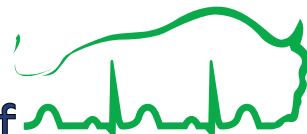


NEWS

Manitoba Association of
HEALTHCARE



December 2013

Professionals

A Call to Action

By Michael Kleiman, Radiology Director

It is not very often that I feel inclined to write an article for the union newsletter, but at this time I feel we are at a crossroads when our members are “called to action”. We need the help of membership to raise the profile of our union. The Board, the President, the Executive Director and the LRO’s cannot do this task alone and need the help of membership.

I feel that until we raise our profile to a similar footing as the Nurses and Doctors, we will continue to receive mediocre settlements in the technical/professional sector. A major concern is that the general public focuses on Nurses and Doctors and not the other healthcare professionals involved in the delivery of their well-being.

We must work together to change this perception or we will continue to be on the receiving end of poor settlements that include market adjustment funds that only lead to divisiveness in our union. Also with the sharing of these market funds with other unions in the technical/professional sector it becomes obvious that these funds are woefully underfunded and designed to pit organization against organization. This is the case with the current Market Adjustment fund that is still being argued to this day and has not been dispersed.

This has to change!!! How do we do this? Have a “CALL TO ACTION”. As a unified group, we need to get political. I’m not suggesting being partisan to the political party in power. We as a membership have to mobilize and speak out about issues (wages, workload, and recruitment) that are important to us.

There are a number of ways to accomplish this but I will highlight just a few ideas that can help us proceed with this “Call to Action”.

Talking Points

These are small factoids that describe to other healthcare professionals and particularly the public who we are and what we do and why we do it. These points can be consistently delivered to the public, the press or government –those with influence on our health care system in order to help raise our profile.

Letter Writing Campaigns

You can write the letter yourself or use the materials provided by the union’s Communication Committee. These letters could be written to a few targeted individuals such as:



Michael Kleiman

1. Minister of Health - Erin Selby, 302-450 Broadway, Winnipeg, MB R3C 0V8
2. Minister of Labour - Erna Braun, 162-450 Broadway, Winnipeg, MB R3C 0V8
3. Minister of Finance - Jennifer Howard, 103-450 Broadway, Winnipeg, MB R3C 0V8
4. Premier of Manitoba - Greg Selinger, 204-450 Broadway, Winnipeg, MB R3C 0V8

These four individuals have a huge impact and influence on the health sector and our jobs. The message we need to send is that the health sector is much larger than just Nurses and Doctors. The Technical/Professional sector is vital and intricate in the delivery of health care in Manitoba! As a group, we need to be visible and educate the public about the value and contribution that other healthcare professionals make to health outcomes and patient safety. We can achieve this by being front and center, providing a consistent message in this campaign, and then sustaining what we say.

It is vital to our position to sustain the pressure about our situation and to gain ground, especially as we begin to start the bargaining process.

In the coming weeks, we will be putting out information through emails and our website mahcp.ca that will help members who want to take the next step in getting our issues front and centre with the government. The Communication Committee is looking forward to hearing from you with your comments and views - give us feedback about this new initiative and we can use it to make it work even better.



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Meeting Calendar

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

December 25, 2013

- Christmas Day
MAHCP Office Closed

December 26, 2013

- Boxing Day
MAHCP Office Closed

January 1, 2014

- New Year's Day
MAHCP Office Closed

January 8, 2014

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

January 8, 2014

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

January 15, 2014

- HSC Staff Rep Meeting
GC306
1130 to 1300 hours

January 29, 2014

- DSM HSC Staff Rep Mtg
NA227, Isabel Stewart
1130 to 1300 hours

February 17, 2014

- Louis Riel Day
MAHCP Office Closed

February 20, 2014

- HSC Staff Rep Meeting
GH304
1130 to 1300 hours

March 12, 2014

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

March 12, 2014

- General Staff Rep Meeting
Cancelled, please attend
the AGM

March 19, 2014

- HSC Staff Rep Meeting
GH404
1130 to 1300 hours

March 20, 2014

- DSM HSC Staff Rep Mtg
GH304
1130 to 1300 hours

April 17, 2014

- HSC Staff Rep Meeting
GH304
1130 to 1300 hours

April 18, 2014

- Good Friday
MAHCP Office Closed

April 21, 2014

- Easter Stat Holiday
MAHCP Office Closed

May 7, 2014

- DSM HSC Staff Rep Mtg
NA227, Isabel Stewart
1130 to 1300 hours

May 14, 2014

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

May 14, 2014

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

May 19, 2014

- Victoria Day
MAHCP Office Closed

May 21, 2014

- HSC Staff Rep Meeting
GH304
1130 to 1300 hours

June 11, 2014

- Executive Council Mtg
101-1500 Notre Dame
0845 to 1700 hours

June 11, 2014

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

July 1, 2014

- Canada Day
MAHCP Office Closed

Bring your collective agreement to all member meetings.

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!**

Call 204-772-0425 or email joan@mahcp.ca

MAHCP MEETS AT THE TELEPHONE TOWN HALL

MAHCP members were given the opportunity to join in a relatively new addition to the union's communication strategy - the Telephone Town Hall.

