

News

SPRING 2021

Manitoba Association of
HEALTHCARE
Professionals



**INSIDE
THIS
ISSUE**

4
UPDATE
ON CENTRAL
TABLE
BARGAINING

5
NEW EXECUTIVE
COUNCIL SEATS,
DISTRICTS;
NOMINATIONS
OPEN NOW!

10
NEW CONTINUING
EDUCATION
SCHOLARSHIPS
FOR MAHCP
MEMBERS!



MAHCP Northern Region West Director Lesa Nordick (second from right) and Member Louise Spence (right) join striking Hyrdro workers on the line in The Pas, March 24, 2021.

Table of Contents

President's Report.....	3
Central Table Bargaining and Bill 28 Update	4
New MAHCP Districts Approved by Executive Council	5
Vice President's Report	6
Personalized Medicine in Oncology.....	8
New and Enhanced Scholarships	10
MAHCP Member Retirees	10
Union Bulletin Board.....	10
Union Member Discounts.....	11
MAHCP Staff Assignments, Executive Council.....	12




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Meetings and Events Calendar

Visit www.mahcp.ca for up-to-date information and events.

April 2

Good Friday holiday, MAHCP Office Closed

April 5

Easter Monday holiday, MAHCP Office Closed

April 14

Executive Council Meeting, 0900 to 1700 hours

April 17

MAHCP Trivia Night, 7 p.m.
(email mahcpcontest@mahcp.ca to RSVP)

April 28

National Day of Mourning

May 5

International Day of the Midwife

May 9

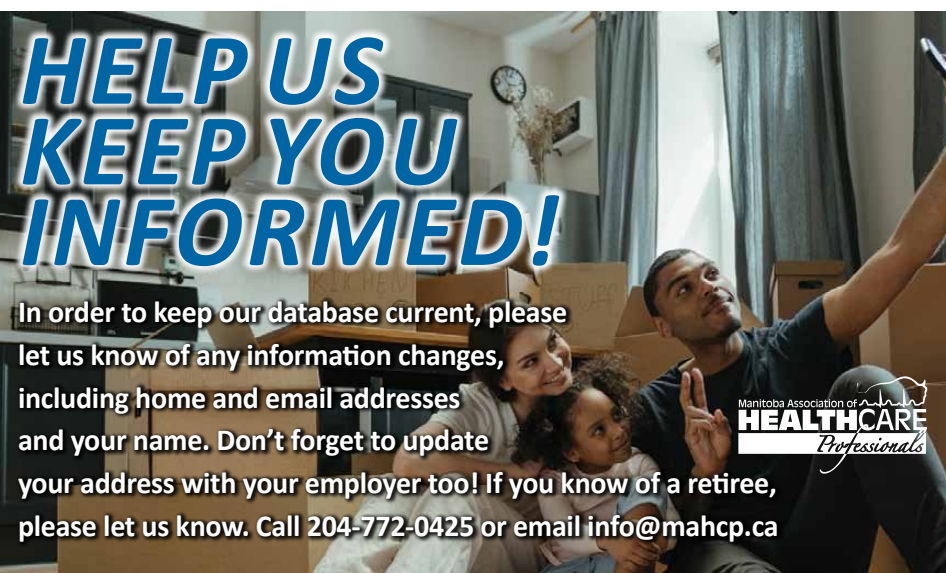
Mother's Day

May 12

Executive Council Meeting,
0900 to 1700 hours

May 24

Victoria Day, MAHCP Office Closed



**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

Manitoba Association of **HEALTHCARE Professionals**

The Pandemic, One Year In

WE'VE SEEN A LOT OF RETROSPECTIVE "looks back" at the past year in recent weeks, pondering the implications of the pandemic and the way it has changed all of our lives. It certainly has been a year to remember, or depending on how you look at it, maybe one to forget. For our union it has been extremely challenging, and in certain ways a mirror of the challenges our members have faced. It can be very easy to only see the challenges or negatives. However, we can look back on a number of successes that we can be proud of, having stood together and fought for safety and fairness for our members.

