

NEWS

Manitoba Association of
HEALTHCARE

December 2019

Professionals



MAHCP President Bob Moroz addresses members at the MAHCP AGM on Oct. 10, 2019.

Photo by David Lipnowski

MAHCP welcomes our newest members

The calendar year is drawing to a close, and it continues to be both an interesting and a challenging one for MAHCP and our members.

On Dec. 13, MAHCP's membership will grow by two thirds as a result of the recent representation votes. Our membership will now include many new members outside of Winnipeg that we haven't represented before, as well as many new members within Winnipeg.

As of Dec. 13, MAHCP will represent 85% of Manitoba's Allied Health Professionals! In this issue, you will learn some of the steps we are taking to ensure that we continue to provide the quality member service you expect and deserve.

In addition to welcoming our newest members, our first order of business is bargaining. Our central table members, current and incoming, have been working without

a collective agreement since April 1, 2018, far too long! Bill 29 and the representation votes that it mandated are done, so the Pallister government no longer has that excuse to delay bargaining. Getting back to the table will be a primary focus in the New Year and we want to hear from you. Please check the "Ask the President" section of this newsletter for important details on bargaining and how you can participate.

The government's "Provincial Clinical and Preventive Services Plan" will be released very soon and may be public by the time you read this. We will not have a look at this plan before it's released, but we are not expecting it to contain much detail.

We'll have to wait and see how the plan is rolled out before the real-world impacts are known, but given the provincial scope and the many signals the government has sent regarding their aims, MAHCP is

expecting even more change.

Members who work in Winnipeg are still reeling from recent cuts and closures, and the next phase may well bring similar turmoil to rural communities where so many of our members live and work. We will do our best to keep you updated as we learn more from government officials, and we are also depending on our members to continue keeping us informed of the impacts you are experiencing in your workplace.

MAHCP is proud to be One Strong Voice for Allied Health. We will continue to press the government for a fair deal at the bargaining table, and to fight for our members as you navigate an increasingly challenging and changing work environment.

In solidarity,

Bob Moroz
MAHCP President

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Meeting Calendar

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

December 11, 2019

- Executive Council Mtg
101-1500 Notre Dame

December 25, 2019

- Christmas Day
MAHCP Office Closed

December 26, 2019

- Boxing Day
MAHCP Office Closed

January 1, 2020

- New Year's Day
MAHCP Office Closed

January 8, 2020

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

January 8, 2020

- Member Advocates
meeting/training
101-1500 Notre Dame
1700 to 2000 hrs

January 9, 2020

- HSC Member
Advocates Meeting
Meeting Room GC306
1130 to 1300 hrs

February 12, 2020

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

February 13, 2020

- HSC Member
Advocates Meeting
Meeting Room GC306
1130 to 1300 hrs

February 17, 2020

- Louis Riel Day
MAHCP Office Closed

March 4, 2020

- Member Advocates
meeting/training
101-1500 Notre Dame
1700 to 2000 hrs

March 11, 2020

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

March 11, 2020

- HSC Member
Advocates and General
Membership Meeting
Canad Inns HSC,
Ambassador A
1130 to 1300 hrs

MAHCP News is published quarterly in March, June, September and December. Advertising will be entertained. For more information, please contact the Editor at (204) 772-0425.

Revenues from advertising will be used to supplement the MAHCP Professional Development Fund.

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Help us keep you informed!

In order to keep our database current, **please let us know of any information changes** including home and email addresses and your name. Don't forget to update your address with your employer too!



If you know of a retiree, please let us know.
Call 204-772-0425 or email info@mahcp.ca

Ask the President

Our newsletter's 'Ask the President' column with President Bob Moroz is meant to provide members with answers to any questions they may want to ask. If you'd like a question answered, please fill out the 'Ask the President' form on the mahcp.ca website under Member Services and Forms. Thanks!



Question: Can you provide members with an update on bargaining?

Bargaining is top-of-mind for our central table members who have been without a contract for over a year and half. We were ready to go to the table back then, but the Pallister government held us up with Bill 29 and we need to kickstart the process anew.

I want to answer a few common questions here, and to encourage everyone to get involved and have a voice in this important process.

First off, I want to stress that we need to hear from our members, so we know what's important to you when we get to the table.

One way you can participate is by submitting a bargaining proposal, available at www.mahcp.ca under Member Services [Forms. These proposals help inform our approach. You can submit a proposal on your own or work together with your colleagues. All proposals will be considered.

