

# NEWS

Manitoba Association of

# HEALTHCARE

September 2010

*Professionals*

***Sonographers:  
Who we are?  
Find out . . .  
“inside”***



## Inside This Issue

Career Profile - Sonographers	3
Staff Rep Training	3
All I want is One More Week of Vacation! by Armand Roy	4
Scholarship Recipients 2010	5
Helpful Legal Information	6
Member Profile - Norma VanWalleghem	11
Unions are Not Important Today! by Armand Roy	14

### Enclosed with this Newsletter:

- 40th Annual General Meeting Booklet
- AGM Pre-Registration Form
- Return Envelope

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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.*

# Meeting Calendar

Visit the **MAHCP Website Calendar** for more meeting information:  
[www.mahcp.ca/forum/calendar.asp](http://www.mahcp.ca/forum/calendar.asp)

## September 6, 2010

- Labour Day - MAHCP Office Closed

## September 8, 2010

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

## September 8, 2010

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

## September 14, 2010

- Seven Oaks Staff Rep Mtg  
Seven Oaks Cafeteria  
1200 hours

## September 15, 2010

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

## September 16, 2010

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

## September 20, 2010

- AHCW Staff Rep Meeting  
Marigold's Restaurant  
1200 hours

## October 11, 2010

- Thanksgiving Day - MAHCP Office Closed

## October 12, 2010

- Seven Oaks Staff Rep Mtg  
Seven Oaks Cafeteria  
1200 hours

## October 13, 2010

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

## October 13, 2010

- General Staff Rep Meeting  
Cancelled, please attend AGM

## October 14, 2010

- **MAHCP 40th Annual General Meeting**  
**Clarion Hotel, Winnipeg**

## October 18, 2010

- AHCW Staff Rep Meeting  
Marigold's Restaurant  
1200 hours

## October 21, 2010

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

## October 21, 2010

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

## November 4 & 5 and 8 & 9, 2010

- Staff Rep Training Levels 1 & 2  
See page \_\_\_ for more information

## November 9, 2010

- Seven Oaks Staff Rep Mtg  
Seven Oaks Cafeteria  
1200 hours

## November 10, 2010

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

## November 10, 2010

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

## November 11, 2010

- Remembrance Day - MAHCP Office Closed

## November 15, 2010

- AHCW Staff Rep Meeting  
Marigold's Restaurant  
1200 hours

## November 17, 2010

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

## November 18, 2010

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

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



# MAHCP Career Profile Sonographer

Submitted by Chris Harrington, Sue Murray and Michelle Andersen



**Chris Harrington**  
Educational Coordinator,  
Sonography, Health Sciences Centre

## Snapshot

Imagine being able to use a small hand-held probe to slice into the human body to search for evidence of disease... all without harm to the patient. This is the amazing task that diagnostic medical sonographers perform every day!

Using a small transducer connected to a sophisticated computer, a diagnostic medical sonographer uses

painless, inaudible, high frequency sound to peer inside the human body for signs of disease. Tailoring each exam to answer the patient's individual diagnostic question, the sonographer can image almost any region of the body and record two or three dimensional images of the relevant findings. The sonographer then formulates a written technical impression and submits it along with the recorded images to the sonologist who reviews and interprets the images and dictates the final report.

**Working closely with the sonologist, the diagnostic medical sonographer is a skilled member of the diagnostic imaging team whose job entails a high degree of responsibility and the ability to adapt to constant challenges and constant change.**

Sonographers have extensive, direct patient contact that may include performing some invasive procedures. They must be able to interact compassionately and effectively with people who range from healthy to critically ill.

## Some of a sonographer's professional responsibilities include:

- obtaining and recording an accurate patient history
- performing a wide variety of diagnostic procedures and obtaining high quality diagnostic images
- identifying a wide range of pathologies and differentiating the findings from normal
- analyzing the technical information
- using independent judgement in recognizing the need to extend the scope of the procedure according to the diagnostic findings
- providing an oral or written summary of the technical findings to the physician for medical diagnosis
- providing quality patient care
- collaborating with physicians and other members of the health care team
- having knowledge of the interaction of ultrasound in the human body and any potential for biologic effect

Sonographers may also assist with interventional procedures and must also be knowledgeable about and limit the risk from possible exposure to blood and body fluids.

*continued on page 8*

## STAFF REPRESENTATIVE TRAINING SEMINARS LEVEL 1 & 2

### Level 1 - November 4 & 5, 2010

Applications must be received by Monday, October 18th in order to provide your employer with two weeks notice for union leave as per the Collective Agreement.

### Level 2 - November 8 & 9, 2010

Applications must be received by Monday, October 18th in order to provide your employer with two weeks notice for union leave as per the Collective Agreement.

### Who should attend level 1?

For new staff representatives or staff representatives who want to learn more about MAHCP and the role of the staff representative as well as some fundamental tools for dealing with workplace issues.

### Who should attend level 2?

Only for those who have been to the level 1 workshop. In this highly interactive workshop you will learn more about the collective agreement and how to conduct an investigation, more on CSE, problem solving, human rights and health & safety legislation.

How to register: Contact Cathy. Apply by mail, phone (1-800-315-3331 or 772-0425), fax (775-6829), or email (cathy@mahcp.ca). Provide your name, work and home phone number where you can be reached, employer name, and area that you represent. Indicate whether you are scheduled to work on either or both days of the seminar and which seminar you would prefer to attend.



**Armand Roy**  
Labour Relations Officer

## "ALL I WANT IS ONE MORE WEEK OF VACATION"

Jackie Plaisier – EMS Flin Flon – July 2008

By Armand Roy

Every once in a while a member comes forward with an issue that seems reasonable and should be easy to resolve. Then something happens that takes it to a place well beyond anyone's expectations.

In June of 2008 Jackie Plaisier contacted her LRO confused, she had been working with the Nor-Man Regional Health Authority for twenty years and had even received recognition for her service. Yet, the RHA would only recognize her vacation entitlement for 13 years despite the 20 years of employment.