Among MAHCP's successes:

- Greater, more consistent access to appropriate PPE for all members;
- Compelling Shared Health to provide respirators and supplies to better protect paramedics;
- Convincing government to reverse their stance and provide paid administrative leave for members self-isolating due to workplace exposure;
- Forcing the Employer to reverse a unilateral seven-fold increase in dental premiums for members at HSC and CancerCare;
- Negotiating a Memorandum on Pandemic Responsiveness that, while not covering all members, provided protections, shift premiums and other benefits that were the same or better than the nurses' agreement for members redeployed to or working in certain critical care settings; and
- Most recently, helping stop cuts to Occupational and Physiotherapy Services in Winnipeg School Division through focused advocacy and lobby-



MAHCP President Bob Moroz

ing, keeping members at Rehabilitation Centre for Children on the job helping kids in schools.

These are just a few of the more significant wins we've seen in the past year. There are many more I could list, where our dedicated Labour Relations team has protected member rights when management actions contravened agreements, policies or established practice. We don't win every fight, but we're always there to stand up for our members.

We know we have much more work to do and many challenges to overcome...

- We are still not at the bargaining table for our central table agreements. Allied Health is the most complex bargaining table in health care because of our diversity of professions and even more so following the representation vote success and growth we experienced in late 2019.
- Our non-central bargaining tables are still facing significant challenges that are tied to Bill 28, the government's unconstitutional wage-freeze legislation.

- The majority of members have been left out of all government or Employer-sponsored recognition programs and COVID-related premiums. I am expecting significant discussion in this area as we get to the bargaining table.
- The pandemic continues to impact our work and personal lives, with no immediate end in sight. That will continue to bring new challenges that we need to address with an Employer who has not so far been overly willing to give anything without a significant fight.

Despite the challenges we have all faced, I want to once again tip my hat and express the pride I feel regularly when talking about our members to the media, to the Health Minister and other government officials and to the Employer. Allied Health Professionals have been front and centre from day one of this pandemic and you are still there. Thank you for that dedication to your professions and to the people of Manitoba. MAHCP will continue to be One Strong Voice for Allied Health and continue to advocate and fight for your rights.

Finally, I'd like to also take a moment to acknowledge the work of the MAHCP staff. Every member of our staff team has had to adapt to the realities of working throughout a pandemic. It has not been an easy time for our valued staff but they have been working extremely hard on behalf of all members. So if you get a chance, please thank a staff member. In a world of conflict, it's always appreciated to hear a kind word.

In solidarity,
Bob Moroz, MAHCP President

Become an MAHCP Member Advocate!

- **Want to become more involved with MAHCP and be a resource for your colleagues?**
- **Are you an activist in your former union and want to continue being a leader?**

Apply to become an MAHCP Member Advocate today!

Nomination Deadline: May 31, 2020

Download the nomination form at mahcp.ca under Member Services/ Frequently Used Forms or contact info@mahcp.ca or your LRO to learn more.

MAHCP Still Waiting for Central Table Bargaining To Begin

Bob Moroz, MAHCP President

MAHCP MEMBERS HAVE BEEN ASKING where we are with bargaining for central table contracts (NRHA, WRHA and Shared Health). I certainly understand why—it's been three years since the majority of contracts expired, and in some cases even longer. There are many reasons for that delay, none of them good. After years of employer excuses and outright government interference, MAHCP members are rightfully fed up and tired of waiting. I am, too.

The nurses and support sector (CUPE) started bargaining late last year. They've been without contracts for even longer than MAHCP, so we expected them to get to the bargaining table before us. We don't know the current status of those negotiations, but nothing indicates they will end anytime soon. Neither the employer nor the Manitoba Government has expressed any eagerness to expedite the bargaining process for any health care sector, and they haven't signaled any readiness to get to the table with us. At the end of the day the employer only has so many human resources to devote to the bargaining process, and they're stretched thin. It's no excuse, but it is the reality.

On MAHCP's side, our Central Table Bargaining Committee has been hard at work making sure we're ready as soon as we can get a date. We know it's going to be a slow process even once we begin. Allied Health (the Professional/Technical/Paramedical or PTP sector) is always the most complicated, and thanks to the recent bargaining unit restructuring it's far more complex than usual.

The Bargaining Committee has been looking at no fewer than 46 different collective agreements that currently cover our central table members. While there are some similarities between them, those 46 agreements were negotiated by five different unions and cover approximately 6,000 members in roughly 190 classifications working at over 130 different sites across the province. On top of that, we received an unprecedented number of bar-



Bob (right) supporting striking Manitoba Hydro workers at 1315 Notre Dame Ave., Winnipeg on March 24, 2021.

gaining proposals from members asking for new or updated language. To tackle this monumental task, the Bargaining Committee has already held a total of 19 all-day meetings to sift through, prioritize and develop the initial bargaining package. There is still some work left to do, but every member of our Committee is focused on the task.