If you're interested in serving on MAHCP's Bargaining Committee, you can fill out a nomination form, also available on the website. Our Bargaining Committee reviews proposals, develops strategy and represents us at the bargaining table. As with bargaining proposals, all nominations will be considered.

Please note that the deadline for proposals and Committee nominations is Tuesday, Feb. 18, 2020, so get them in ASAP.

We don't yet know when we will finally get to the table, or how long bargaining might take. If the past is any guide, the nurses and support sectors will be up first since they've been without a contract for even longer, and we know the Employer has limited human resources to devote to bargaining.

I will be hitting the road in the New Year to get in front of as many members as possible and hear firsthand your priorities, so stay tuned for upcoming meetings near you and please plan to attend if you're able. You can also email info@mahcp.ca anytime with questions.

As always, we will keep you updated on important developments throughout the bargaining process.

New LROs join MAHCP team

Lee Manning, MAHCP Executive Director

As many of you are aware, MAHCP is growing significantly as a result of the recent representation votes.

As of Dec. 13, when new bargaining unit certificates take effect, you will be able to find MAHCP members in every corner of our province, greatly expanding the ground we cover.

This significant growth means we will need more staff so we can continue to provide the best service possible for our newly expanded membership.

I would like to take this opportunity to introduce our two newest Labour Relations Officers: Gill Gagné and Dustin Czmola.

Gill comes to us with over 35 years of labour relations experience and has worked as a Union activist and in Human Resources in a health care setting.

Dustin has been a Union activist for over 15 years working with MGEU, the Teamsters, COPE and, most recently, MNU.

Please join me in welcoming Gill and Dustin!

More information on their portfolios will be forthcoming in the weeks to follow.



Gill Gagné



Dustin Czmola

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MAHCP Executive Council Review Committee up and running again

I would like to thank all the members who attended the Annual General Meeting both in Winnipeg and our satellite sites.

The new Executive Council held its first meeting Friday morning after the AGM and I would like to say CONGRATS to my fellow table officers: Jason Linklater (Treasurer) and Vicci Fabris (Secretary).

We begin this term facing a very different MAHCP than a year ago. Yes, as stated at the AGM, MAHCP now represents 85% of all Allied Health in Manitoba. However, as we celebrate our new membership, it also means we are saying goodbye to certain groups of members that resulted from the Commissioner slotting them into other sectors.

The beginning of this term also had a big change for me as I decided to accept a position as the Regional Primary Care Connector for the Northern Health Region being housed out of the Thompson Clinic. I spent just shy of 18 years as a Pharmacy Technician/Pharmacy Assistant at the Thompson General Hospital. As a Primary Care Connector, I work with the various clinics in the region and the Family Doctor Finder Program (part of Manitoba Health, Seniors & Active Living) to help Manitobans who do not have a regular Doctor or Nurse Practitioner find one.

As your Vice President, I chair the following committees: Governance, Nominations and Oversight. I will also be sitting on the Management Committee and the newly reformed Executive Council Review Committee (see later in my report). Also, we will need to start preparing for the next round of bargaining.

I would like to introduce my committee members:

Governance Committee: Shelley Kowalchuk, Margrét Thomas and I.

Nominations Committee: will either be myself or a designate.

Oversight Committee: Arlene



MAHCP Vice President Tanya Burnside (first on the right-side) participates in a team drumming session during the Member Advocates conference on Oct. 10, 2019. Photo by Bernice Pontanilla

Boychuk, Michael Kleiman, Shelley Kowalchuk and myself.

The Executive Council Review Committee is a committee you may remember hearing about a couple of years ago. This ad-hoc committee was tasked by the Executive Council to recommend changes to how the council is composed. Due to the representation votes, this committee stood down so we could focus on winning the votes.

In 2016, the council at the time held a strategic planning session in which our composition was our sole focus. We looked at how other unions' boards/councils were composed. Other topics discussed were how table officers were chosen, length of term and the roles and responsibilities of council members. An ad-hoc committee was selected and, as members left, the committee became part of the Management Committee.

Even though a lot of work has been done, we now need to look at the NEW MAHCP that incorporates all our membership (more information can be found in the March 2018 Newsletter). This committee has been reformed and the members

are: President Bob Moroz, myself, Michael Kleiman, Shelley Kowalchuk, Margrét Thomas and our Executive Liaison Tim Smith.

This committee is meeting in November and will review the Terms of Reference and pick a Chair for the committee. This will require major constitutional changes and we are committed to communicating with membership along the way, so we encourage every member to please submit their personal email addresses to the office by emailing info@mahcp.ca.