To the LRO this seemed extremely unreasonable. So working together they filed a grievance. What happened following the filing of the grievance shows how, what seems to be a simple issue, turns into an incredible journey with ground breaking results.

Jackie had worked continuously with the Nor-Man Regional Health Authority since 1988. During her career she had about seven years of casual service. The Employer had unilaterally decided that casual service doesn't count.

**The grievance was filed based on article 1105. The article reads: "An additional week of paid vacation shall be granted to an employee in the year of her twentieth (20th) anniversary of employment, and at five year intervals thereafter. Such vacation will be in the vacation year during which the anniversary will occur. This shall apply to all employees employed on August 31, 1989. It ceases to apply to employees hired after August 31, 1989."**

In Jackie's case, she started in 1988 and was eligible to an added week of vacation in 2008. Key to the issue was her continuous employment since 1988. The Employer maintained that her casual service was not eligible towards her vacation entitlement and by default her pre retirement benefits.

The union disagreed and the grievance

was sent to arbitration. Since the original LRO was on vacation when the time conditions of the collective agreement became crucial a second LRO took over the cause. At arbitration MAHCP presented their case and the arbitrator made a very unusual and divisive ruling.

The Arbitrator ruled that the union was right in their interpretation of the Collective Agreement. However, he placed a caveat on his decision. He said the union could not enforce their rights until the end of the contract in March of 2010. His ruling was designed to

allow the employer to negotiate the clause out of the Collective Agreement. He also ruled that the union should have been aware of the issue and did not raise it before. Therefore the union was estopped (prevented) from enforcing the clause in the Collective Agreement since they should have known the Employer was applying the agreement by not including casual service.

MAHCP, after reviewing the case with their legal counsel, believed this was an error in law. How could the union be aware of management's application of article 1105 when until Jackie Plaisier brought her situation to MAHCP? No member had ever before brought the issue forward.

MAHCP decided to appeal the decision for Judicial Review. This means either party who disagrees with the ruling of an arbitrator, based upon legal interpretation, can appeal to the courts of the province presided over by a judge.

The judge, not specialized in labour law, ruled in favour of the arbitrator and believed that there wasn't an error in law. MAHCP felt the ruling by the judge was wrong and decided to appeal both decisions to the highest court of Manitoba – the Manitoba Court of Appeal.

By this time the primary issue was no longer the added week of vacation but the interpretation of estoppel. Estoppel means, "A rule of law that when person A, by act or words, gives person B reason to believe a certain set of facts upon which person B takes action, person A cannot later, to his (or her) benefit, deny those facts or say that his (or her) earlier act was improper. If an

*continued on page 5*



continued from page 4

**employer could assume that the union knew every aspect of their operation than they had no rights to grieve the employer when they became aware of the issue."**

This is absurd. The Employer holds all the cards. They set policy. They decide on their interpretation of the contract and how they apply it. Often the union only becomes aware of issues because of members facing problems or inequities make them aware. How could the union even know what the Employer is up to in every case? Often the Employer is not aware of what they are doing or implementing.

The Manitoba Court of Appeal agreed with MAHCP. On May 20th 2010 they made a decision in favour of the union. **There are three judges presiding over the Manitoba Court of Appeal. They rendered a unanimous decision.** Their view was that the union could not know what the Employer interpretation of the Collective Agreement was until an employee raised it and therefore the Employer's interpretation of estoppel was wrong.

This left the Employer limited opportunities for appeal. They either comply with the Manitoba Court of Appeal ruling or they apply to appeal to the Supreme Court of Canada.

On June 4, 2010, the Employer decided to appeal the case to the Supreme Court. Before anything is heard at the Supreme Court the court itself must decide if the case has merit to be heard. So the first step is the process is agreement to hear the case. If they decide to hear the case then it is then scheduled on a date - which could be months down the road. If

they decide not to hear the case then MAHCP wins and all Manitoba Health Employers must comply and grant proper vacation entitlements to employees based upon their years of service if their contract contains similar clauses.

The impact of the win will have large implications upon vacation and pre-retirement benefits for health care employees from all unions across Manitoba.

All Jackie Plaisier wanted was to be recognized for her entitlement of an added week of vacation based upon her years of employment. What MAHCP has done is fight for her rights and all employees who have had continuous service, casual or full time or any portion thereof all the way to the Supreme Court of Canada.

MAHCP is committed to its members. Jackie's simple request illustrates how serious your union listens to its members. This is one example of how valued the issues brought forward by members are listened to. The LROs work together tirelessly to ensure those rights are protected and valued. It also illustrates that working together we CAN make a



difference.

Jackie Plaisier in her simple request for an added week of vacation has made an impact upon the interpretation of basic labour language well beyond Manitoba borders and into the realm of changing national legal interpretation and rights. She truly is: **"The mouse that roared"**.

Thank you Jackie, on behalf of all your fellow members, for having the courage and will to fight the battle.

## 2010 Scholarship Award Recipients

MAHCP awards five (5) four hundred (\$400.00) dollar scholarships to graduating high school students.

Candidates must be dependents of members and meet the criteria established by the Communication Committee.

There were several applicants for the **MAHCP Scholarship Fund** this year and all were screened as per the MAHCP Scholarship guidelines.

The 2010 recipients are:

- **Ashley DiMarco**, daughter of Karen

Dimarco, Victoria General Hospital

- **Pierce Bosc**, son of Lois Bosc, Misericordia Health Centre
- **Ryan Pierce**, son of Darren Pierce, Misericordia Health Centre
- **Katya Sokolawski**, daughter of Cindy Sokolowski, Concordia Hospital
- **Steven Gin**, son of Alfred Gin, Health Sciences Centre

There were no eligible candidates for the **Monique Wally Memorial Scholarship Fund**.

Congratulations! We wish all applicants good luck in their future endeavours.