Unfortunately we don't have many levers we can pull to force the employer to the table, but if the past is any guide we should follow the nurses and support in due course and begin bargaining soon. We will be ready, although we fully expect that the employer won't be and we anticipate what could be an even longer and more challenging process than we have experienced in the past.

I know our members are frustrated after three years of delays. I am, too, as is every member of the Bargaining Committee. We have been stretched, kicked, ignored and downsized. We have been through years of an austerity government that believes they can balance their books on our members' backs, and we've just endured a year of a brutal pandemic that's still going. We'll be

reminding the employer of all these issues at the bargaining table.

I will keep you updated when there is more to say about bargaining. In the meantime, we must continue to hang together and be One Strong Voice for Allied Health. Please keep sending me your questions and concerns to bobm@mahcp.ca and I'll do my best to respond.

What's up with Bill 28?

*With contributions by **President Bob Moroz** and **Vice President Tanya Burnside***

Although we and other unions successfully overturned the Manitoba Government's unconstitutional wage-freeze legislation (Bill 28, The Public Services Sustainability Act or PSSA) last year in the Manitoba Court of Queen's Bench, that battle is far from over. Government is appealing that ruling, insisting they should be able to interfere with our constitutional right to free and fair collective bargaining. They aren't waiting for that appeal process to play out, they're doubling down and

Continued >

New MAHCP Districts Approved by Executive Council

Nominations for New Council Seats Open now to May 31

MAHCP Staff

MAHCP members resoundingly approved a new model for Executive Council representation at the Special Meeting of the membership held on January 26. Our Constitution now states that “Executive Council shall establish, in the best interest of the Association, the number of Districts, District composition, and the number of Directors for each District.”

Since that constitutional change was passed, MAHCP’s Governance Committee has been hard at work to develop those new Districts, which have been approved by Executive Council. MAHCP’s governing council now has a fixed number of seats for Directors, a total of 16 (see inset at right). New Districts are based primarily on geography, with consideration given to other factors such as number of members in each District and driving distances.

Each District comprises members at distinct MAHCP sites or employers, with Health Sciences Centre and St. Boniface Hospital divided into more than one District due to the number of members at those sites. For more details on each District, including which District you’re in, visit www.mahcp.ca or contact info@mahcp.ca.

Are you interested in taking a leadership role in the governance of our union by serving on Executive Council? All 16 new Council seats are currently open for nominations for various term lengths, in addition to the position of Vice President. See the

Call for Nominations on this page and get in touch with MAHCP today to learn more about this exciting role. Questions about the duties of Executive Council and what being a director is all about can be sent to MAHCP President Bob Moroz at bobm@mahcp.ca.

Call for Executive Council Nominations

Nominations for the 2021-2022 Executive Council are due at the MAHCP Office on or before 1600 hours (4 pm) on the last working Friday in May, which will be May 28, 2021. The nomination form can be found at www.mahcp.ca or by contacting MAHCP at info@mahcp.ca.

In order to be valid, a nomination form must be signed by MAHCP members in good standing and who are members within your District.

As per policy all nominations must have a candidate biography submitted with their nomination form.

The following Executive Council District Directors positions are up for nomination and their terms would start at close of the 2021 AGM. (Please note the term lengths)

2-YEAR TERM

- Vice President
- District 2 Northern—West
- District 4 Prairie Mountain Health—South
- District 5 Southern
- District 8 Winnipeg North
- District 11 Winnipeg—Southeast
- District 13 Winnipeg Central 1
- District 14 Winnipeg Central 2
- District 16 Winnipeg Central 4

1-YEAR TERM

- District 1 Northern—East
- District 3 Prairie Mountain Health—North
- District 6 Interlake—Eastern
- District 7 Winnipeg Northeast
- District 9 Winnipeg Notre Dame
- District 10 Winnipeg West
- District 12 Winnipeg—South
- District 15 Winnipeg Central 3

The following Executive Council Directors are finishing their first year of a 2-year term and will continue to sit on council.