I would like to encourage all members to keep checking their union bulletin boards, "like" us on Facebook, Twitter, Instagram and even check the MAHCP website (www.mahcp.ca) to keep up-to-date on our union activities.

Feel free to contact me at tanyab@mahcp.ca should you have any questions, concerns or just want to chat.

In solidarity,

Tanya Burnside
MAHCP Vice President

AGM 2019

Photos by David Lipnowski
and Bernice Pontanilla



AGM 2019



MAHCP AGM Prize Winners

CALM Flight Pre-Registration and Evaluation Form Draw winner:
Janet Berdardino

Here are a few of the winners of the Door Prizes:

- Cheryl Little
- Jennifer Pagdato
- Glenn Espino
- Arlene Boychuk-Reich
- Sherry Treichel
- Guy Phillippot
- Nicole Auringer
- Carol Pragados
- Kari Woodall
- Joseph Giese
- Birgit Molinski
- Valerie Ring
- Deidre Harvey
- Renu Kanda
- Lissa Kochie
- Jessica Lizotte
- Leslie Voth
- Huiming Chen
- Lota DeMesa
- Shelagh Parken
- Christine Hur

Congratulations to all of the winners!



Therapeutic clown had 'the best job in the world'

We at MAHCP would like to thank David Langdon for participating in our Q&A and we wish you a wonderful retirement! We're so grateful for your years of service as Hubert and Onri, and all you've done for your profession!

What is the role of a therapeutic clown?

To begin, it is the best job in the world.

A therapeutic clown is a professionally trained clown artist who has in addition to their theatrical/performance skills, education and training for adapting that skill set for therapeutic intent in a particular environment, usually but not always a health care setting. My health care area was paediatrics, but there are many therapeutic clowns working with adults in care, seniors, refugees and other displaced or vulnerable people.

In my case, as part of the Child Life Department, a paediatric therapeutic clown shares the mandate to strive to reduce the stress and anxiety of hospitalization on children and their families. This work is not only diversional and entertaining for patients, but also therapeutic. Through a variety of play activities such as bubble blowing, face painting, magic tricks, music and mime, the clown offers the patients (and others present) experiences which are humorous, supportive and healing.

I see the therapeutic clown as a fellow pilgrim on the patient/sibling/parent/or staff member's journey. The clown is not there to "fix" anyone but to meet them where they are at. Having made space for where the "other" is at in the present moment, the therapeutic clown may propose through clown play opportunities to either explore what the other feels or to "re-calibrate" by moving on to something completely different. The therapeutic clown is led by the patient's needs and leads.

For example, through the therapeutic use of clowning the therapeutic clown allows the child to experience a sense of mastery and control while in the



David Langdon, therapeutic clown and MAHCP member, is retiring after three decades in health care.
Photos courtesy of Sherry Treichel

hospital. He allows the child to make choices in their play, encourages creative expression and laughter, and communicates to children the message that they are well enough to be allowed some play time.

When did you first begin your career?

I started as a therapeutic clown/child life specialist in August 1989. Previously, I had worked as a child life specialist at St. Boniface Hospital and was at that time teaching drama and performing in a clown troupe called Loonisee with Karen Ridd (Robo the Clown), who initiated the program in 1986 when she approached the child life department with her idea of creating a therapeutic clown program. In 1989 Karen suggested I apply for the job, which I did and found my calling.

Have you seen a lot of changes?

I have indeed. My profession has really grown. There are now therapeutic clowns across the country in most major Canadian paediatric hospitals as well as working in other therapeutic environments. Worldwide it exploded

at the turn of the century. I was at an international conference in Vienna in 2018 and there were around 400 medical clowns from over 40 countries.

Closer to home, just at HSC alone there have been lots of procedural changes in 30 years. Day surgery handles so many procedures that might have been a one- or two-night admission decades ago. I recall there being a whole ward dedicated to orthopaedics and patients would be in traction for long periods of time. I don't know when the last time was that I saw a child in traction!

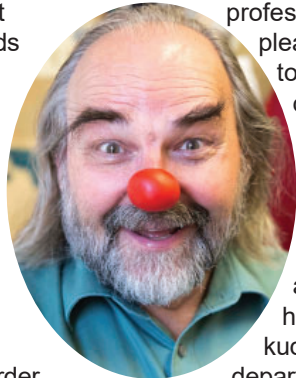
The treatment of many illnesses and conditions has greatly improved. The knowledge base and resources available to medical practitioners has really expanded in those 30 years. As a result, I think those that are admitted to hospital have need of more acute care. That really changes the landscape of patients' and staffing needs.