The Town Hall, a kind of a public meeting held through a phone call, is a new way that many groups have used to meet together, share ideas and opinions. It has been used by political parties to communicate across the country with their members, and it allows participants to get involved and ask questions without leaving their homes.

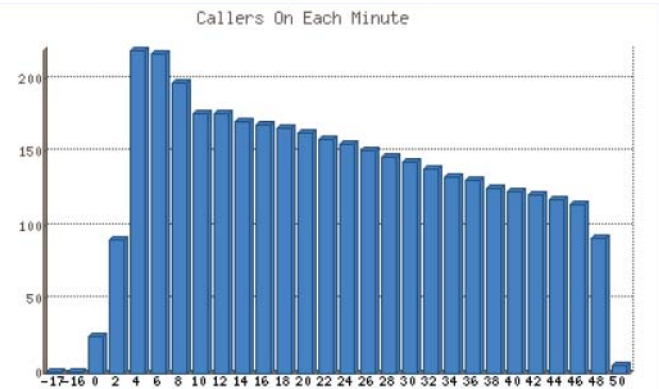
This year's Town Hall was created to update members about bargaining and give members the chance to ask union leaders a variety of questions. While participants were invited to ask questions, they could also just

listen in to the conversation. Periodically, members were polled on their opinions on four questions, just by pressing a button on the phone.

President Bob Moroz called the event a success. Data from the Town Hall showed that when members were called at 7:00 pm, almost 700 calls were answered. "Peak Attendees", the number of members that stayed on the line at the beginning of the call were 285. While the entire forum lasted 50 minutes, many members stayed with the Town Hall - even at the 20 minute mark (the union's benchmark for active members eligible for a contest) there were still almost 160 members involved. While many Town Halls might see a large drop-off after the first 10 minutes, a high percentage of our members stayed on for the entire 50 minutes.

A few participant comments:

- "Thank-you very much. This was superbly run!"
- "I urge you to do more of these in a cost-effective manner."
- "I thought tonight's program was very well done."
- "Thanks to the Association, Executive and Bargaining Team for their efforts."
- "I look forward to better communication around bargaining."



Questions to Members

- How would you like to receive bargaining updates?
- Given Manitoba's economy remaining in a deficit position, what are your expectations for the next collective agreement?
- Do you think we should hold more telephone town halls like these?
- Which option is your most important priority for bargaining?

Responses

	Answer	Key	Votes	%
	emails	1	78	60%
	written updates in workplace	2	12	9%
	written updates on website	3	7	5%
	personal updates from staff or LRO	4	17	13%
	personal updates at meetings	5	8	6%
	TTHs	6	9	7%
Total Votes:			131	
	significant wage increase	1	21	17%
	reasonable cost of living increase	2	49	40%
	moderate wage increase	3	35	28%
	moderate cost of living increase	4	18	15%
	no increase	5	1	1%
Total Votes:			124	
	once every 3 months	1	41	35%
	once every 6 months	2	50	42%
	once a year	3	23	19%
	none, prefer other methods	4	4	3%
Total Votes:			118	
	wages and compensation	1	35	34%
	working conditions	2	5	5%
	benefits and pensions	3	18	17%
	all three are important	4	46	44%
Total Votes:			104	

President's Message

by Bob Moroz, RTT
President, MAHCP



Bob Moroz

I would like to begin by wishing all members and your families the best of the holiday season. I hope you are able to take advantage of whatever it may be that brings you joy.

MAHCP Telephone Town Hall

On November 28, we held our second Telephone Town Hall. If you missed it, the Telephone Town Hall is like a meeting held in real time with people via a phone. All members across Manitoba (who we have a phone number for) were called at approximately 7:00 pm on the 28th to participate, or at least listen, in a discussion with myself and Executive Director Lee Manning and other members.

At the beginning of the Town Hall, Lee and I explained some of plans for Bargaining, and then members were able to answer polling questions. In addition to this, members were given the opportunity to ask their own questions directly of me or Lee - questions around bargaining, or just general questions. I believe it was very successful and I would like to thank the members who participated and stayed on the line until the end of the call. We intend to use the Telephone Town Hall as another way we can connect with members and foster a greater sense of engagement from you.

We are most definitely planning more of these events and I encourage each of you to take the time to participate. I know how difficult it can be to dedicate up to an hour of your time and that we may not be able to reach all of you. However, the more we can engage directly with you, the more we are able to know what you are thinking and what questions are out there. It also gives us a chance to directly inform you of what is happening in your union.

Bargaining Issues

I am sure most of you are aware that central table bargaining is right around the corner. The bargaining team has met so far for a total of six days in order to create our proposal document that we will be presenting to the employer. It is a huge amount of work and it can be a very slow process. That is of course why we began the process so early. We will be ready to bargain well before the agreements expire at the end of March, 2014. We have a further three days of meetings set up in mid-January.