Jacob Giesbrecht

## Helpful Legal Information for MAHCP Members

### "You Can't Fire Me, I Belong to the Union"

by Jacob Giesbrecht  
of Inkster Christie Hughes, LLP

There are myriad benefits to belonging to a union, too many to mention here. As more and more of the workforce joins the ranks of the non-unionized, there are those that may question these benefits. One of the benefits isn't always obvious but is at the heart of the employment relationship. Membership in a union restrains the employer's right to fire without cause. In these days of high stress, unrealistic workload and micromanagement, that is a truly significant benefit.

This right is not without limitation. Article 2401 of the MAHCP's central table Collective Agreements provides: "No employee shall be disciplined or discharged without just cause. In order to establish cause the employer has the onus to prove that a very significant shortfall in the ability or loyalty of the employee.

As stated in the clause, this right to a job is not without limitation. The employer has the obligation to provide the job, so long as the employee performs the duties to the job adequately.

For those not represented by a union under a collective agreement, the employer can terminate your employment without cause at any time, on a whim. They can do this so long as the employer gives the employee working notice or reasonable pay in lieu of notice.

Some may consider this "pay in lieu" of notice an attractive feature of an employment contract. In most cases it is not available to a union member because as mentioned earlier, union members can't be dismissed without cause. What if your job is altered to such a degree that it is effectively not the same job anymore. In this scenario, the employer has essentially "constructively dismissed" the employee from their position and the employee may be able to claim pay in lieu.

In the case of Mathews Conveyer Co. of Canada v. I.A.M.A.W., Local 2291 out of Ontario, the arbitrator was asked to determine whether constructive dismissal had occurred when the company announced that it would close its plant. The arbitrator commented on the issue as follows:

37 The Company maintained, however, that constructive dismissal has no application in a unionized workplace. In support of this submission, the Company relied on Re Toronto Star Newspapers Ltd. and Southern Ontario Newspaper Guild (1990 (Brent) in

which it was held that the concept of constructive dismissal is "inappropriate in a collective bargaining situation". Similarly, in Canada Safeway Ltd. v. Retail, Wholesale and Department Store Union, Local 454, [1998] 1 S.C.R. 1079 (S.C.C.), it was suggested that where the relations between the parties are governed by a collective agreement, it is inappropriate to have recourse to common law concepts such as constructive dismissal. For purposes of this case, however, it is unnecessary to decide whether the concept can have application where the parties are bound by a collective agreement as, in the circumstances, I find that a case for constructive dismissal has not been made out.



In another case decided by the Supreme Court of Canada, they had this to say about constructive dismissal:

81 The Board's final error lay in failing to apply the collective agreement properly to Ms. Hardy's grievance. The relations between the parties were governed by the collective agreement. If the dispute fell under the terms of that agreement, no recourse to common law concepts like constructive dismissal or its alleged cousin, constructive layoff, was proper. Ms. Hardy alleged a violation of the collective agreement, in particular the "most available hours clause" and Letter of Understanding No. 5. In fact, the "most available hours clause" provided for assignments on the basis of seniority only within the employee's classification and department. It did not provide for cross-classification transfer of part-time employees on the basis of seniority and the Board concluded that it had not been violated. Instead, the Board, through the purported common law doctrine of constructive layoff, converted Ms. Hardy's scheduling complaint into a layoff complaint and gave her a remedy available under the layoff provisions the right to be scheduled to work across classifications (Article 12.03 says that seniority governs in the case of lay-off of part-time employees). It found that the employer had breached Article

*continued on page 7*

## Helpful Legal Information

cont'd from page 6

A-1.01 (2) by ceasing to pre-schedule Ms. Hardy for the hours she worked and relying on the call in procedure. In the Board's view, this breach of the scheduling provisions, which resulted in Ms. Hardy receiving substantially fewer scheduled hours while junior staff in other classifications were being scheduled to work, constituted a constructive lay-off.

In the case *Inn On The Park v. H.E.R.E.*, Local 75, the employer provided working notice of dismissal to two long-term employees. The work provided to the employees during the notice period was nothing like the work they had done before the employer ceased operations. The arbitrator determined that the employer provided the working notice to defeat claims of termination pay under the Employment Standards Code. The arbitrator in that case found a constructive dismissal because the collective agreement no longer determined the issues between the parties.

Another way of establishing a constructive dismissal is to prove that the employment relationship is so poisoned that it is impossible to continue to work for the employer. This theory of the constructive dismissal seems to be gaining ground. It is sometimes being used in argument by employers to justify terminating employees without cause.

Sometimes an employee wishes to have constructive dismissal but not without the ability to obtain severance. Over all, the case to justify a constructive dismissal is very difficult for either the employee or employer to establish a case. The fact of the matter is that where an employee competently performs their work and doesn't provide cause, the employer must retain that employee so long as the work remains...that is, so long as the employee is represented by a union.

### Choosing the Attorney

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

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

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

## MAHCP LEGAL ASSISTANCE PLAN

### Membership does have its privileges

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

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

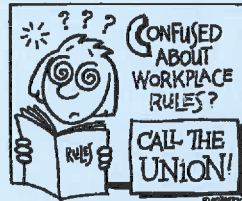
For more information, please  
contact:

Jacob Giesbrecht at  
Inkster Christie Hughes LLP  
at 947-6801

## How Well Do You Know Your Collective Agreement?

### Question:

If your employer has told you that someone has complained about your performance or conduct, are you entitled to see the complaint if it is written?



**Answer:** Yes, Employers are not entitled to use documentation against an employee if the employee has not been able to defend him or herself against it. Any such documents are considered disciplinary.

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



Continued from page 3

## Education and Training

The vast majority of the sonographers in Manitoba were trained at the Ultrasound Training Program at the Health Sciences Centre (HSC). Established in 1973, the HSC program was the first ultrasound training program in Canada. The program is a hospital-based fully accredited one year post-diploma program. The prerequisites for admission to the program



**Matthew Epp and Bernardine Chequis Sonographers, HSC**

are either a minimum 24 month allied health diploma (Radiography, Nuclear Medicine, Respiratory Therapy, Radiation Therapy, Laboratory Technology, Nursing, etc) or a Bachelor's degree with a minimum of 6 months patient care experience. The program trains 10 sonographers each year.