I have always believed hospitals are often the settings for movies, TV serials and books because, in reality, hospitals contain in a compressed form so much of the grand tapestry of life.

continued on page 9

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Within hospitals there is a continual flow of people from all areas of society, needing or providing care which ranges from routine to critical. Great learning and growing grounds for someone that wants to serve others. In all this there can be a great deal of stress, controversy and conflicts. Because of this increased likelihood of encountering these situations I have found it is paramount to remain professional, respectful, attentive and teachable in order to serve one's patient's needs and not personal agendas. Whenever appropriate clown play can often diffuse the tension and help keep things light.



What has contributed to the longevity of your career?

There were a number of factors for this. I absolutely loved my work. It was a tremendous opportunity to practice my craft as a performing clown artist in a context of therapeutic service. I would not have retired unless "I knew that I knew that I knew" it was time for someone younger to step into the ring and bring their very best.

My colleagues both in Child Life and on the wards and clinics, who understood my role as a therapeutic clown and utilised the program either through ad hoc referral, consultation or direct collaboration were a key factor. As a result, my work was appreciated.

After a number of years, I was given a great deal of autonomy by my managers to develop the program, particularly by Rene Ethans who had supervised the program from its inception in 1986. As there were no other therapeutic clowns in Canada when I began in '89 I patterned my first therapeutic clown persona Hubert on Karen Ridd's work. In 2003, I introduced a speaking therapeutic clown Onri, who reflected new approaches to therapeutic clowning that had developed in other programs in the 90s and turn of the century. This really expanded the target ages of our program as well as giving me an artistic richness to my work which I needed after 14 years working in one style as Hubert.

I was also encouraged and enabled to do professional development throughout my career. Keeping abreast of what others were doing in my field or growing my skill sets was both a professional asset and a personal pleasure. I had the opportunity to write and teach in my discipline which was very rewarding as well. Child Life becoming part of MAHCP really contributed to this as well. I greatly appreciated the covering and support our department had through the union. Big kudos to Sherry Treichel, our departmental Member Advocate and everyone else at MAHCP.

What are you most grateful for?

I am most grateful for the people I got to know and work with during those years. Their trust of me, their confidence in me and my work meant a great deal to me; in addition to the great privilege it was to serve or to serve with them. I saw people at their very best either rising to meet great personal challenges or rising to help others meet those challenges.

Even now in retirement the impact is felt as they enriched my life. I know my mind, my heart, my very being have all been shaped for the better by so many of the patients, siblings, parents and staff I encountered. I suppose that's a very real and positive aspect of all that compressed humanity in healthcare settings, eh.

Do you have any advice?

Loving my work was huge for me. It is so important to engage in work one will be proud to do and genuinely love. Loving and respecting one's co-workers and the people you serve is important, too. If you have good healthy respectful relationships at work, then being there and working with and for people becomes a real pleasure. Seeing past one's patients' symptoms to see their humanity will never fail. Having fun is important too. It's like making a peanut butter and jelly sandwich, you can't help but get it on everything.

Self-care is also paramount. It's like the cliché about putting your oxygen mask on before your child's. We are

cups that overflow with whatever is in us, so attending to our inner being is good for us and those we serve.

When going to those difficult (and to me they are often the most sacred) places I have always appreciated these words from Frank Ostaseski (Exploring Our Intention in Service):

*When the heart is open
and the mind is still,
when all attention is
fully in this moment;
the world becomes
undivided for us,
and we know
what to do.*

I'd just like to thank everyone at Children's Hospital and CancerCare Manitoba for their kindness and generosity, not only on the occasion of my retirement but throughout the years. I miss you and have the utmost respect for you and the work you all do. May you all have long and rewarding careers.



Council nominations deadline is in May of 2020

Nominations for the 2020-2021 Executive Council are due at the MAHCP office, 101-1500 Notre Dame Avenue, Winnipeg, Manitoba, R3E 0P9 on or before 1600 hours on the last working Friday in May, which will be May 29, 2020.

In order to be valid, a nomination must be signed by MAHCP members in good standing, who are members of the same geographical region, occupational and/or special interest group that the position represents. The nomination must also include the signature of acceptance of the eligible nominee. All nominations must have a biography submitted with their nomination forms.

The following board members are finishing the first year of a 2-year term as of the 2019 Annual General Meeting and will continue to sit on the Executive Council.