I would like to thank all the members of that bargaining team for all of their hard work up to this point. It was decided some time ago that the same group that will be at the bargaining table is the one that creates the proposal package. This ensures a deep understanding of what the document contains and the background knowledge required to make good decisions.

Communication Updates

I have also been letting members know about our commitment to better communication around the bargaining process itself. Our communications committee has been working very hard at creating a solid plan around this. We will

be circulating a distinct bargaining update, called **Bargaining Beats**. Our plan is to have this update on a regular basis so you will know when to expect the latest news. As we get closer to the bargaining process itself, and especially during the negotiations, we will be sending these out as developments occur.

Bargaining Beats will begin in January with a first edition that includes an introduction to the bargaining team, the process involved and where we are in our preparations. I want you to know that we have an obligation to learn from any experience in order to improve our processes for the next time. This will be no different. We will be taking note once again of what needs to be improved further and what worked better this time around.

*Please make sure that the office has your correct email and phone number so that you can participate in the next Telephone Town Hall and receive your **Bargaining Beats** update. We all agree communication is important, and to do this we need to know your contact information!*

MAHCP Members Are The Pillars of Health Care!

The last item I will share with you is that MAHCP is embracing a position that the professionals who make up MAHCP are the "Pillars of Health Care." We need to promote the fact that there is no health care system without us. We need to step out of the shadows of the traditional view of who are the providers of Manitoban's health care. This is not a simple slogan, it is absolutely true and we need to be proud of what we provide to society. The work that you do is critical.

continued on page 5



President's Message

continued from page 4

I urge all of you to take every opportunity to speak proudly of the work you do. Go ahead and let everyone know how valuable this work is. We need to be in the same conversations as physicians and nurses when that conversation turns to healthcare. Michael Kleiman's article on the front page of this newsletter speaks to this very clearly - we all have a voice and we need to make ourselves heard!

Lastly, for those who are interested, I would like to encourage you to follow me on twitter. You can find me at @MorozBob . I will be sharing any news or events that have an impact on our members.

Once again, I want to wish you all a very happy holidays and all the best in the new year.



Have You Seen This Board??

Spot the Union Bulletin Board!

If you see one in your department or another area - let us know and you can win a \$5 coffee card courtesy of MAHCP!

You may have seen the bulletin board in this picture or something like it...or you may not. This is a typical MAHCP union bulletin board. We try to use these union bulletin boards to post communications to you, our members and they are one of the ways members can find out what is happening in the union.

To enter our contest, simply take a picture of the board, and send it to us with the location (room number, building and street address) so we can confirm where it is. Then email that information to newsletter@mahcp.ca.

Don't have a union bulletin board in your area? You should! According to our collective agreement, the Employer agrees to provide bulletin board space for use by the Association in each department , work area or building, where members of the bargaining unit are employed. Check your collective agreement for a specific description of relevant locations.

If you don't have a bulletin board, management is obliged to provide one for you. Any member can request this - it does not have to be a staff rep. Once you have your bulletin board, snap that and let us know where it is. We will have some union material sent to you that you can post - and keep members up-to-date!



What the heck is a trimalleolar fracture?

by Wendy Despina

On April 2, 2013 at 09:30 I had headed out for a walk in the park. Earlier in the winter I had begun a path to regain health and fitness and I had been walking one day a week slowly increasing the number of days to three days a week, and then every other day and . . . Finally I was starting day one of my daily routine.

About one hundred yards into the park, I took a step, and started to slip, fighting to regain balance to remain upright. And . . . Then the sounds of a loud crack and I was down in a nano second. I saw my foot twisted in an unnatural position, and pointing down to the opposite side! Very quickly with the help of friends and strangers I was on my way to the hospital.

This is where the story really begins. Every motion, every jostle, every bump, I could feel the bones in my ankle move like a three-dimensional puzzle. My foot was almost 90 degrees to my shin. Within minutes of arriving a triage nurse took my information and then directed me to return to the waiting area. I was in agony, tears flowing as I tried to get comfortable. The security guard seeing my distress came and helped me move into another wheelchair, one in which I could elevate my leg.

After what seemed an agonizing eternity, (probably just ten or fifteen minutes) an X-ray Technologist came to take me to Radiology. She was very concerned that I wasn't on a stretcher. Once on the table they took several films. As they repositioned my foot to get another film I began to spasm, they tried minor adjustments but each ended in the same result, with my body continuing to spasm. They got a stretcher and took me to the appropriate area.

There have been many, many firsts. The first time:

- My foot didn't feel like it was immersed in a bucket of hot coals
- I went 10 feet on my crutches
- I went for a 15 minute walk on crutches
- I had a shower in 2 ½ months
- I could ride in the front seat of the car
- I could eat at the dining room table
- I could go outside on my deck
- I could go outside on my deck without help
- I put my bare foot on the floor and then put weight on it
- I rode the bike at physio
- I slept without a cast
- I walked ½ a block
- I walked with close to a normal gait
- I swam
- I drove my car
- I slept in my own bed
- I could go down the stairs reciprocally
- And more . . . to come

I am so grateful to her and her colleagues. Their care and compassion were exemplary, to say nothing of their skill, ability and their knowledge. Later on this journey I was to see more of these terrific professionals.