The strength of the HSC program has always been its dedicated program staff. The program has an exceptional group of clinical instructors at HSC, St. Boniface Hospital, and Seven Oaks Hospital who are passionate about ultrasound and who foster that enthusiasm in their students.

Over the years the program has graduated hundreds of highly successful sonographers, many of whom have gone on to establish programs in other provinces and become leaders in the field. Areas for advancement include obtaining credentials in specialty areas such as Adult and Pediatric Echocardiography (diagnostic ultrasound of the heart), Vascular, Neurosonography (diagnostic ultrasound of the brain and spinal cord), and Breast sonography. Sonographers can also advance into management careers, into education, or into commercial applications with companies such as GE,

Phillips, Siemens, and others.

The HSC program awards a diploma in diagnostic medical sonography. Graduates are prepared to challenge both the Canadian and American certification exams. The Canadian credential is awarded by the Canadian Association of Registered Diagnostic Ultrasound Professionals (CARDUP) upon successful completion of both a Clinical Skills Assessment Process and a written examination. The American

credential is awarded by the American Registry for Diagnostic Medical Sonography (ARDMS) upon successful completion of a written exam. Most graduates obtain both credentials.

Training in other provinces is primarily college-based, with many provinces having 24-28 month first discipline programs. Dalhousie University in Halifax has a 4 year degree program with an optional diploma exit

after 3 years. Currently, the HSC program is working with Red River College to submit a proposal to restructure the program as a 24 month first discipline program at Red River College.

## Employment and Outlook

**There are over 100 diagnostic medical sonographers working in Manitoba.** In comparison to other provinces this is a relatively small number. This is because unlike many other provinces, diagnostic ultrasound in Manitoba is only practised within hospitals. There are no clinics currently approved to provide diagnostic ultrasound. If this should change in the future, then we would expect the number of sonographers in the province to increase proportionately.

**There are three classifications for diagnostic medical sonographers in Canada. These are:**

**Generalist sonographer:** a sonographer who performs scans of the abdomen, obstetrics, male and female pelvis, musculoskeletal system, and superficial structures such as breast, thyroid, scrotum, as well as scans of the carotid arteries and the venous system. These scans can be performed on adults or on

children (pediatric ultrasound)

**Cardiac sonographer:** specializes in scans of the heart (adult or pediatric)

**Vascular sonographer:** specializes in scans of the arterial and venous system

Some sonographers hold one classification, while others may hold two or even three.

The HSC training program recently surveyed all Manitoba sonographers. Survey results indicate the following:

Sixty percent of Manitoba sonographers practise within the WRHA, the other 40% practise in rural health authorities or in Brandon. **There is a very balanced distribution of experience from new graduates to experienced sonographers throughout the province.** There is also a normal distribution of ages with the largest cohort in the 40-44 year-old category. **Eighty percent of Manitoba sonographers are female.** Fifty percent of Manitoba sonographers have full-time positions, the other half hold part-time positions. While the majority of Manitoba sonographers expect to be practising for at least 10 more years, **the province can expect to lose approximately 4 sonographers per year over the next 5 years due to retirement, injury, or career change.**

## Physical and Mental demands

The physical and mental demands on sonographers are significant. Mentally, the job is extremely challenging as the sonographer plays a primary role in making the diagnosis. Unlike many of the other imaging modalities in which the images are interpreted solely by the radiologist, in diagnostic ultrasound the sonographer is constantly interpreting the findings as they scan in real-time. During the scan, the sonographer must differentiate normal findings from pathology. When abnormalities are identified, the sonographer then tailors or expands the scope of the exam to best document the findings. Once all the images have been recorded, the sonographer writes a technical impression summarizing the findings which accompanies the images to the radiologist's workstation for final interpretation and production of the final report.

Needless to say, this process places significant responsibility on the

*continued on page 9*



sonographer. Good sonographers pride themselves on being able to find and document all the relevant pathologies, and also on not creating confusing or misleading images.

However, this added responsibility is also one of the major factors that lead allied health professionals to seek a career in diagnostic ultrasound. There is simply no such thing as a routine ultrasound and never a dull day. The sonographer can never predict what will be found when the transducer is placed on the patient. The findings are often unexpected and are frequently contrary to what was indicated on the request for consultation. Sonographers thrive on these challenges. As a result, despite the significant responsibility and the mental stress, the levels of job satisfaction for sonographers are usually high.

### Work-related musculoskeletal disorders (WRMSD)

Not only is sonography mentally challenging, it is also a very physically demanding occupation. **Sonographers have a very high incidence of WRMSD.** Constantly having to apply transducer pressure, often with suboptimal positioning, puts sonographers at significant risk of developing work-related musculoskeletal disorders such as inflammation of the tendons (tendonitis) or tendon sheaths (teno-synovitis), bursitis, muscle strains, and pathology of the nerves in the upper extremities, neck, and back. A study by the Society of Diagnostic Medical Sonographers reported that more than **80% of sonographers are scanning in pain and 20% of these professionals eventually experience a career-ending injury.** They also found that on average, sonographers experience pain while scanning within 5 years of entering the profession.#

Progress towards reducing the incidence of WRMSD in sonography is being made, but it remains a significant issue. New scanners are more ergonomically designed and sonographers are well aware of the importance of keeping themselves as strong and flexible as possible. They also know the importance of taking scheduled breaks and trying to vary their schedules to reduce the chance of suffering repetitive strain injury. Despite some of these improvements the Manitoba survey indicated that 10% of Manitoba sonographers think that they will end their ultrasound career due to injury and a

recent large Canadian survey has shown a continued increase in WRMSD, perhaps in part due to the increasing obesity of the North American patient population. Manufacturers, management, educators, and sonographers must continue to work together to reduce the incidence of this serious problem. More can be done.