Vice President - Tanya Burnside

Northern Health (W) Director - Lesa Nordick

Orthopaedic Technology Director - Jason Linklater
Community Therapy Services

Director - Margrét Thomas
Physiotherapy Director - Shelley Kowalchuk
Clinic Director - Sherry Lussier

The following Executive Council Directors are finishing the second year of a 2-year term as of the 2019 Annual General Meeting and the positions are up for nomination:

President – Bob Moroz
Radiology Director – Michael Kleiman
Winnipeg Region Director – Arlene Boychuk
Aboriginal Health & Wellness Director – Cheryl Francisco
Respiratory Therapist Director – Victoria Fabris

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

A nomination form can be obtained by calling the MAHCP office or downloading from our website, www.mahcp.ca

Important dates:

Member Advocates

Member Advocates nomination period starts March 1 and runs until 4 pm on May 31.

Executive Council

Nominations deadline is the last working Friday in May, which is May 29 for 2020. Please note that all Executive Council nominations must be accompanied by a biography.

Constitutional Resolutions

Deadline is the last working Friday in May, which for 2020 is May 29.

We believe in Professional Development!

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Forms are available on our website at www.mahcp.ca

MAHCP Member Retirees

If you are retiring or know of someone who is retiring, we would like to hear from you. You may contact us through email, phone, fax, through your Member Advocate, board member, info@mahcp.ca or 1-800-315-3331.

MAHCP congratulates all members who have recently retired. We wish each and every one of you all the best on your retirement.

- **Michelle Sala Pastora**
Spiritual Health Practitioner,
Misericordia Health Centre

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

Help us reach 2,000 likes on Facebook



Our new goal is still within reach! Help us reach 2,000 likes on Facebook – you have to LIKE the actual page – and your name will get in a draw for a \$200 gift card at the place of your choice. Please share this page with your colleagues, friends in other unions and your loved ones. You do not have to be an MAHCP member to win the prize, we do a random selection, so don't be shy... share, share, share!

This past spring we hit our goal of 1,500 likes. A big thank you to all who follow our page!

Executive Council 2019-2020

Officers

President	Robert Moroz CancerCare Manitoba, Radiation Therapist
Vice President	Tanya Burnside Northern Region, Primary Care Connector
Treasurer	Jason Linklater Health Sciences Centre, Orthopedic Technology
Secretary	Victoria Fabris Shared Health - Patient Transport Program, Advanced Practice Respiratory Therapist

Directors

Aboriginal Health & Wellness	Cheryl Francisco Activity Worker
Community Therapy Services	Margrét Thomas Physiotherapist
Clinic	Sherry Lussier Dynacare Laboratory Technologist
Physiotherapy	Shelley Kowalchuk Health Sciences Centre
Radiology	Michael Kleiman Health Sciences Centre

Regional Directors

Northern RHA - West	Lesla Nordick Community Health Developer
Winnipeg Region	Arlene Boychuk Shared Health - Health Sciences Centre Medical Lab Assistant

Staff Assignments

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lee@mahcp.ca

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(INTERIM, effective Dec. 13, 2019)

Cheryl Beal, LRO: cherylb@mahcp.ca
CRC, Health Sciences Centre, Manitoba Clinic

Angie Boehm, LRO: angie@mahcp.ca
Aboriginal Health & Wellness Centre, Deer Lodge Centre & Pharmacy,
HSC Pharmacy, Misericordia Health Centre, Mount Carmel, Norwest,
Seven Oaks General Hospital & Pharmacy

Garrett Finck: garrett@mahcp.ca
Shared Health (DSM) - *St. Boniface Hospital*, Northern RHA and Lab,
Actionmarguerite, Canadian Blood Services, Rehabilitation for Children,
Society for Manitobans with Disabilities

Chelsea Kaufmann, LRO: chelsea@mahcp.ca
CancerCare Manitoba, CTS, Grace Hospital, Klinik, MATC, Riverview,
SERC, Women's Health, WRHA Corporate, 9 Circles

Nathan Laser, LRO: nathan@mahcp.ca
Concordia Hospital & Pharmacy, Rehabilitation Centre for Children, St.
Boniface Hospital, Centre de Sante

Birgit Molinski, LRO: birgit@mahcp.ca
Shared Health (DSM) - Concordia Hospital Lab, HSC Lab, Misericordia
Health Centre Lab, Seven Oaks Hospital Lab, Victoria General Hospital
Lab, Grace Hospital Lab, Scientists

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Jocelyn House, Dynacare Medical Labs, IERHA

Dustin Czmola, LRO: dustin@mahcp.ca
Southern, Victoria General Hospital and Pharmacy, Churchill, Eden
Mental Health

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*The Executive Council and staff of MAHCP
wish you and your loved ones a wonderful holiday season*



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