After a mild anesthetic was administered, my foot was relocated, and a backslab put on. And then back for more X-rays. A backslab? What the heck is a backslab? (I learned it consists of either plaster or fiberglass on 2/3 of the limb and 1/3 soft padding to allow for swelling). The things I was learning already and it had only been a couple of hours.

Between x-ray and surgery, a lab technologist came to draw my blood and then a cardiology technologist performed my cardiogram.

Wow! Less than an hour in and I have already encountered six different professionals of the health care team.



Hydrotherapy Room

Within 2 hours I was in surgery to repair the three fractures in my ankle. I had broken both the tibia and the fibula. Following surgery I had gained a plate and screws. Part of the OR team was one of the x-ray technologists I had seen earlier, and behind the scenes the pharmacists and pharmacy technicians were also working on my behalf. Following 2 hours of surgery I was off to recovery and then admitted to the ward by 17:00.

Two days later I headed home thanks to the physiotherapists that taught me how to use my crutches. I was really very confident after their instruction. But . . . I wish I could have taken them home with me.

Home!!! OMG Look at those stairs. And . . . there is only 4. Well that's to get into the house. Once inside our two-story, one bathroom home. well. . . let's just say I lived in our living room for the next 2 ½ months. Sponge baths at the kitchen sink and ok, yes I have a photo of my husband's smiling face when he was finally able to return the rented commode.

Within a week of being discharged several of my friends helped me with their expertise and advice, a Pharmacist, a Physiotherapist and a Orthopaedic Technologist. Their help was invaluable.

By mid June my Orthopaedic Surgeon had referred me to physiotherapy. And the things I have learned since has been amazing! I have worked hard, I have stumbled, and I have gone on strike. Thank goodness for the support and encouragement of all the folks at the Rehab hospital.

HYDROTHERAPY

Every appointment began with 15-20 minutes in hydrotherapy, followed by reassessment, joint mobilizations and workouts with "MY" physiotherapist. And sometimes, tough love had been necessary to keep me going. I kept reminding myself that one of these days I would wake up and be back to "normal".

Throughout the process I celebrated what in the larger context of life were small infinitesimal markers but in the context of my current situation were major milestones. Since the end of April there have been many, many firsts, that my physiotherapist would later remind me of to help me over the hurdles, the times when I would get stuck. Her subtle methods of continuing to challenge me, to help me improve, increasing the load or the difficulty of the exercises, while not putting me at risk of me going too far too fast.

I have found this aspect to be so important. Left on my own I don't believe I would have gained the range of motion, the strength or flexibility that I have achieved or am continuing to achieve. I believe without physiotherapy, my ankle would have become increasingly stiff with minimal range of motion. My gait would have been compromised, ultimately affecting my hip, knee and spine. I can't imagine going through this rehabilitation process on my own without the guidance, the knowledge of all these health care professionals' specific training.

I believe without physiotherapy, my ankle would have become increasingly stiff with minimal range of motion. My gait would have been compromised, ultimately affecting my hip, knee and spine.

By mid August my physiotherapist was hoping to augment my physio with regular workouts on the Kin Com machine. And here was another completely new concept and practice that I was not familiar with.

The isokinetic technician was able to design a specific exercise protocol that looked at the movements in my ankle and put me on a machine that would work on the stiffness and weakness. He worked with my physiotherapist to get the most out of my therapy.

Well here I am 7 months into this process and that question "**what the heck is a trimalleolar fracture?**" has been answered. I have gained a great deal of knowledge about the mechanics of it, but most importantly I have learned that it is so much more than the three fractures in my tibia and my fibula and my dislocated foot. What I have learned about the impact of such an event on the whole being, the psyche has astounded me.

continued on page 14

Kin-Com Isokinetic Testing and Training

The Kin-Com System is an isolated joint isokinetic system, which allows one to measure the amount of strength produced at different velocities. The joints covered are the shoulder, elbow, wrist, hip, knee and ankle.

The clinician's ultimate goal is to return the patient to an acceptable level of function. To achieve this goal, a carefully designed rehabilitation program must be developed based on each individual's unique anatomic, neurologic and psychological characteristics. These characteristics are evaluated both objectively and subjectively.



The Kin-Com **Isokinetic exercise** is best described as movement that occurs at a constant angular velocity with accommodating resistance. The resistance adjusts to match the muscle tension produced at the various points in the range of motion, thus generating maximum muscle tension throughout the range of motion.

MAHCP Celebrates its 43rd Annual General Meeting!



MAHCP held its Annual General Meeting at the Holiday Inn West on October 10, 2013. We had an excellent turn-out of 135 members in many centres - Winnipeg, The Pas, Thompson, Flin Flon and Snow Lake. Members at all sites were given opportunity to vote on constitutional amendments and hear from the union's standing committees regarding their work throughout the year.

