing in 2000 in Sydney Australia in her first world Paralympics, Kirby walked away with two gold and two silver medals. She won gold in 100m breaststroke and the 200m individual medley setting new world records.



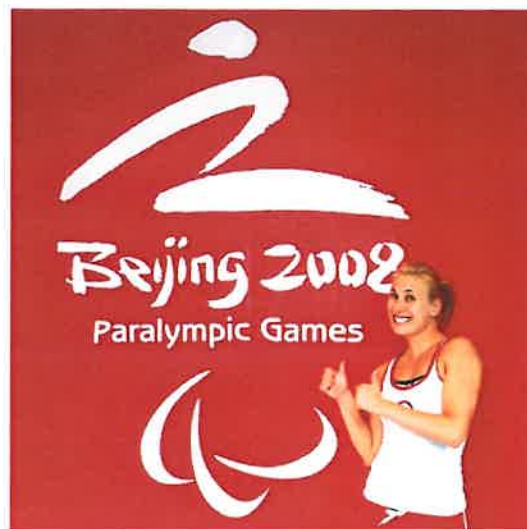
Proud mother, Judy Cote, displaying Kirby's medals

Her silver medals were in 50m and 100m freestyle. Back at home in Winnipeg she was chosen for Sport Manitoba Athlete of the Year. Four years later in Athens Greece saw Kirby competing again. What a banner year 2004 was for her as Kirby won five gold, and two silver medals. These five gold medals from Greece were in 50m, 100m and 400m freestyle, 100m butterfly and 200m individual medley. The two silver medals were in the 100m backstroke and 100m breaststroke. And most recently September 2008 in Beijing China Kirby again earned two silver

medals, one in 100m butterfly and the other in 200m individual medley. This brings her total medal count to thirteen from just three competitions. What a great way to retire from her competitive swimming career.

Kirby works full time as a Registered Massage Therapist, plus a part time job in preparation for her future goals. She will be leaving in February for a year long stay in Australia. Additional plans and aspirations include further education to attain a degree as an athletic sports trainer.

I had the privilege of hearing Kirby as a guest speaker at the Women as Career Mentors Dinner. She is a very inspiring and motivating speaker. I was struck by her grace, her presence, and her ease at the microphone. The part that struck me the most was when Kirby told us that she is legally blind with only 10% vision in both eyes. She moved through the room with such grace and ease I had been unaware that she had a disability. I thought she was one of the best presenters I have heard. Kirby, in addition to being an inspiration to others, also motivates herself with the



Kirby Cote

motto "See a disabled person for their ability not their disability." What a powerful message for all of us. Kirby we at MAHCP are wishing you every success in life. I think your strength, your winning smile and your sense of adventure will take you far.



Gold Medal Kirby won in Athens in 2004



**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!



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.*

Lauren's Puzzle Corner

S D T X J Z T L R R R E S U O
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BENEFITS
EDUCATION
FUND
RETIREMENT

CELEBRATE
FAMILY
HOLIDAYS
SCHOLARSHIP

COMMITMENT
CONFERENCE
RESOLUTION
STUDENT

