

the VOICE



Your Allied Health News from MAHCP

Summer 2021



ONE STRONG VOICE *together*

6 **NURSES,**
BARGAINING, &
WHAT IT MEANS
FOR MAHCP
MEMBERS

8 **BURNOUT &
TRAUMA: IS
MENTAL HEALTH
COVID'S 4TH
WAVE?**

11 **CONGRATULATIONS
TO OUR MAHCP
RETIRES!**

Burnout & Trauma:

Are mental health issues COVID's fourth wave?

"We are all impacted, as health care workers, by our work," said Holly Lowe of Klinik Community Health. "It's okay to talk about it, it's okay to not be okay."

MNU'S Strike Vote:

What is really behind the provincial government's approach to current negotiations with health care workers?

After years of delay tactics and an unconstitutional wage-freeze bill that was tossed out in court, it's fair to ask what their motivations are.

table of CONTENTS

3 PRESIDENT'S MESSAGE
President Bob Moroz speaks to the issues of the day.

4 SCHOLARSHIPS
Scholarships for MAHCP members and your children. Deadline July 30th.

5 VICE-PRESIDENT'S REPORT
Vice-President Tanya Burnside talks about upcoming resolutions, strike readiness and more!

6 MNU, BARGAINING & YOU
MNU takes a strike vote and the government commits to binding arbitration.

8 MENTAL HEALTH POST-COVID
Working through trauma as a health care provider. When is it time to ask for help?

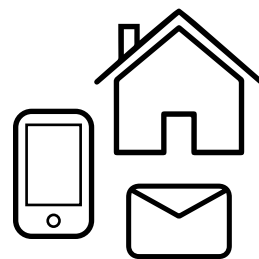
11 RETIREMENTS & NEW FACES
Congratulations to our recent retirees and an MAHCP welcome to our new Communications Officer.

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Design: Amy Tuckett-McGimpsey

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president's MESSAGE

by Bob Moroz, President, MAHCP

As I write, we are all still very much living through the third wave of COVID-19. While numbers are going down, we know that with new variants life is not going “back to normal” soon. It seems, more and more, like we need to accept that a new normal may be our new reality.

Again, I would like to applaud each and every one of our members for the contributions they continue to make to Manitobans, to the health care system, and to each other. It is the strength of health care providers that has gotten us through this pandemic, even when faced with poor planning and poorer policy.

Everyone saw the third wave coming, and yet our leaders in the provincial government did nothing – or in the most generous view, far too little – to mitigate it. Instead, they waited and watched for the inevitable surge to inundate our emergency rooms and our ICUs, and then they counted on frontline workers to try to manage the unmanageable.

I have heard of senior health officials claiming, with a straight face, that they “didn’t think it would get this bad.” This is

unbelievable to me, and by not preparing for the worst and taking stronger action sooner, they actively invited this crisis.

The result? We saw more Manitobans tragically lost to this pandemic, and health care professionals were pushed beyond the breaking point. Any faith we may have had left that our provincial government and health care leaders could make sound, evidence-based decisions, is gone.

Instead, what we have seen in the last few months was more of the same failed approach: ignore any and all advice from the front line; make no plans, preparations or additional investments; and ask our members to do even more with less yet again.

As we approach bargaining for our 6,000+ central table members, we will not let the



(cont. on next page)

(President's Message cont.)

employer forget what this put our members through and the deep and lasting toll this pandemic has taken. We will also remind them of the incredible work our members continue to do, often at great personal cost.

During this period of upheaval that the pandemic has created for our members, our union has undertaken some significant change. We have a number of new member advocates joining the ranks. Executive Council is being reimagined and reconstituted following the constitutional amendment members passed in January, and we'll be welcoming new faces and fresh perspectives onto a more representative, geography-based Council in fall 2021. You may have also noticed a new look and feel to recent member communications, including this newsletter, thanks to our newest staff member, Communications

Officer Amy Tuckett-McGimpsey. Amy comes to us from among our membership at Women's Health Clinic and she is a welcome member of our growing team.

