

PICKETING GUIDE

MAHCP.
Our focus is you

It's important for MAHCP members to feel safe and supported on the picket line, as well as comfortable speaking to members of the public about allied health's concerns.

Review the following picketing 'do's and don'ts', and refer to the information on page 2 to help you respond to questions while you're out on the line.

Picket Line Do's

- **Safety first.** Picket in an orderly way and in safe locations.
- **Get our message out!** Engage the public if they want to talk. Explain why you are on strike, ask for their support, and provide info about how they can help.
- **Be accurate and factual.** If you're not sure what to say to people, ask your Picket Captain or use info from this document.
- **Keep moving!** Patrol the area assigned to your group.
- **Dress appropriately** for the weather.
- **Take breaks and stay hydrated.** Bring snacks, drinks and any medication you may need during your shift.
- **Create and carry signage!**
- Be sure to **remove all picketing gear** (ie, pinnies, placard signs, etc) before entering any Employer site.
- **Invite family and friends** to join you on the picket line to show their support.
- **Take photos or video** of members on the picket line and share them with MAHCP.
- **Contact your Picket Captain with any safety concerns.** Take photos/video of incidents, and record pertinent details. Contact police if you don't feel safe.
- **Be sure to sign in and out with your Picket Captain.** We need a record of all picketing activities for strike pay.

Picket Line Don'ts

- Do not engage in **violence or lawbreaking**.
- **Do not argue or debate.** Don't engage hecklers or troublemakers. If you're feeling threatened or challenged, connect with your Picket Captain immediately.
- **Don't use alcohol or drugs** at or near the picket line.
- **Don't use profanity, threats, or abusive language.** Don't intimidate or harass anyone.
- **Don't block access** to the sidewalk, street, or private businesses and/or residences.
- **Don't take pictures of private locations.** Make sure to ask permission to photograph your colleagues, especially if you're going to share photos online.
- **Don't talk to members of the media** – refer them to the Picket Captain.

Questions or Concerns?

Connect with your on-site Picket Captain or Picket Line Coordinator with questions about job action, responsibilities as a member on strike, site safety issues, and more.

Picket Line Coordinator
Roger Quenelle | roger@mahcp.ca

Information to share with the public while you're on the picket line.

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Who is MAHCP?

We're a **democratic, member-driven union** of more than **7,000 allied health professionals** serving Manitobans in labs, hospitals, clinics, community and long-term care settings.

Who is allied health?

- We deliver essential **health-care and social services**, working in **50+ specialized disciplines**, from addictions counselling to diagnostics (CT's, MRI's, ultrasound, etc.) and from paramedicine to occupational therapy, respiratory therapy, audiology, spiritual care, and many more.
- We work alongside **physicians and nurses** in prevention, emergency response, assessment, treatment, therapy, rehabilitation and recovery.
- We are **foundational to the health-care system**. Roughly 80% of the information physicians need to make a diagnosis and/or treatment plan comes from allied health.

Why are we on strike?

- The vast majority of MAHCP's members (6,500 members in Shared Health, Winnipeg & Churchill Health Region, Northern Health Region) are now at **11 months without a contract** (working under an expired agreement).
- Allied health is the **only public health-care sector in Manitoba without a current contract**, and a system in crisis cannot be repaired without investment in allied health.
- **Our provincial government was elected on a promise to fix health care.** Time is running out.

What are our main concerns?

- **Retention and recruitment:** Allied health professionals are specialized and essential. We're in a staffing crisis!
- Many of us work in departments with **high vacancy rates and these positions often go unfilled**, so we are left to work harder and harder, without any relief in sight. We don't want patient care to suffer.
- **Hiring is competitive.** Neighbouring provinces are offering incentives and hiring bonuses our province isn't matching, so we are losing people.
- Manitoba post-secondary allied health programs are often unable to fill allocated training seats. That means we're **not educating new allied health quickly enough** to address departures and retirements.

SURVEY SAYS...

In December 2024, MAHCP conducted a membership survey to gain insight into how we're feeling about three key areas: staffing, workload, and morale. More than 1,400 members responded, with most seeing setbacks in 2024 and only a small percentage citing any improvement.

89%

said staffing had not improved, and nearly half said it was **worse**.



92%

said morale had not improved or was **worse**.



In 2024, did your workload change?

62%

It's gotten worse, I'm doing even more now

36%

About the same

2%

My workload has decreased

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How can Manitobans help?

Demand action! Use our simple email campaign to send a message of allied health support to Manitoba's Premier, Health Minister, and other elected representatives.

www.mahcp.ca/fixthestaffingcrisis