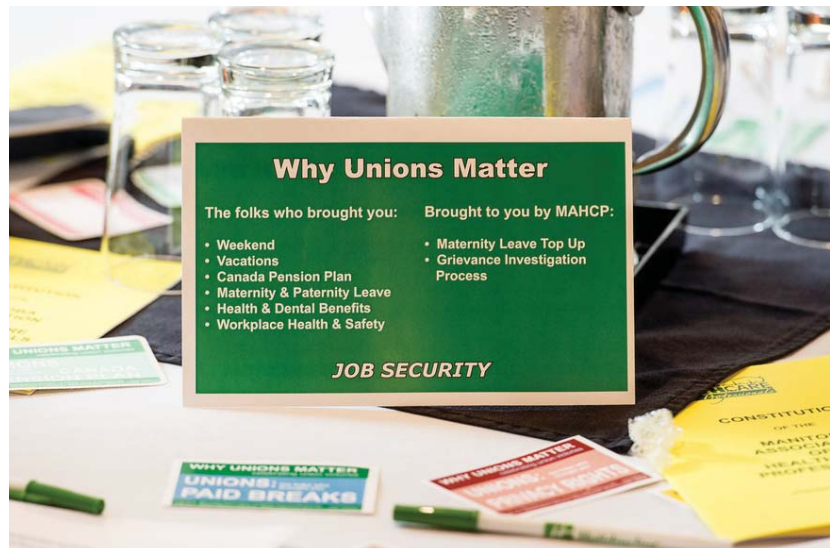
President Bob Moroz gave members a summary of how communications around bargaining will be done during the next round starting next year and Executive Director Lee Manning provided members with a picture of the political climate surrounding bargaining, which members found informative.

Congratulations to the winner of our iPad Contest, Judiel Santos!

Judiel received his new iPad at the union's AGM, because he provided his email to the union. We will be continuing the contest in the new year for an iPad Mini - keep those emails coming in and make sure they are current!



Shelley Kowalchuk, MAHCP Newsletter Editor, and Judiel Santos

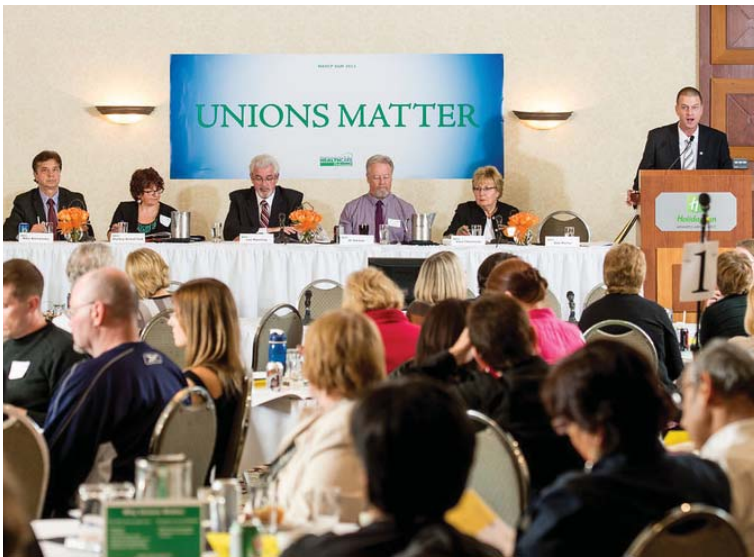


Farewells were made for past Executive Council members; Janet Fairbairn, Lab Director; Vanessa Hamilton, Dietitian; Kristen Guild, Speech Language Pathology; Gale Rowley, Mental Health Clinician, Brandon RHA; Paulette Sherb, Mental Health Clinician; Leanne Gardiner, Audiology; & Jessie McNeill, Southern RHA.

A presentation was also made to Bob Bulloch, who was nominated for the Union's Honour Roll, and our iPad contest winner.



Finally, what everyone came for - the approval of Constitutional amendments and...many excellent door prizes. The prize draws rounded out a pleasant evening of food and reconnection for many members. (See page 12 for the list of prize winners.) Thank you to all who turned out and bring your friends next year!



Honour Roll Recipient - Bob Bulloch

The honour roll was created to give us the chance to pay tribute to one of our members that have shown dedication to the union, and by extension to our members. This year's Honour Roll recipient is Bob Bulloch. Bob is a pharmacist at Health Sciences Centre; he became a member of MAHCP 10 years ago and became involved in the union soon after.

He served on the Communications Committee at that time, and over the years introduced the union to many innovative ways to track grievances, organize the union's work and create a records management protocol. Bob also served as the Secretary for the union. His diligence, worth ethic and expertise has been greatly valued by all who work with him, and we congratulate him on receiving this award.



Bob Moroz, Bob Bulloch, Shelley Kowalchuk



Keeping Your Holidays Your Own

By Jake Giesbrecht, MAHCP Legal Counsel



Jacob Giesbrecht
LLB

Season's Greetings!

The holiday season is upon us and many employees have long ago selected the days or weeks of vacation they will be enjoying during this festive time. There is much to do; shopping for gifts, organizing parties, spending time with family and friends during this special time.