Lastly, MAHCP concluded a months-long organizational review in April, a process that included extensive consultation with membership, leadership and staff. The review was led by a third-party consulting firm to ensure an objective and meaningful review of how we serve our members. Executive Council and MAHCP management have begun work to implement some changes and growth that we believe will better support members, staff and our union's mission. There will be more to say on those exciting developments in the months to come.

It's safe to say that we are all looking forward to the return of something approaching normalcy this summer, whatever

save the date

MAHCP's Annual General Meeting will take place, virtually, on October 21st, 2021.

that may mean for you. Please remember to take care of yourself, take time for yourself, take time to just breathe. And please reach out for help when you need it. MAHCP is here for you and we will always do what we can to help.

In solidarity,

Bob Moroz, MAHCP President



vice-president's REPORT

by Tanya Burnside, Vice-President, MAHCP

It's been a busy few months since my last report, so I'd like to provide you with updates from the committees I'm involved with.

I would like to thank the Member Engagement Committee for a successful Allied Health Week. Many hours went into planning and running the events, and from the feedback I have received, everyone enjoyed the events they took part in.

Governance Committee

The committee spent some time reviewing our own constitution and looking at other union's by laws and/or constitution to compare and make recommendations. The committee will be presenting two resolutions at this year's Annual General Meeting (October 21, 2021).

The first resolution is regarding the recall of an elected official, Article 704.

704 Upon petition of forty percent (40%) of members eligible to elect any particular officer, a vote shall be conducted to determine whether an officer is to be removed from office. A majority of votes cast shall determine the issue.

The resolution asks for a lowering of the threshold from 40% to 20%, and giving the Executive Council the ability to place an elected official on a temporary leave if an investigation needs to take place. The resolution is

also asking to give Executive Council the ability to call a meeting on the removal of an elected official with the affected membership without the threshold (currently 40% of the affected membership).

Our rationale given our growth in 2019 from the representation votes: 40% may be difficult to achieve and especially during a pandemic. These changes give Executive Council the ability and authority to act in the best interest of the membership and to protect the membership from any potential loss, both reputational and financial.

Our next resolution is regarding the Discipline article 1604-b.

b) if the Oversight Committee finds the complaint proven it may, in its absolute discretion; reprimand, censure, remove from office, fine, suspend, or expel the respondent(s) as the circumstances of the case may require.

We are asking to add the ability for the Oversight Committee to

limit the right for a member to hold or seek an elected position as part of their discipline. This ability is commonplace in other unions' constitutions but is not contained within our own constitution.

These resolutions have been presented to Executive Council which has recommended of approval for both.

The policy review we started this term is coming along nicely and we are scheduled to finish the review in July and present the final reviewed policies to Executive Council in August.

After many years of advocating for a specific member portal, we are excited to announce it's almost near completion. This member portal will be placed on the website so all members will have access to the union's policies. The committee is reviewing what other material should be placed in the portal, and final approval of content will come from council.

(cont. on next page)

Apply until July 30th MAHCP SCHOLARSHIPS

If you have a child planning on attending university or college in the fall, or if you are planning on continuing your education, scholarships are available through MAHCP. Visit our website under Member Services - Scholarships for more information or email info@mahcp.ca.

NEW

Continuing Education for Members

3 x \$1500

Scholarships are open to full MAHCP members that wish to enhance or upgrade their education by taking advanced courses, certificates, or programs.

Monique Wally Memorial Scholarship

3 x \$500

Scholarships are open to all residents of Manitoba who are entering their first year of an Allied Health Profession.

MAHCP Scholarships

12 x \$500

Scholarships are open to children of full MAHCP members entering their first year of full-time post-secondary education (University or College) in any field of study.

Oversight Committee

Oversight has had a busy term as we have ensured that all standing committees have reviewed, and if needed, updated their Terms of Reference. This aligns with accessing information through the Member Portal mentioned above.