### Continuing Medical Education

As with other allied health professionals, sonographers are life-long learners. Diagnostic ultrasound is a dynamic and rapidly advancing technology that allows sonographers to examine almost every region of the body in greater and greater detail. Sonographers learn something new from almost every case. However, their continuing education must also be formalized. Both CARDUP and the ARDMS require credentialed sonographers to obtain a minimum of 30 CME credit hours every three years in order to maintain their credentials. Additionally, the ARDMS has just recently introduced a recertification program that will require all registered sonographers to take a web-based recertification examination in each clinical specialty area in which they hold active status.

One of the challenges for today's sonographers is convincing other stakeholders of the importance of attending national or international educational conferences. While there are many electronic methods for obtaining continuing education, nothing compares to the ability to network with and learn from other sonographers face-to-face at an educational conference.

### Summary

Sonographers are proud members of the allied health team. Diagnostic ultrasound is stimulating, dynamic, and rapidly changing field. The technological advances in the past 20 years have been staggering, and will only continue in the future. Systems are becoming smaller and image quality continues to improve. While there is no doubt that the biggest challenge to the continued advancement of the profession is the problem of WRMSD, if all involved work together there is every reason to believe that the future for diagnostic medical sonographers is very bright.



Sue Murray, Sonographer  
Flin Flon, NorMan RHA

### The Northern Experience

Pity me, poor Sue, all alone in Flin Flon in northern Manitoba! ARE YOU KIDDING ME! THIS IS AWESOME! The area is beautiful, the lakes are pristine, there's no traffic, no rush hour, and they just built you a huge state of the art huge department complete with your own corner office with WINDOWS!

How does it feel to be the lone sonographer? There are no sonologists or radiologists on site and no fellow sonographers on site to assist with challenging cases. Well, you just deal with it. You are on your own, and you use



your skills and training. They have trained you well. Trust yourself! You have honed your skills. You have maintained your continuing education. Answer the question given to you on the requisition. Ask the patient about their symptoms. Try to solve their mystery. The radiologists interpreting your cases are only a phone call away at the Health Science Center ultrasound department. The sonologists there have been great! They have kept you on your toes and let you know when you needed to pick up your socks. (of course, that has been on very rare occasions).

continued on page 10

Bottom line: working alone is just fine! I can talk to my sonologists whenever I need them. The images go direct to HSC, and can be viewed immediately if need be. The job itself is awesome. Weekdays only, weekends off, no call. Pretty sweet! Of course, the Flin Flon doctors know where to find me if they have an emergency. **But with golfing, the lake, camping, swimming, Seadooring, fishing... well, hopefully they can find me. The equipment is new, the room is beautiful and I am living in paradise.** If you do not believe me, come see for yourself. Ask for Sue in ultrasound. If you forget my name, don't worry, ask for the sonographer. They will direct you to me as I am the only one here!

Happy in Paradise, Sue Murray



**Michelle Andersen**  
Sonographer, St Boniface Hospital

### **In the Heart of Winnipeg, St. Boniface Hospital**

St. Boniface Hospital is a great place to practice diagnostic ultrasound. Working in a tertiary care teaching hospital we are constantly challenged to advance our skills and find ways to improve our service to our patients.

Similar to the ultrasound department at the Health Sciences Centre, we are very fortunate at St. Boniface to work side by side with sonologists (radiologists who specialize in diagnostic ultrasound). Not only are our sonologists excellent scanners, but they can give you immediate feedback on your work and are always available to help with those challenging cases. This provides a great learning environment. The sonologists always have very clear expectations, which pushes us to strive for excellence.

### **Work Environment**

We have a large department with approximately 15 sonographers in full-time or part-time positions. Regular hours are 8:00 am to 4:30 pm. However, we take after hours call on a rotating basis and we also have several sonographers who work evening shifts. Our sonographers' experience range from just over one year to near retirement. **Having a larger group with such a wide range of experience provides great benefit to all, but especially to our younger sonographers. We often collaborate on difficult cases.** My background is radiography and I can tell you that ultrasound, even though part of diagnostic imaging, is very different. As we scan, we not only have to continually optimize our images, we also have to interpret them to ensure that we are accurately recording the anatomy and the pathology. This can be an overwhelming responsibility for some, but I have never met a sonographer who went into the field that was not up for the challenge.

Even though we have a strong sense of teamwork, we work independently within our own scan room. We are typically scheduled 10-12 outpatients patients per day, depending on the type of exams. We are scheduled a fixed amount of time for each patient. However, this can often lead to a time crunch when we are dealing with a patient with complex pathology.

It can take anywhere from 30 minutes to over an hour to perform a scan depending on the type of exam and the degree of difficulty. **Fortunately, we perform a wide variety of exams and the diversity can help reduce some of the problems associated with repetitive strain injury.**

On a rotating basis we are also scheduled with "urgent cases". These days consist of scanning in-patients, emergency patients, or those referred from outside the hospital. Most of our in-patients are transported to our department, but we also do portable ultrasound scans in the ICU. Needless to say, scanning in the ICU patients can be quite challenging due to lack of patient mobility and the need to negotiate all the equipment, IV lines, tubes, and dressings. **Maintaining good ergonomic scan mechanics is often impossible which places significant physical strain on the sonographer.** We also often need to get a little creative in our approach and tailor the exam to the patient's situation.

### **Types of exams performed**

The majority of sonographers at St. Boniface are classified as generalist sonographers.

Our routine scans are of the abdomen, obstetrics, male and female pelvis, carotid arteries, leg and arm veins, and superficial structures such as thyroid and scrotum. We also do some exams that the other smaller facilities may not perform. These include: musculoskeletal cases, hernias, appendix, and a host of others. We also assist our sonologists with interventional procedures and biopsies. Several of our sonographers



**Leanne Latourneau**  
Sonographer, St. Boniface Hospital

are also specialists in areas such as vascular ultrasound, breast, or neonatal head imaging.

### **Summary**

St. Boniface is a great place to practise diagnostic ultrasound. If you are looking for challenging career in a stimulating high-place environment within the medical field, diagnostic ultrasound will definitely meet those needs.