- President Bob Moroz
- Winnipeg Director, Arlene Boychuk
- Laboratory Director, Emma Mahoney
- Paramedic Director, Matt Hollingshead

District#	District Area
1	Northern—East
2	Northern—West
3	Prairie Mountain Health—North
4	Prairie Mountain Health—South
5	Southern
6	Interlake—Eastern
7	Winnipeg—Northeast
8	Winnipeg—North
9	Winnipeg—Notre Dame
10	Winnipeg—West
11	Winnipeg—Southeast
12	Winnipeg—South
13	Winnipeg—Central 1
14	Winnipeg—Central 2
15	Winnipeg—Central 3
16	Winnipeg—Central 4

we’re seeing the effects right now with Manitoba Hydro workers (IBEW 2034) who have voted to strike rather than accept a wage freeze. Mike Espenell from IBEW 2034 told CBC that “From the get-go, we haven’t really asked for anything substantive. We haven’t asked for anything above cost of living. What they’ve proposed is rollbacks over the whole duration of the contract.” That pretty much sums up this government’s approach to bargaining across the board with public-sector unions lately, and there’s not much sign of it changing.

Winnipeg School Division (WSD) bus drivers (UFCW Local 832) recently went on a three-month strike for similar reasons. “Bus drivers went on strike last fall to stand up against the

PSSA [Bill 28], and we’re incredibly proud of these members for standing up and fighting for what’s right,” said Bea Bruske, Secretary-Treasurer for UFCW Local 832. “Without the dark cloud of the PSSA hanging over bargaining... a strike would have easily been avoided.” In short, we know it’s tough out there for unions looking for a fair deal from this government.

That said, there are signs of hope. Arbitrators have rightfully ignored Bill 28 in recent decisions and have awarded wage increases to the WSD bus drivers and also to teachers in Pembina Trails and Louis Riel School Divisions. More recently, and even more significantly, the Beautiful Plains Teachers Association ratified an agreement last month that includes wage increases that go

beyond the terms of Bill 28. That agreement was reached through negotiation with their Employer, showing that “Free and unrestricted collective bargaining works for both teachers and their employers” according to James Bedford, President of Manitoba Teachers’ Society. Beautiful Plains is the first public-sector agreement to be reached since the Pallister Government introduced Bill 28 in 2017.

Despite these encouraging developments, we still face an uphill battle against a provincial government determined to save money wherever they can on the backs of health care professionals. MAHCP members are prepared for that fight.

Spring 2021 VP Report



Tanya Burnside, MAHCP Vice President

SINCE MY LAST REPORT THINGS HAVE certainly remained very busy.

As the pandemic moved into December with increased cases and outbreaks, Allied Health Professionals were asked to do even more once again. The Government wanted redeployment of members without any concern for proper orientation, training or safety procedures. It was clear they were scrambling as our leadership questioned their plan.

After many weeks of back and forth discussions/negotiations, an agreement was signed on December 24. Members who are redeployed showed good faith in taking on different roles that never seemed probable before the pandemic. However, that's where the good faith ended; many members are now fighting to get the rights and benefits negotiated and signed by both the union and this government. There are still members fighting for the rights and benefits from the first redeployment agreement signed in early spring. The lack of this goodwill clearly shows the lack of respect for the work our members provide during the pandemic. What would the state of health care during the pandemic be without the vital work of these members?

I would encourage any member who is not sure about redeployment and is redeployed to reach out to their Labour Relations Officer to ensure they are receiving what was agreed upon.

The pandemic has shifted how Executive Council conducts business. Since April we have been meeting via Zoom. Committee meetings have also happened over Zoom; it has been a new experience, but the virtual meeting venue has allowed

me to attend meetings with President Bob Moroz to meet and listen to members. I look forward to attending as many meetings as possible in the coming year.

I want to provide an update on the committees I serve on:

Governance Committee

Committee members: Emma Mahoney, Margrét Thomas and myself

On January 26, MAHCP held a Special Meeting where I presented the Resolution on Article 701 on behalf of the Governance Committee and Executive Council Review Committee. I would like to thank all those members who attended that evening and to those who participated in the debate. It was a great discussion and provided many important insights from members to take back to the committee. As we have already reported, the Resolution passed with 89% approval.