Health care providers too are often very busy during this time. With the holiday season comes the flu season. The flu season combined with the ordinary requirements to provide health care services at this time of year puts a strain on health care services to meet the demand of Manitobans. The higher-than-normal need for staff doesn't always reconcile with the employees' desire to take more scheduled time away from the workplace.

What happens when an employer just can't manage to provide quality level of health services because of the depletion of staff due to vacation and health issues? Can the employer force employees to come back to work and to reschedule their holidays in these circumstances?

The arbitral law says that in most cases, management is within its right to direct the periods that can be taken for vacation if it does so for sound operational reasons; that is, if it exercises its management rights in a fair and reasonable manner. Arbitrators have stated that this right can be restricted by the terms of the Collective Agreement. So, even though management has the final say in determining the period of vacation, once vacation periods have been selected and approved, the Collective Agreement can contain provisions holding the employers to the times scheduled.

Certain paragraphs under the Collective Agreement deal with the rights of MAHCP employees regarding the ability of the employer to reschedule holidays.

They are as follows:

1502 The whole of the calendar year shall be available for vacations to be taken; however, vacation earned in any vacation year is to be taken the following vacation year, unless otherwise mutually agreed between the employee and the employer.

1508 The employer will post an approved vacation schedule not later than April 30th, having considered operational requirements, and the seniority, circumstances, and preferences of each employee. Approved vacations will not be re-scheduled except on application by the employee and insofar as such change does not affect departmental operations or disrupt any other employee's scheduled vacation.



The provision is strongly worded in the imperative. Once approved, vacations "**will not** be re-scheduled" except by application of the employee. An employee may be able to reschedule where the employer doesn't object but the employer is not able to unilaterally re-schedule approved vacation.

One example of what happened when the employer unilaterally rescheduled an employee's vacation went through the grievance process and was determined before an arbitrator. The employee requested vacation for the dates from December 20 until the end of the year.

continued on page 11

Keeping Your Holidays

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The request was made according to the process outlined in the collective agreement. The employer agreed to those days and posted them on the vacation schedule, also in accordance with the Collective Agreement. The employee made plans to attend a resort out of his home city during his vacation and committed to those plans by reserving a suite there.

The employer then, because of legitimate operational reasons, unilaterally cancelled part of the vacation. The employee grieved the cancellation. In asking for relief, the union asked for a declaration that the employer had violated the collective agreement and for a damage award because of the loss the employee had suffered as a result of his failed plans.

The arbitrator found that the employer's unilateral change to the schedule was a violation of the agreement. The arbitrator also determined that the employer should pay the employee a monetary award in the circumstances to reimburse him for the financial cost of her frustrated vacation plans.

For those who have scheduled vacation time for the festive season, relax. Enjoy your time away from work without having to worry about the employer calling you back to work without your consent. For those that are stuck working through the holidays, don't work too hard.



MAHCP Staff Long Service Awards



Congratulations to Cathy Langit, Administrative Assistant to the union, who received a 5 years long service award. Also congratulations to Gary Nelson, Labour Relations Officer, who also received a 5 years long service award (Gary was present at The Pas AGM Satellite location).

Congratulations to the winner of The Telephone Town Hall gift card, Alvaro Bras from Health Sciences Centre.



Members who participated in the Town Hall were asked to stay on a minimum of 20 minutes in order to be eligible for the prize. The prize winner was chosen from over 200 participants. Alvaro received his Coffee Card from President Bob Moroz just in time for Christmas!

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.

- **Olga Raymond**, Cardiovascular Technologist, St. Boniface Hospital
- **Susan Begley**, Radiology Technologist, Misericordia Health Centre
- **Robert Somerville**, Speech Language Pathologist, Society for Manitobans with Disabilities



- **Sam Findlay**, Autopsy Technical Assistant, Health Sciences Centre
- **Deborah Taylor**, Laboratory Technologist, CancerCare Manitoba
- **Darren Pierce**, Orthopedic Technician, Misericordia Health Centre
- **Heather Common**, Nuclear Medicine Technologist, Victoria General Hospital
- **Eileen Mudry**, Laboratory Technologist, Misericordia Health Centre
- **Rosemary Obirek**, Respiratory Therapist, Deer Lodge Centre

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

Prize Winners at the AGM

Nancy Scammel
Shelley Greaves
Mike Bachynsky
Tamara Stevens
Kate Renneberg
Wayne Mathers
Lesla Nordick
Alexandra De Vries
Satwinder Singh
Carol Melnyk
James Stevenson
Debbie Reeves
Grazia Prochazka
Lorraine Myk
Renee Friesen
Janice Hodges
Shawna Coughtrey
Wendy Despina
Sunil Samuel
Lisa Kendrick
Jenny Yiu

Laurie Ryan
Kerri Smith
Shirley Luczenczyn
Renald Basconciello
Cinthya Vargas
Marcia Tait
Ian Greaves
Cathy Ladd
Janet Beaudry
Dawn Kidder
Jo-Anne Peltz
Chad Harris
Joe Giese
Dawn Libbrecht
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Van Ngo
Jonathan Fine
Dayna Wlasichuk
Eric Cowdry
Debbie Glenewinkel
Sherisse Sarao

Kori Kagan
Marguerite Zaworonok
Luis Martinez
Michael Smyth
Brenda Snyder

Birgit Molinski
Lissa Kochie
Cathy Langit
Vicky Fabris
Shawna Rutherford



Do you have a grievance?