### **Editor's Note:**

For further regarding work-related musculoskeletal disorders see:

1. *Ergonomic and Biomechanical Analysis of Postural and Muscular Loading to Diagnostic Medical Sonographers* - Prepared for Health Sciences Association of British Columbia
2. *Ergonomic Report for Grey Bruce County - Addressing the Ergonomics for the Sonographers* - Prepared for Occupational Health Clinic for Ontario Workers Inc



## MAHCP Newsletter Member Profile

### Norma VanWalleghem

#### Helping kids be kids at the Canadian Diabetes Association's Summer Camp

As a complement to her work with the Diabetes Education Resource for Children and Adolescents (DERCA), Registered Dietician, Certified Diabetes Educator and MAHCP member, Norma VanWalleghem, plays an integral role with the Canadian Diabetes Association's Camp Briardale – a week-long overnight camping experience for children living with type 1 diabetes.

As well as being a CDE, **Norma is a certified insulin pump trainer, and says she has happily shared her expertise with hundreds of Camp Briardale kids for more than a decade.** Beginning in a camp counselor role when she was a student, Norma is now a senior member of staff, assisting with every aspect of diabetes management for all of the kids. Before camp, she helps train the medical and nutrition counselors. "They need to learn what type 1 diabetes is, how to use a glucose meter and understand blood glucose targets, how to keep accurate records, understand how insulin works, how to count carbohydrates and follow a meal plan, and how to recognize and treat low blood sugar."



During camp, as part of the Senior Medical Team, Norma helps decide each camper's daily insulin doses, based on their pre-meal blood sugar, their carbohydrate intake and anticipated activity level. She also helps out in the dining hall to ensure that each cabin group completes all of their diabetes tasks prior to eating.

Nine of Norma's 11 years in diabetes education have been spent with DERCA as part of an inter-professional team, providing diabetes self-management education, care and support to youth

with type 1 and 2 diabetes and their families. This is a field she says she finds very rewarding.

**"Working with newly diagnosed families can be extremely touching – I'm always amazed at their resiliency. We give families a life-changing diagnosis - it's very humbling to watch how they learn, adapt and eventually thrive, while making diabetes a part of their life."**

Of the kids at Camp Briardale, Norma says she feels they have taught her so much about what it means for them to grow up and live with type 1 diabetes: "Watching a child do their first insulin injection by themselves is very moving; I love watching the camp slide show with the campers on the last night – it goes through all the highlights of the week, and shows the kids just having fun at camp – no different than any other child."



**Norma Van Walleghem  
MSc, RD, CDE**



#### NOTE:

*The Canadian Diabetes Association recognized Norma VanWalleghem and her Camp Briardale colleague, Nicole Aylward Outstanding Health Professionals of the Year, 2010. Please see the June 2010 Newsletter for more details.*

What 3 things would you tell people about your profession that they might find surprising, encouraging, or unique?

- 1) "It's not all just about food – working in diabetes education allows a dietitian to have such a broad role, we're involved in all aspects of diabetes management including insulin, blood sugar testing, insulin pump therapy to name a few."
- 2) "There are many opportunities for continuing education. I've been to numerous conferences over the years including those sponsored by the Canadian Diabetes Association, American Diabetes Association, and the International Diabetes Federation. This fall, I'm traveling to Buenos Aires, Argentina to take part in a Science School for Allied Health Care Professionals and to attend the International Society for Pediatric and Adolescent Diabetes Annual Meetings."
- 3) "I play a very active role in case management, outreach programs, resource development, journal club, quality assurance and program planning."



**Armand Roy**  
Labour Relations Officer

## Unions are not important today!

By Armand Roy

So many times we have heard both union members and average citizens state that unions were great in their day but have no importance today. At no time in our history have unions been more relevant. The rights of working people have never faced more powerful pressures with globalization, a teetering economy, and the race to the bottom. The purveyors of this push have only one motivation - more money in the hands of a few.

We in Canada have enjoyed the benefits of struggles by workers throughout the nineteenth and twentieth centuries. Universal benefits such as Unemployment Insurance, Canada Pension Plan, Medicare, the right to associate and belong to unions, the right to bargain a collective agreement, the right to a living wage, and the freedom to exercise our right to strike, protest, and demonstrate are the very foundation of a democratic society and contained in our Charter of Rights and Freedoms. The ability to bargain collectively has been a long fought battle that has raised the income of working families and created a higher standard of living.

These benefits did not come without sacrifice. A quick look at our Canadian labour history shows that our ancestors fought hard. Often sacrificing their lives. With our high standard of living we forget what brought us these benefits. It certainly isn't from the altruistic values of corporations and CEO's looking out for their interests, bonuses and dividends.

We are facing a monstrous eroding of our values and rights. Canadians find it hard to believe that governments of varying political stripes would take away the rights we enjoy. Many Canadians are under the assumption that politicians are only trying a different approach to a better, caring, society. Even if that were true, we believe that our culture and economy are so strong that their policies would never affect us anyway. Some even believe they can't do much about it.

However it is time we wake up. Governments closely aligned with corporate ideology are eliminating our valued way of life. By our complacency we are saying its okay to take away our rights and freedoms.

We only have to look next door at Saskatchewan to understand what is at stake. Up until the Saskatchewan Party (a right wing, reformist, neo conservative political party) took over the province two and a half years ago, the province was in a peak of prosperity. A sustainable economy based upon a balance between labour, business and government. Saskatchewan had some of the most progressive labour legislation in Canada. The Saskatchewan

economy was heading into a boom never seen before. So, if the economy was sound and there was relative peace with labour, why was any change needed?

The Saskatchewan Party Government under Premier Brad Wall decided that the greatest threat to their agenda was organized labour. The attack against labour has become so intense that many believe the real opposition to the Saskatchewan Party government is the Saskatchewan Federation of Labour under the leadership of Larry Hubich.

Based upon an American ideology (Right to Work), promoted and attempted in twenty-two southern and western states, the Saskatchewan Party put their agenda on steroids. They promote their ideal by pretending that it is a freedom of choice for employees. Actually it is more of a tool to reduce the income of working people in order to make more profits for a few very wealthy and powerful corporate leaders. The American experience has shown the entire social structure of a province or state can be thrown into turmoil.

