

22." Membership promotes discussion, enhances profile and spawns new membership, but there just isn't a "critical mass" in Manitoba yet. This will gradually improve; our EM residents are joining up more frequently now.

It also reflects CAEP's low profile in the region and the fact that most of our EPs are still GPs. The medical community here retains a strong local focus and is more likely to affiliate with the local bargaining group (battling for financial respect) than with CAEP, which is often seen as a "down-East" organization with little local impact.

To penetrate this market, CAEP must aggressively advertise and promote. The CAEP Roadshows, which appear periodically, are a good start, but we need more. Perhaps local opinion leaders would increase CAEP awareness and membership. Can CAEP help us in the political and academic arenas? And when CAEP solves overcrowding and

bed shortages, we will undoubtedly beat a path to its door.

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**Welcome to the Third World:  
yet another opinion**

*To the editor:*

The recent letter<sup>1</sup> by Dr. MacDonald missed the point of your editorial.<sup>2</sup> I applaud the personal-experience slant that your editorial put on the downsizing of our nation's health care system.

Winnipeg has also felt the growing gap between what we know to be optimal care and what we are able to offer on a day-by-day basis. The pressure to "push the envelope" by refusing patient transfers and the constant hovering

over potential discharges to get another bed has left many of us tired and frustrated.

By the way, chairspace has become just as important as bedspace.

I also enjoy the humour and subtleties present in your other articles, because they provoke reflection on what we stand for as emergency physicians. To paraphrase an old tune:

Don't change a hair for us,  
Not if you care for us.

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**References**

1. MacDonald RD. The real Third World [letter]. CJEM 2000;2(3):150-1.
2. Innes G. Welcome to the Third World [editorial]. CJEM 2000;2(1):6,60.

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