I would like to give an overview of the Special Meeting for those unable to attend that evening. MAHCP has come a long way over the last 50 years; we started out with lab and over time more and more professions joined; our name changed along the way to better reflect our diversity. Therefore, we wanted to ensure our Executive Council reflects the diversity of our membership.

I spent some time discussing the difference in roles and responsibilities between Executive Council members and Member Advocates (see insets).

EXECUTIVE COUNCIL

- Serves as the governing body responsible for managing union business
- Implements and monitors policies that allow the union to carry out its work
- Fiduciary duty to protect the union's assets
- Provides direction for the union through strategic planning

MEMBER ADVOCATES

- Represent MAHCP in the workplace
- Resource for members with common workplace issues/concerns or questions about collective agreements
- Work closely with Labour Relations Officers to defend rights of fellow members
- Help keep members informed on union business and other matters

The intention for this change is for all MAHCP members to at least maintain the level and quality of the representation they currently enjoy and for other members who are not currently represented to experience an improvement. We believe all members stand to gain!!

The new model will provide a more clear, consistent, and accountable representation for the membership. Governance Committee has met to create policy around the formation of districts, ensuring a smooth transition from the current model to the new one by maintaining the balance of incoming and outgoing terms. Learn more about the new districts and opportunities to run for Executive Council on page 5 of this issue.

The Governance Committee also began the process of reviewing our policies to ensure they are updated and relevant. We are committed to finishing that review during the current term.

Oversight Committee

Committee Members: Emma Mahoney, Sherry Lussier, Shelley Kowalchuk and myself

The Oversight Committee has met a few times this year to review our Terms of Reference and make some general housekeeping changes that have since been approved by Council. The Committee's work includes:

- Oversight of all members of MAHCP including elected and appointed officers based on Article 15 of the MAHCP constitution: Code of Ethics
- Oversight of all Committees of MAHCP
- Oversight of any other matters referred to the Committee by the Executive Council

- Ensure that complaints arising from membership against another member are investigated as per the MAHCP Constitution Article 1601

Nominations Committee

Chair: Arlene Boychuk

Since the term of Vice President is up for re-election and I will be seeking re-election to continue to serve as your Vice President, I needed to recuse myself. Arlene Boychuk has graciously stepped forward to serve as Nomination Chair for this year's election cycle. Thanks Arlene!

Bargaining Committee

Chair: Bob Moroz (Designated Chair in President's absence: myself)

Committee members: Andrea Pollock, Caleb Smith, Christina Taitley, Conrad Padilla, Emma Mahoney, Jana-Leigh Povey, Janelle Morissette, Lori Marlow, Rebecca Clifton, Shayleen Goretzki, Shona Litke, Suzanne Garbutt, Tanis Hares, Wayne Chacun and Jason Linklater

The Bargaining Committee continues to meet and review/vet the proposals submitted by the membership, as Bob mentioned in the Bargaining

Update on page 4. I would like to thank each of the committee members for all their efforts and many great discussions that have certainly enlightened me further into the concerns and issues membership is wanting addressed during this round of bargaining. I look forward to the day we can all meet in person!

I would like to thank the MAHCP staff for all their hard work in preparing proposals and seeking clarification on the committee's behalf.

As we get closer to getting to the actual table; Executive Council has also decided to begin the work that is vital and complements the work of the Bargaining Committee. As per policy a Provincial Strike Coordinator and the Strike Readiness Committee need to be appointed by Executive Council so the work can be done alongside the work of the Bargaining Committee.

I would like to give a huge thanks to Matt Hollingshead who has graciously stepped up to take the lead as Provincial Strike Co-Ordinator. Thanks Matt!! Fellow Council members who will serve on the Strike Readiness Committee include myself, President Bob Moroz, Matt Hollingshead, Shelley Kowalchuk and Margrét Thomas. This Committee

works to identify Strike Captains and will make sure we're ready in the event of an informational picket or any work stoppage.

You've already read some encouraging news as it relates to bargaining, as there have been a few groups who have received monetary packages that fall outside Bill 28, The Public Services Sustainability Act (PSSA).

We highlight these important wins for labour because they demonstrate that we need to hold this government accountable to bargain a fair collective agreement. Allied Health has been overlooked for far too long and I feel now is the time to stand as "one" and demand this government finally acknowledge our value to the healthcare system! I do encourage all members to continue to reach out to their elected officials and the Health Minister and let them know how valuable we are to Manitoba health care.