**The states that adopted this ideology had an increase in overall poverty, increase in unsafe workplace fatalities and accidents, \*deregulation of industry, and a lowered the standard of living for its citizens.**

One of the first actions against the working people of Saskatchewan came with the firing and reorganization of the entire Saskatchewan Labour Board. This was done without any consultation with labour. It was done so quickly it disrupted arbitration hearings in progress. The replacements for the fired officials were specially appointed anti labour pundits of the government, many with very little labour relations skills.

The second volley came with the introduction of Bill's 5 and 6. Bill 5 removed the right to strike for workers in Health Care, government, Crown Corporations, and rural and urban municipalities. This has also wasted untold amounts of taxpayers money in attempts to determine which employees can strike under the repressive Essential Services act.

### **Bill 5 includes:**

- **Application to workers employed with the Government of Saskatchewan, Crown Corporations, rural and urban municipalities, health regions, universities, SIAST, the Sask Cancer Agency, the police, and anyone else Cabinet decides. (s.2(i))**
- **If no agreement is reached between the employer and the union as to who is essential the employer has the right to decide who is essential. (s.9)**

*continued on page 13*



- If you are designated essential you have to work the strike and could be denied vacation and be told to perform unessential duties. (s.18)
- You cannot participate in a work stoppage including work to rule or supportive picketing. (s.14;2(k))
- If you participate in a strike you could be fined \$2000.00 plus \$400.00 per day. (s.20(2))

The effects of Bill 5 are:

- The Employer can designate your Bargaining Committee as 'essential' as well as your staff reps or shop stewards thereby eliminating their ability to bargain or organize effectively.
- Health Care employees have designated 90% of workers as 'essential' and the employers have stated they will increase it to 100% if the strike is effective.
- No ability to request for binding arbitration.
- The legislation has taken away the right to strike.

Bill 6 took away more hard fought union rights. Bill 6 was designed to restrict the union's ability to organize.

**Bill 6 provides that:**

- **Even with 100% cards signed to join a union there still has to be a vote with a secret ballot held on the Employer's premises.**
- **The Employer must be notified by the Labour Relations Board of the organizing drive prior to the vote.**
- **There is no limit on the time from when the notification of an organizing drive to the employer and the vote taking place. (In some cases it has taken over a year before the vote)**
- **The employer is allowed to interfere in the vote. (s.11(1)(a))**
- **The employer can interfere with the management of the union, grievances, union bargaining proposals, and its affairs even in union elections of officers.**

The latest onslaught has come with Bill 80. This is an attack on trades such as electricians, carpenters, plumbers, pipe fitters etc. To put the Bill in perspective there hasn't been a strike in the construction industry in Saskatchewan since 1982. Bill 80 attacks the very foundation of organized labour in the construction industry.

**Bill 80**

- **Removes the ability of unions to bargain by sector.**
- **Allows non union workers to**

**occupy positions beside unionized workers therefore undermining the collective bargaining process.**

- **Allows for non union contractors to hire from non union workers from outside the province to work in Saskatchewan.**
- **Benefits, pension and health cannot be transferred from one employer to another in an industry that is fluid from one contract to another.**
- **Destroys the apprenticeship and certification process.**



The Saskatchewan Party has also brought in legislation that allows 15 year old adolescents to be employed in hospital, nursing homes, and the hospitality industry. This is putting their young people at risk to exploitation and injury. The health care sector has the highest rate of injuries in the province. There is also a high risk that patient care will be adversely affected by untrained youth. Unions throughout the world have fought hard against child labour yet the Government of Saskatchewan is saying its okay to employ young people in dangerous jobs.

The International Labour Organization has condemned these actions and demanded changes to these acts as well as ongoing updates. (ILO case no. 2654) The Saskatchewan Party Government has chosen to ignore their demands.

Another initiative of this regressive government is Bill 43 (Trespass to Property Act). The rights of the average Saskatchewan citizen are being removed by the passage of this act.

- To be on public property citizens require the consent of government
  - o This includes for picketing, demonstrations, marches, rallies, and protests anywhere in the province.
  - o No exemption for Human or Charter rights to freedom of association, freedom of peaceful assembly, and freedom of expression.

continued on page 14

## Unions Are Not Important Today!

*continued from page 13*

It virtually eliminates the rights of association guaranteed under the Canadian Charter of Rights and Freedoms held up by the Supreme Court of Canada.



If ever there was a time when unions need to be strong it is now. Don't believe that unions are no longer relevant. Unions try to create a more egalitarian society, at work, in our communities and society as a whole. It is the ideology of right wing governments, the corporate controlled anti labour media, and greedy corporate interests of a wealthy few that are setting this agenda and selling the public on it.

For those of you who think this couldn't happen in Canada think again. It already is. In fact this could happen in Manitoba. The absolute purge of your benefits, contracts, and freedoms as citizens could be under serious threat by government initiatives unfriendly to organized labour.

Our parents and grandparents fought wars against these kind of oppressive government agendas. The model that is occurring in Saskatchewan could happen in Manitoba and in Canada as a whole. Our basic rights as Canadian Citizens are at stake.

**Unions are important today. More than ever!**

*(Source: Labour Rights, Human Rights... What's happening in Saskatchewan? – Saskatchewan Federation of Labour)*

*\*The recent BP oil spill in the gulf coast has been acknowledged by MSNBC in the US as an example of what occurs when deregulation of industry is promoted and legislated. (<http://www.youtube.com/watch?v=77pBcf0o444>)*

## Harper Government Attacks Human Rights

PSAC/CALM

The Harper government has decided to close Canadian Human Right Commission (CHRC) offices in Vancouver, Toronto and Halifax.

These three offices received 70 per cent of all signed complaints to the CHRC in 2008.

The Public Service Alliance of Canada maintains that closure will make it substantially harder for individuals from marginalized groups to launch human rights complaints.

For PSAC president John Gordon, the closures indicate a strategy by the Conservative government to destabilize human rights organizations and women's groups in Canada.