The work of this committee can be difficult and uncomfortable, so I would like to thank each of the committee members for their dedication and commitment when dealing with issues this term.

Strike Readiness Committee

This committee is preparing for what bargaining may bring us once we get to the table. This committee's work is crucial so we can be proactive as bargaining progresses. The Provincial Strike Coordinator, Matt Hollingshead, has done a lot of work getting this committee up and going. The committee has reviewed position descriptions for the Coordinator, Chief and Local Picket Captains.

Our picket captains play a vital role in both an informational picket, and during a work stoppage. There will be a call in the future asking for members to become Picket Captains.

Health & Safety Certificate

Something I am passionate about is health and safety in the workplace. Currently, I am a Health & Safety Representative for my work site, and many of the issues members face today are related, or directly impacted, by health and safety.

I have enrolled in the Manitoba Occupation Health & Safety Certificate Program with Safety Services Manitoba (SSM) and University College of the North (UCN). So far, the courses have been insightful, interactive, and filled with so much knowledge. It makes for some long nights and extra screen time for my eyes but it has been well worth it.

A Health & Safety Professional Certificate Program has also been added. I encourage any member who serves on the Health & Safety Committee or who may be interested to check out the link Health & Safety Professional (HSP) Designation - Safety Services Manitoba. If you are looking for any feedback or information, please reach out as I would be happy to answer any of your questions.

As we head into summer and seeing restrictions lessen, hopefully for good, I would like to wish every member a wonderful and safe summer.

In solidarity,

Tanya Burnside, MAHCP Vice-President

 Have you seen our revamped website yet?
Visit www.mahcp.ca to check out our new look!

MNU's Strike Vote: What's Going On?

by Bob Moroz, President, MAHCP

If you're watching the news, scrolling through social media, listening to break room chatter and reading my email updates to members, you'll know that the Manitoba Nurses Union (MNU) has reached a critical stage in their central table bargaining.

MNU's recent strike vote resulted in a 98% strike mandate, giving them a powerful tool to try to force concessions from a government and employer that doesn't want to give anything without a fight.

More recently, the government side committed to binding arbitration should negotiations with the nurses fail to achieve an agreement.

As I've said in recent bargaining updates, the nurses are in a different spot than us. Their central table contracts expired before ours and so they began bargaining first – which is what we expected. MAHCP is also dealing with a more complex round of bargaining than we have ever faced before. Again, we anticipated this and our bargaining and strike readiness committees have been hard at work to make sure we're ready.

What's not normal this time around is the inability to compromise we're seeing from a government and employers that creates an environment of stress, anger and resentment from unions and health care workers.

Every day, I hear from members that they're fed up. Health care workers in all sectors are at the end of their rope after years of cuts, closures and consolidations and a global pandemic that continues to ravage our dangerously weakened health care system.

Health care professionals are done. Our members can't give any more than they are already giving. It's no wonder health care employers are having trouble filling vacancies – who would want to enter into this mess without some significant incentives? Instead, more and more are choosing to leave.

So what is really behind the provincial government's approach to current negotiations with health care workers? After years of delay tactics and an unconstitutional wage-freeze bill that was tossed out in court, it's fair to ask what their motivations are.

"I don't feel like I can give to the patients as much as they deserve in the current environment and under the current conditions. It wasn't like that even three years ago. We go into these professions because we want to help people and they're taking advantage of our good will. We're done."

-MAHCP Laboratory Member

Is it a fundamental disrespect for health care workers? From a frontline perspective it certainly seems like that sometimes. Or is it a focus on the financial bottom line, driven by an outdated ideology that other governments are leaving behind.

I believe that if our provincial government truly cared about recruitment and retention, we wouldn't be at or near the bottom of wage scales for so many Allied Health professions compared to other jurisdictions. While they say this approach is about patient care, we know that it's all about the bottom line. However, their failed approach actually threatens patient care in the short term and is fiscally irresponsible in the long term, because it's impacts to staff morale, recruitment and retention are felt for years to come.