Other Activities

One of my roles within the union is being a Health & Safety Representative for my work site; this is something I am passionate about and see the value in as many issues members face today are relevant to Health & 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 the effort has been well worth it.

I encourage any member who serves on their Health & Safety Committee or who may be interested to check out the link [Manitoba_Occupational_Health_and_Safety_Certificat.pdf](#) (ucn.ca). If you are looking for any feedback or information, please reach out as I would be happy to answer any of your questions.

The milder winter and temperatures have certainly allowed my skis to hit the trail more often this year and I look forward to getting out as much as I can before the snow starts to melt. I am also looking forward to spring and summer as it has been a long winter for Manitobans given the restrictions we have all endured.

In Solidarity,
Tanya Burnside



Personalized Medicine in Oncology



Matthew Bueno de Mesquita, MSC, MLT

The following article by MAHCP Member Matthew Bueno de Mesquita is reprinted with permission from the CJMLS Winter Journal 2020, the official journal of the Canadian Society for Medical Laboratory Science. MAHCP is proud to feature Matthew's outstanding work in this issue.

THE FIELD OF ONCOLOGY IS UNDERGOING AN explosive expansion of treatment options and, as a result, truly personalized medicine in oncology has become a reality. Personalized medicine is the tailoring of each patient's treatment plan to the uniqueness of the individual and their medical needs. In order to identify a drug that targets a patient's unique cancer, the laboratory must first determine the underlying molecular mechanism that is driving otherwise normal cells to grow out of control. The technology that provides the solution to this problem is next generation sequencing (NGS) of tumour DNA.

The gold standard of molecular pathology is immuno- histochemistry. It is essential in identifying and classifying cancers, and its relatively fast turn-around time, combined with low cost, make it an optimal diagnostic tool. But the "one test at a time" nature of immunohistochemistry makes it near impossible to meet modern complex demands. For example, once the biopsy of a lung tumour has been identified as staining positive for TTF-1, negative for p40 and a diagnosis of non-small cell lung

carcinoma (NSCLC) is made,¹ more molecular testing is required to determine a personalized treatment plan for the patient.²

NSCLC, which accounts for 80 to 85 percent of all lung cancers,² is an excellent example of how the principles of personalized medicine are being applied in the field of oncology. Drugs targeting the epidermal growth factor receptor (EGFR) have been found to significantly improve outcomes for patients, only when specific genetic changes are found to be the drivers of pathogenicity since the drugs have very specific target regions of the EGFR molecule.³ Determining whether a drug-sensitive pathogenic EGFR variant is present or not in a patient's NSCLC isn't the only information needed to successfully treat NSCLC with a drug targeting EGFR. If EGFR is broken and determined to be the cause of the cancer, it is still just one molecule in a signaling pathway. If that pathway is also broken downstream of EGFR, then any EGFR targeted therapy would be ineffective. It's for this reason that large amounts of information and big-picture views of intracellular signaling pathways are ideal when considering targeted drug therapies for cancer patients.

Having identified the challenge, let's focus on what has emerged as the technological solution, which is to examine the somatic genome of formalin fixed paraffin embedded (FFPE) tumour tissue. NGS, more accurately described as massively parallel sequencing, has become a staple in genomics labs across the country and its clinical utility is still expanding. Stereotypically, genetic testing is thought of as testing for genetic traits passed down from generation to generation, which is germline genetic testing. However, somatic genetic testing refers to looking for non-heritable changes, and the classic example of somatic genetics is testing a tumour caused by a spontaneous genetic change. FFPE tissue is not necessarily an ideal sample type for genetic testing,⁴ but it allows a unique opportunity for tumour testing. By using a portion of FFPE

Voltaire, and more recently Spider Man's Uncle Ben, said "with great power comes great responsibility," and this holds true for NGS testing. NGS is capable of sequencing every base pair of a cell's genome

tumour sample for NGS testing, a pathologist can be confident that the sample is representative of the patient's tumour since they have the opportunity to visually and immunohistochemically review the sample by standard methods before NGS testing.