"When the Conservatives took power in 2006, one of their first moves was to abolish the Court Challenges Program and close Status of Women Canada offices across the country," Gordon says. "Women's groups were denied government funding if they engaged in research or advocacy work, and equality-seeking groups lost the ability to fund Charter of Rights challenges. The government has also cancelled funding to notable NGOs such as KAIROS, and appointed ultra-conservative partisan board members to Rights & Democracy – manufacturing a massive crisis within the organization. The closure of CHRC offices is another example of this outrageous trend."

***Hope to see you at  
the 40th AGM!***

***There will be several great door  
prizes. You must be present to win!***



## 2009-10 Executive Council

### Officers

<b>President</b>	<b>Wendy Despina,</b> DSM - SBH, Laboratory
<b>Vice President</b>	<b>Al Harlow</b> DSM - Concordia Hospital Laboratory
<b>Treasurer</b>	<b>Chad Harris,</b> CCMB Medical Devices
<b>Secretary</b>	<b>Bob Bulloch,</b> HSC Pharmacist

### Directors

<b>Aboriginal Health &amp; Wellness Centre</b>	<b>Daphne Lafreniere</b> Residential Health Support Worker
<b>Cardiology</b>	<b>Colleen Bemister,</b> Misericordia Health Centre
<b>Community Therapy Services</b>	<b>Margrét Thomas,</b> Physiotherapist
<b>Laboratory</b>	<b>Janet Fairbairn,</b> CCMB
<b>Mental Health</b>	<b>Kathy Yonda,</b> Brandon RHA
<b>Nuclear Medicine</b>	<b>Shelagh Parken,</b> SBH
<b>Occupational Therapy</b>	<b>Adele Spence,</b> DLC
<b>Orthopedic Technology</b>	<b>John Reith,</b> HSC
<b>Physiotherapy</b>	<b>Shelley Kowalchuk,</b> HSC
<b>Radiation Therapy</b>	<b>Robert Moroz,</b> CCMB
<b>Radiology</b>	<b>Michael Kleiman,</b> HSC
<b>Recreation</b>	<b>Zana Anderson,</b> DLC
<b>Burntwood RHA</b>	<b>Tanya Burnside,</b> Pharmacy Technician
<b>Winnipeg RHA</b>	<b>Jason Linklater,</b> HSC,

## Staff Assignments

<b>Lee Manning</b> Executive Director lee@mahcp.ca	<b>Janet Beaudry</b> Executive Assistant janet@mahcp.ca
<b>Joan Ewonchuk</b> Administrative Assistant joan@mahcp.ca	<b>Cathy Langit</b> Secretary/Receptionist/Clerk cathy@mahcp.ca
<b>Linda Pondy</b> Data Entry Clerk linda@mahcp.ca	<b>Milcah Abril</b> Secretary/Receptionist/Clerk milcah@mahcp.ca
<b>Walter McDowell, LRO:</b> walter@mahcp.ca	St. Boniface Hospital, Misericordia Health Centre, Gamma-Dynacare Medical Labs, Jocelyn House
<b>Ken Swan, LRO:</b> ken@mahcp.ca	Health Sciences Centre (Lab, Diagnostic Imaging, Pharmacy, EEG), Deer Lodge Centre, Community Therapy Services, Winnipeg Clinic
<b>Michele Eger, LRO:</b> michele@mahcp.ca	Health Sciences Centre (all other HSC Members not included under Ken's listing), Concordia Hospital, Tissue Bank Manitoba, Manitoba Clinic, Critical Care Transport Team, Health Action Centre
<b>Gary Nelson, LRO:</b> gary@mahcp.ca	Victoria General Hospital, Brandon RHA, Brandon Clinic, Centre Taché Centre, Society for Manitobans with Disabilities, Rehabilitation Centre for Children, CancerCare Manitoba
<b>Armand Roy, LRO:</b> armand@mahcp.ca	Seven Oaks General Hospital, Breast Health Centre, Aboriginal Health & Wellness Centre, Nor-Man RHA, Burntwood RHA, South Eastman Health

## 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.

- **Wendy Heisinger,** Dietitian, Health Sciences Centre
- **Ken Penner,** Radiology Technologist, Health Sciences Centre
- **Blair Seifert,** Pharmacist, Health Sciences Centre
- **Lorna Dice,** Occupational Therapist, Victoria General Hospital

- **Kathy Harrison,** Social Worker, Misericordia Health Centre
- **Ray Saurette,** Cardiology Technologist, Health Sciences Centre
- **Tim Robson,** Recreation Therapist, Seven Oaks General Hospital
- **Jill Courchaine,** Laboratory Technologist, DSM St. Boniface Hospital

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

# MAHCP 40TH ANNUAL GENERAL MEETING

Thursday, October 14, 2010

Registration at 1730 hours

Meeting at 1800 hours

Clarion Hotel, Manitoba Room  
1445 Portage Avenue

*Teleconference sites in Brandon, Flin Flon, Steinbach, The Pas and Thompson. See page 2 of your AGM booklet enclosed with this newsletter.*

**\* Please pre-register for all sites \***

## Word Search

I N S O L I D A R I T Y S P R  
E P G T P M R V T Q P T A S A  
K V R P G G J O T S E E B L T  
N E G O T I A T I O N S N Q I  
I V A B P A S E W A S I C U F  
U C O S T O F L I V I N G G I  
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S S T R I K E C A P T A I N O  
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C B E G Y N R L Z O R O B M X  
X I L H K A O J E T T O F V U  
I G W J B V U C U Y U E D A Z

Bargaining  
Negotiations  
Ratification

Benefits  
Pension  
Solidarity

Contract  
Picket Line  
Strike Captain

Cost of Living  
Proposal  
Vote

### 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.

**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. 772-0425 or joan@mahcp.ca

**RETIRING?** Are you or one of your co-workers retiring in the near future? Let us know so MAHCP can acknowledge you and keep our database up to date!

### Associate Membership Status Available for Retirees

**Article 5 of our MAHCP 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.



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