A cost of living adjustment; recognition for the heroic efforts displayed by health care's front line during the pandemic; a financial commitment toward recruitment and retention to begin rebuilding and securing our health care system for the future... these things are achievable.

In fact, the impact on a \$7 billion health care budget would be so small, a mere fraction of a percent, that it would be almost negligible.

Government routinely invests in upgrading health care technology and equipment. Why not do the same for the people who actually deliver the care, run the tests, and who are there and have been there for Manitobans through this crisis? They can and must do better for Manitoba patients and those who care for them. The impact of continuing down the road we're on threatens to cripple Manitoba health care for generations. ■



President Bob Moroz channeling his inner courage and supporting Manitoba nurses.

burnout & trauma

Are mental health issues among health care providers the fourth wave?

by Amy Tuckett-McGimpsey,
Communications Officer

In Canada, there is cautious optimism as increased numbers of second dose vaccinations are administered and restrictions are lifted.

While infection rates continue to decline, Manitoba's health care system is still seeing higher hospitalization and ICU numbers, and deaths due to COVID-19.

While we hear over and over messages of a depleted health care system pushed to the brink, what is the health care system actually? It is not a faceless entity, it is those working in the health care system, that provide the care, the testing, the compassion that are the health care system. It's you. How are you doing?

“People would code as I hurried to finish scanning them, nurses and doctors rushing in with carts as I scrambled to get out of the way. The patients this wave were young, too young.”

A Winnipeg Ultrasound Technologist describes the influx of gravely ill COVID-19 patients, many of whom were significantly younger than the first wave.

(Burn Out cont.)

An expected influx of mental health concerns, specifically health care providers, has been referred to as the impending fourth wave of the pandemic. Depression, anxiety and PTSD are all reported at higher levels among health care workers compared to pre-pandemic levels. And how could they not be?

At the first stage of the pandemic, access to proper PPE was a major stressor for those in health care. As you may remember, MAHCP spoke out about the need for proper PPE and clear protocols for its use. Providers were not only worried about their patients or clients battling a relatively unknown disease, but they also had to worry about getting sick themselves or passing it along to their loved ones.

These types of layered stressors can exponentially increase the mental load a person has to carry, according to Holly Lowe, a counsellor at Klinik Community Health. Lowe is a counsellor with the Women's Evolve Program, which helps people who have been affected by intimate partner violence process the impact of trauma on their life. While the root causes are different, the trauma or resulting PTSD, and how it manifests itself in those affected, is not dissimilar.

It's not all on you.

Minimizing the mental health impacts on health care workers is, and will be, a challenge going forward. It is important to note that employers need to be proactive in both early identification of this health condition in the work environment and prevention.

The workplace needs to be improving working conditions to mitigate burnout such as avoiding prolonged working hours, in addition to the availability of counselling services.

As your union, we know that understaffing is one of the top concerns among our members. If you feel that your area is chronically understaffed, please fill out our Workload Assessment Form found on our website under *Member Services > Frequently Used Forms* and/or talk to your LRO.

“If you step back, you may notice that you are feeling overwhelmed. You may be aware of changes to your sleep or to your eating patterns, or signs in your body such as tension in your chest, chronic digestive issues, migraines or headaches,” said Lowe.

“This is the body's way of giving us a red flag saying something is going on. Stress will show up in every body differently, it's important to pay attention to that and not push past that. That was the hard thing with COVID, and some people probably had no choice but to.”

When the second wave hit, providers were already burnt out and exhausted, and with tightening public health orders, and children back to remote learning, there was little people could turn to for self-care and support.

“We can go through hard things if we feel like we have support and reassurance, and a way to ‘fill our cup’ but if we don't have those things, what does that mean? And there is the added stress of having to take care of our family and our household. It's really a perfect set up,” said Lowe.