Voltaire, and more recently Spider Man's Uncle Ben, said "with great power comes great responsibility," and this holds true for NGS testing. NGS is capable of sequencing every base pair of a cell's genome. With so much data, it becomes extremely difficult for a clinical geneticist to parse the diagnostically useful information from the cacophony of genetic disarray present in a tumour. There is always the risk of discovering pathogenic genetic problems that are diagnostic or prognostic but ultimately unrelated to the reason for testing at hand. Imagine a patient consents to testing for potential targeted therapies to treat their cancer only to discover that they have a high risk of developing a debilitating disease should they survive their already life-threatening situation. Such conundrums are best left to professional ethicists. This is why the

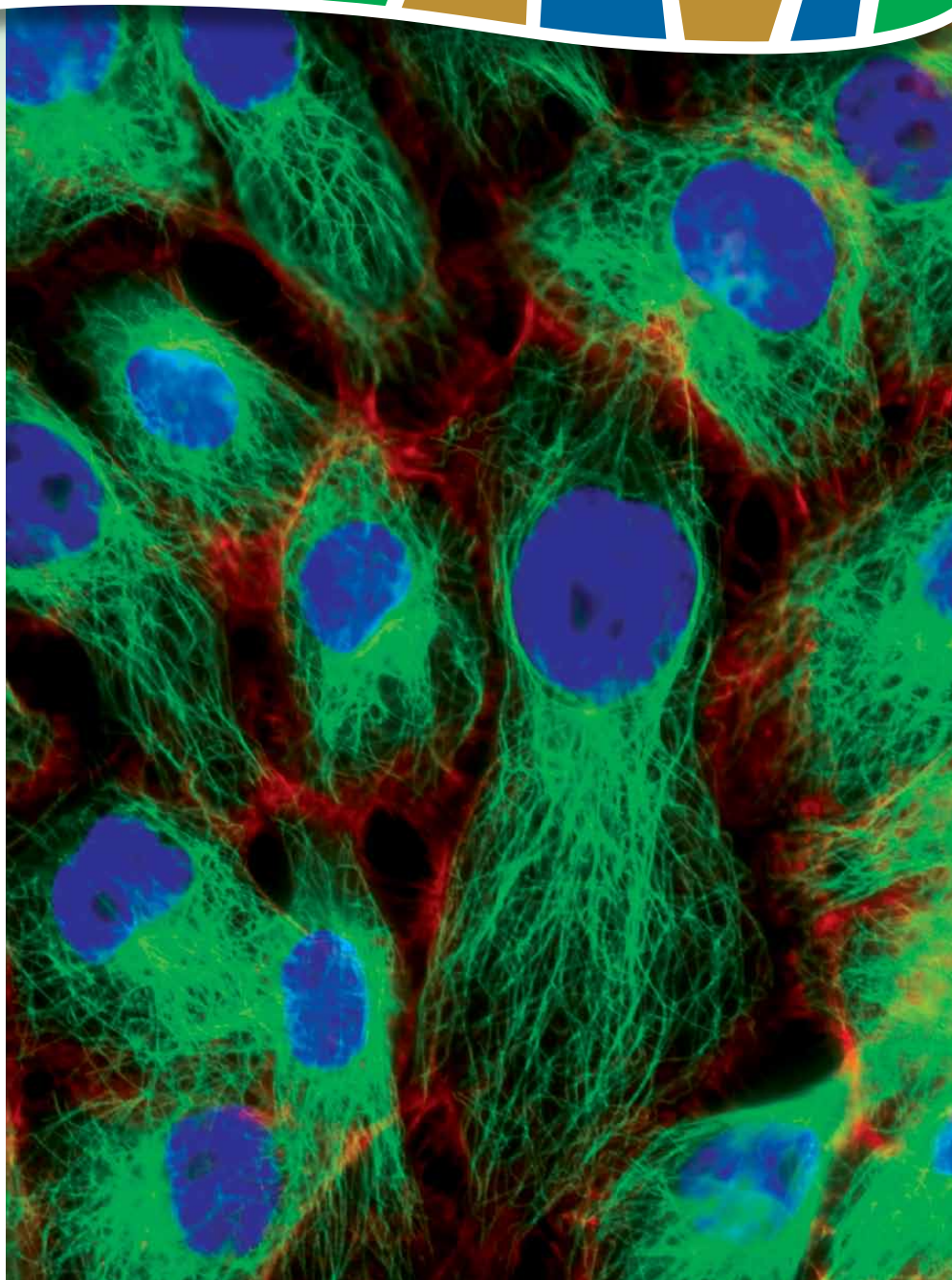
current, most common strategy for applying NGS technology in a clinical laboratory is a targeted approach where data is only collected for specific clinically relevant regions of the genome.