MAHCP receives a great variety of grievances over the course of a year and we find that there are a number of types of grievances that are more common than others. Below you can see the numbers of grievances we currently have, and a description of some of those that we have encountered. If you find that these grievance descriptions reflect problems you are having in the workplace, let your LRO know. Their contact information is on page 15 of this newsletter.

Types of Grievances

Discipline

Discipline refers to either penalties the member may be subjected to, or termination of employment.

If there are penalties imposed on the member, the union advocates for reduction or the elimination of those penalties. The burden of responsibility for the employer is to demonstrate that the punishment reflects the infraction.

With regard to termination, grievances are usually filed to ensure fair representation and process, as well as to challenge the employer to show just cause.

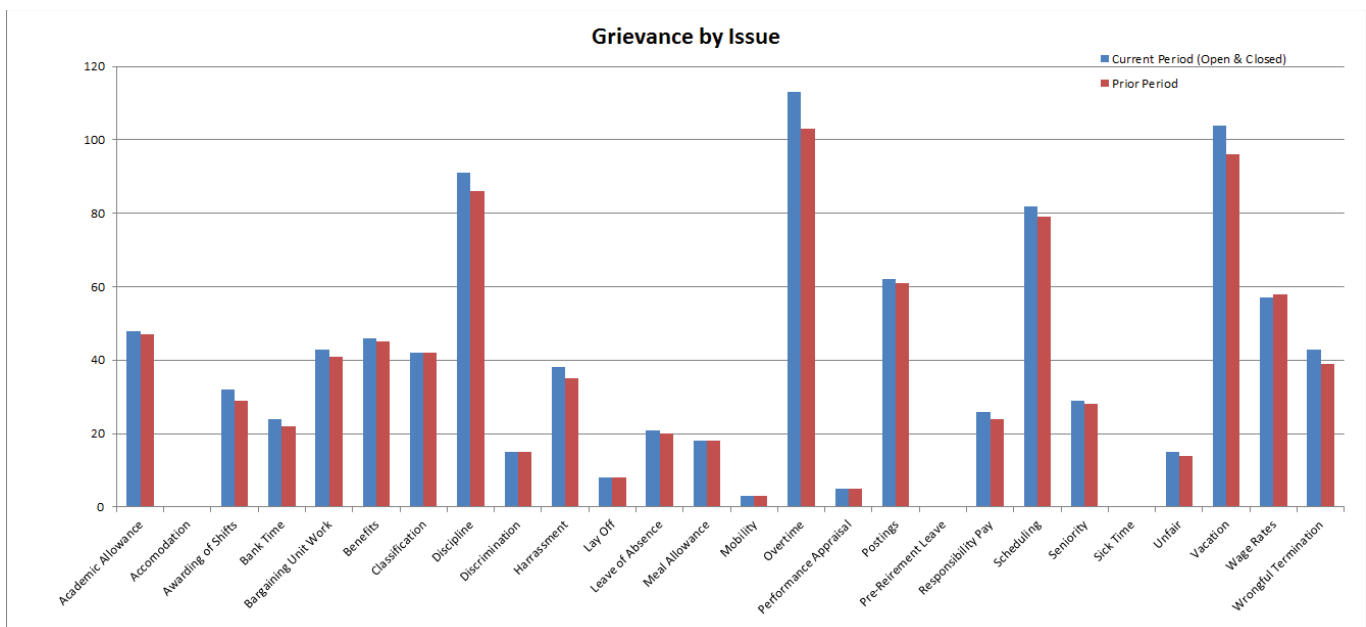
Overtime

Overtime provision in the collective agreement can be misinterpreted and in many cases, it is the application and administration of certain rules that gets misunderstood by our members and managers. Typical grievances involve interpretation of rules around overtime, and how shift changes trigger overtime rates.

Vacations

Some typical grievances relate to awarding, then cancellation of approved vacation (see our Legal Counsel, Jake Giesbrecht's article on this topic on page 10 of this newsletter). Others are:

- 1) vacations not approved
- 2) ability to bank or carry-over vacation
- 3) vacation selection process unfair
- 4) implementation of service/entitlement to vacation increments
- 5) bonus vacation not received



FREE MONEY!

by Shelley Kowalchuk

Here's one more thing you have to plan for before the end of the calendar year - making the most of your Health Spending Account.

For those members who have opted for the Extended Health coverage through Manitoba Blue Cross, you have extra health coverage for a long list of items that normally aren't covered by Manitoba Health. If you have signed on to e-accounts, you can find out what is covered by the Health Spending Account; the list varies from vision care to naturopath appointments, hearing aids to orthotics.



However, if you have claims that you feel may qualify, you need to apply by the end of the calendar year to be able to use these funds. Full time employees have \$500 at their disposal, while part-time employees have \$250.