The most important thing is to work on our basic needs being met. Lowe points to starting by ensuring we prioritize rest and quality sleep, drinking enough water, eating foods that nourish our body, moving our bodies in ways that feel good and doing what we can to ensure that we connect with those we love.

Over and above that, Lowe recommends asking yourself what will bring you joy or be something to look forward to and try to incorporate that. Many people have found that connecting with nature may be something that helps us rest and recharge. As restrictions open, some of the activities we love may be available to us again; meeting with friends in our backyard, going to a gym, or visiting a restaurant.



ADDITIONAL SUPPORTS

There may be times when you need extra support. Don't hesitate to reach out. Most of the services listed below are 24/7.

Klinik Crisis Line

Phone:
204-786-8686

Toll free:
1-888-322-3019

Crisis Response Centre (CRC)

In Person:
813 Bannatyne Ave., Winnipeg

Mobile Crisis Service:
204-940-1781

Manitoba Suicide Prevention & Support Line

Toll free:
1-877-435-7170

reasontolive.ca



Holly Lowe, a counsellor at Klinik Community Health, says that reconnecting with nature can be one way to improve your mental health.

As a health care professional, there also may be options through your benefit program or EAP. Additional information is located on the sidebar.

In January, the International Journal of Environmental and Public Health published Health Care Post-Traumatic Stress Symptoms in Healthcare Workers Dealing with the COVID-19 Pandemic: A Systematic Review. It focused on managing the occupational risk of PTSS (Post-Traumatic Stress Symptoms) in health care workers during the current pandemic.

Some of the risk factors included low social support at work, heavy workload, less experience, and working in unsafe settings (e.g., lack of access to proper PPE).

Lowe highlights that there is a difference between feeling the stress and burnout that many health care workers feel and being clinically diagnosed with PTSD. All things being equal, one person may go through a similar set of circumstances and not have PTSD as an outcome while another may.

"This is in no way to victim-blame or shame the person with PTSD," said Lowe. Whatever the outcomes may be, Lowe stressed the most important thing is to know you are not alone, and there is help for wherever you are on the mental health spectrum.

Some of the warning signs that something more serious, such as PTSD, may be an issue include intrusive images or racing thoughts, nightmares, physical sensations such as pain, nausea or sweating, flashbacks or suicidal thoughts. If you are experiencing this, you will want to talk to your doctor. If it feels more acute than that, you can call the Manitoba Suicide Line, Klinik Crisis Line or the Crisis Response Centre. Information about these services are on the left.

"We are all impacted, as health care workers, by our work," said Lowe. "It's okay to talk about it, it's okay to not be okay. This is a really trying time in history that nobody really knows how to get through, or how we should get through this. Don't be quiet about it, get the support you need, and know that there is help." ■

Welcome to MAHCP



MAHCP welcomes Communications Officer Amy Tuckett-McGimpsey.

Amy comes to us with a strong background in community health and advocacy. In her previous role at Women's Health Clinic, she created and led a communications team over her seven years there.

Amy was the lead planner of many events and marches, with the International Women's Day annual event; Women, Wine and Food; and the 2016 Women's March among her highlights.

She holds a degree/diploma from the Creative Communications program at Red River College and the University of Winnipeg. During her time there she created an awareness campaign and documentary focusing on safe footwear in the restaurant industry which received national media attention. Before completing the PR program, Amy worked as a massage therapist for many years in a multi-disciplinary sports injury clinic. In her spare time, Amy loves to relax at the lake with her husband Corey, six-year-old son David, and new puppy Fisher.

congratulations ON YOUR RETIREMENT

Cynthia Unger

Laboratory Technologist,
Victoria Hospital

Janet Belog

Occupational Therapist,
Health Sciences Centre

Ruth Ross

Spiritual Health Practitioner,
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Laboratory Technologist
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Paramedic
Notre Dame Health Centre

Doreen Boyd

Paramedic
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Laboratory Technologist
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