A targeted approach demands that regions of interest be identified and agreed upon by both the clinical geneticists who interpret genetic data to generate laboratory reports and the clinicians who use the laboratory reports to determine a treatment plan for the patients. The selected regions of interest for any given type of tumour are commonly referred to as a panel. Expert committees are formed to monitor advances in relevant fields and adjust panels accordingly. In the case of NSCLC, it's not a coincidence that the tumour panel at any given institution will include target regions of TP53, KRAS and EGFR since they are the most common drivers of pathogenicity in NSCLC.⁵ NGS based panels also exist for testing colorectal carcinomas, melanomas as well as many other discrete tumour types.

NGS has long allowed researchers to gather vast amounts of genetic information in pursuit of uncovering new weapons in the fight against cancer. Successes in research and development have meant that this technology has also been adopted in diagnostic laboratories. The result is somatic genetic testing of FFPE tumour samples and the enabling of personalized and targeted treatment options for cancer patients. Together, as we expand our knowledge and abilities, we take steps toward the ultimate goal of living in a cancer-free world.

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Stress Fibers and Microtubules in Human Breast Cancer Cells. *National Cancer Institute*



New MAHCP Member Discount! Save 15% off regular-priced merchandise at The Hula Hut, 1504 St Mary's Rd in Winnipeg and in Gimli during the summer. Just show your MAHCP Member Card! Visit mahcp.ca under Member Services for more great discounts.

New and Enhanced Scholarships for MAHCP Members, Children, Allied Health Students

MAHCP Staff

THE MAHCP MEMBER ENGAGEMENT Committee and Executive Council are proud to announce a new scholarship for MAHCP members and also some enhancements to our existing Scholarships Program!

New for 2021, MAHCP members in good standing are now eligible for one of three \$1500 *Continuing Education Scholarships*. This new scholarship is intended to support members who wish to enhance or upgrade their education by taking advanced courses, certificates or programs.

In addition to the new *Continuing Education Scholarship* for members, our pre-existing scholar-

ships have been enhanced, now offering \$500 to children of MAHCP members entering first year or full-time post-secondary education (*MAHCP Scholarship*) and also anyone entering their first year of post-secondary training for an Allied Health Profession (*Monique Wally Memorial Scholarship*). Prior to 2021, these scholarships provided \$400 to successful applicants.

There are also more MAHCP Scholarships available for 2021. Considering that applications for this scholarship have increased steadily for the past several years, the Member Engagement Committee and Executive Council have increased the number of MAHCP Scholarships available to 12 awarded annually from the previous eight.

"We are absolutely thrilled to offer more MAHCP Scholarships to the children of our members, as well as increasing the amount that all scholarship recipients will receive," said Arlene Boychuk, MAHCP Secretary and Chair of the Member Engagement Committee.

"The education of our next generations is of utmost importance to all of us at MAHCP."

The deadline for the 2021 Scholarships program is July 15 at 4 p.m.

For more information on scholarships, including how to apply, please visit www.mahcp.ca under Member Services/Scholarships or contact info@mahcp.ca today.

MAHCP Member Retirees

Daniel Balverde • Orthopedic Technologist
GRACE HOSPITAL

Lucille Davies • Radiology Technologist
GRACE HOSPITAL

Michelle Fehr • Respiratory Therapist
HEALTH SCIENCES CENTRE

Pam Houlden • Radiology Technologist
ST BONIFACE HOSPITAL

Richard Jobse • Laboratory Technologist
HEALTH SCIENCES CENTRE

Geraldine Kennedy • Laboratory Technologist
THE PAS HEALTH CENTRE

Rhonda Leger • Sonographer, VICTORIA HOSPITAL

Peter Loewen • Respiratory Therapist
ST BONIFACE HOSPITAL

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Helen Mikola • Chaplain, ST BONIFACE HOSPITAL

Greg Miller • Respiratory Therapist
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Dawn Penner • Mental Health Coordinator
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Anita Peter • Mental Health Coordinator
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Cheryl Peters • Radiology Technologist
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MATC, Northern Connections Medical Centre,

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