You can sometimes use the Account to pay for dental expenses that our usual coverage does not (e.g. root canals); also, if the

normal coverage was not sufficient to cover the entire amount, the Account may be used to cover the remainder.

Wait - there's more! If you have used up your entire Account funds for the current year, but have outstanding items that were eligible, the Claims Limitation Period allows you to put those claims into the next year. This is time-limited - you will usually have 90 days to put that claim in, but check your plan for details.

Don't forget to use these benefits - they were negotiated for you and there are many ways to use it.

Trimalleolar Fracture

cont'd from page 7

The uncomfortable amount of physical, mental and emotional challenges and demands have been made easier through the support, and help of friends, family and health care professionals and principally my husband, my physiotherapist and my isokinetic technician. I have encountered many, many people along this journey; many of whom have truly inspired me and I am grateful to each and every one of you.

My Gratitude and Support for all different professionals in all the different occupations who touched me along this journey

This experience has only served to reinforce my belief in and the importance of Medicare. I am very grateful to live in a country that has universal healthcare while at the same time I am frustrated by the gaps and concerned about the erosions to our health care system. I plan to continue talking to my MLA and MP about these issues. Our governments need to hear from all of us, how important a well-funded universal health care plan is and the need to expand it not erode it.

My Gratitude and Support for all different professionals in all the different occupations who touched me along this journey: The doctors, the nurses, the radiology technologists, the



physiotherapists, the physio assistants, the isokinetic technician, the lab technologists, the cardiology technologists, the pharmacists, the pharmacy technicians, the orthopaedic technologists and so many more working behind the scenes.

It is not just the academic training of all the varied health care professionals, but their experience and knowledge that each brings to their respective and necessary roles. I really wish that the decision makers and the policy makers in health care could experience first hand all the different health care professionals and the vital parts they play.

Thank-you everyone for your all that you do as part of the health care team. Cheers to you!!!!

Wendy

2013-14 Executive Council

Officers

President	Robert Moroz CCMB, Radiation Therapist
Vice President	Al Harlow DSM - Concordia Hospital Laboratory
Treasurer	Chad Harris Cancercare Manitoba Medical Physics
Secretary	Shelley Kowalchuk Health Sciences Centre Physiotherapist

Directors

Aboriginal Health	Kerri Smith, Community Health Worker
Cardiology	Colleen Bemister, Health Sciences Centre
Clinic	Sherry Lussier, Gamma-Dynacare Medical Labs, Laboratory Technologist
Community Therapy Services	Margrét Thomas, Physiotherapist
EEG	Jodi Kent, St. Boniface Hospital
Laboratory	James Stevenson, DSM St. Boniface Hospital
Occupational Therapy	Ann Patton, Health Sciences Centre
Orthopedic Technology	John Reith, Health Sciences Centre
Pharmacist	Bob Bulloch, HSC
Radiology	Michael Kleiman, HSC
Recreation	Zana Anderson, DLC
Respiratory	Michael Bachynsky, St. Boniface Hospital
Social Work	Sylvie Theriault, HSC
Spiritual Care	Michael Thibert, St. Boniface Hospital
Burntwood RHA	Tanya Burnside, Pharmacy Technician
Northern RHA	Lesa Nordick, Community Health Developer
Winnipeg Region	Janelle Morissette, DSM-HSC, Laboratory

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Michele Eger, LRO:
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Health Sciences Centre (all other
HSC Members not included under
Ken's listing), Concordia Hospital,
Manitoba Clinic, WRHA Corporate
Program

Mareya Ervick, LRO:
marcya@mahcp.ca

St. Boniface Hospital (non-DSM),
Misericordia Health Centre (non-
DSM), Jocelyn House, Breast Health
Centre

Walter McDowell, LRO:
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DSM - St. Boniface Hospital, DSM -
Misericordia Health Centre, Gamma-
Dynacare Medical Labs, Seven Oaks
General Hospital, Aboriginal Health
& Wellness Centre

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Currently providing support to HSC
and will be assuming HSC portfolio
duties.

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Victoria General Hospital, Brandon
Clinic, Society for Manitobans with
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Rehabilitation Centre for Children,
CancerCare Manitoba, Northern
Region, DSM Southern Region

Ken Swan, LRO:
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Health Sciences Centre (Lab,
Diagnostic Imaging, Pharmacy,
EEG, Sleep Lab), Deer Lodge Centre,
Community Therapy Services,
Winnipeg Clinic

Phone: 204-772-0425 or 1-800-315-3331 (toll free)
Fax: 204-775-6829

UNION BULLETIN BOARD



Merry Christmas and Happy New Year

from the

MAHCP Staff and Executive Council

Have a Safe and Joyful Holiday Season!

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.

MAHCP CONSTITUTION

The updated 2013 Constitutions are now available for viewing or download on the MAHCP website (<http://mahcp.ca/?p=1272>).

If you prefer a hard copy of the Constitution please contact the MAHCP office at 204-772-0425 or email info@mahcp.ca with your request.



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