Over the history of the CHSA, we see an organization that, with the help of many concerned members and healthcare professionals, has transformed itself over and over in response to the healthcare needs in our community. In doing so, we have become one of the most innovative service providers in the province.

What makes us unique is our dedication to improving the health of the whole person. From a patient’s first call to the appointments desk to prescription pick up and check out, you will feel our commitment to wellness. We are working to identify future steps to provide patients and members with even better health services. A key element of the concluding phase of our strategic planning process is identifying how we can strengthen our primary care teams to ensure patients receive effective health care in a manner that respects their person and their time. Teams include a physician, nurse practitioner, nurses and counselors, health educators, a nutritionist, and an on-site pharmacy and lab, all working to provide comprehensive continuity of care.

Two important efforts are in process. The Advanced Access program, which has been discussed over the past few newsletters, has been a success. More importantly, it is giving you quicker access to services from your physician. We are also currently working to achieve "Central Team" status from the Saskatoon Health Region. This will flow additional financial resources to CHSA allowing us to hire additional nurse practitioners and other staff and resources that will support your health care.

At the CHSA Board, discussion is on-going around improving our governance processes such as enhanced member communications, making our deliberations and decisions more transparent, and, examining the current trends and ideas to expand Board accountability to CHSA members. In this, I want to remind our members that the CHSA annual general meeting will be June 7 at 7 p.m. at Mayfair United Church. If you are interested in running for the board, or submitting a resolution, please contact me at cloadman@sasktel.net or call Ingrid Larson at 664-4243. Your interest and participation is appreciated.

I would like to conclude by recognizing two staff retirements. Shelley Newfeldt and Judy Weenk leave us after 32 and 29 years respectively. These individuals exemplify the high quality and deep commitment of our staff and of our organization to our patients, our members and our community. We will miss Shelley and Judy’s leadership, enthusiasm, and counsel. CHSA thanks them both for their dedication and many contributions to our organization, and wishes them a long, healthy and fulfilling next stage in their lives.
Support Group for Parents and Friends of Lesbians and Gays

By Kay Williams, PFLAG

In December of 1993, our 19 year old son came out to us as a gay man. We were shaken; most parents are. We worried about his future. Would/could he be happy, safe and healthy in all aspects? Would he have a chance to have a loving relationship, a family of his own and work he loved? Nothing "special" here - just all the things any parents hope for their children. We grieved for the loss of our son as we knew him, and for the loss of our dreams and his. Eleven years of learning and growing later, we are the proud parents of a fine man who contributes much to the world around him.

Back then we needed help. We turned to Dennis Morrison at the Community Clinic. With his help, and that of Gens Hellquist at GLHS (Gay and Lesbian Health Services), we began a parent support group. On Sunday February 14, 1994, six of us met at 424 - the Annex.

Our group's primary purpose is to support parents so that they can keep a loving connection with their child. We do this by offering a safe place for people to talk with others who are experiencing the same things. We offer education and resources on issues of sexual and gender diversity through personal experiences, books, videos, speakers and contacts.

As parents grow in their understanding, as they dispel the myths and conquer the fears that cultural homophobia has created, they often want to take action to bring about a more accepting and loving society. Many PFLAG members do public presentations, write letters to papers and walk in parades. However, there is no expectation for anyone to do any of this. For some people, it is not safe for the parents to be out of the closet as this 'outs' their child, or the parents are simply not activist types. We do say, though, that telling your neighbour, or even your cat, is an act of educating for change!

We connected with other Canadian groups calling themselves PFLAG (patterned after, but independent of, the U.S. organization). In 1996, we became PFLAG Saskatoon. In 2003, PFLAG Canada was created as an umbrella organization providing support, education and resources to chapters and contacts across the country. It is of great value to have a strong cohesive voice to address social and systemic events and issues that affect sexual orientation and/or gender identity in Canada. PFLAG Saskatoon has one person on its national board representing the Prairie Region.

Well over 150 people have been part of our group. Some come to a few meetings and move on after they have received what they needed. A main core group has been involved since the beginning. We are open to individuals who are gay, lesbian, bisexual, transgendered, two-spirited, intersex, queer and questioning, as well as to their families and friends. PFLAG is an accepting place, even when blood families are not. We learn from each other. Sometimes as parents we can ask questions of someone else's child that we are uncomfortable asking our own and vice versa.

Members of the Community Clinic can be proud that their organization has been so open. PFLAG Saskatoon says thank you for your trust and support. You can find our latest brochures in the Health Information Centre. We would be happy to have any of you join us at a meeting. We are open to doing presentations for Clinic staff and members. Or, for all you fellow members, if your workplace or church group would like to grow in their understanding, please call us.

Thank you to the Saskatoon Community Clinic for its support of PFLAG over the last eleven years. You have given us a great place to meet, rent-free - an ideal setting, well-located, a pleasant and neutral space. (PFLAG Saskatoon is not affiliated with any religious denomination or political party.) Dennis Morrison helped with start-up, and has continued to be a contact person. We received grants from the Clinic and the Health Region to print brochures. We met with staff to talk about the issues of sexual orientation. We have had wonderful support from Clinic staff in providing us with the key and rescuing us the year we locked ourselves out of a special speaker potluck supper! As well, the Community Clinic's support lends us credibility in the wider community.

Kay Williams is PFLAG Saskatoon coordinator, proud member of the Community Clinic

PFLAG Saskatoon is a support and education organization for anyone struggling with issues of sexual orientation and/or gender identity. Friends, family and individuals themselves welcome.

PFLAG meets the 2nd Sunday of every month (excluding July and August). 7:30 P.M. in the Community Clinic Annex Building at 424-1st Ave. North (lane entrance).

For more information: Kay at 477-1476, Myrna at 343-7315 or Dennis at 664-4228
Annual Meeting Notice

Community Health Services (Saskatoon) Association Ltd.

Tuesday, June 7, 2005
Mayfair United Church, 902 33rd Street West, Saskatoon
Registration: 6:30 p.m. - 7:00 p.m.
Meeting: 7:00 p.m. - 9:30 p.m.

Agenda
1. Call to order
2. Reading and disposal of minutes of preceding annual general meeting
3. Business arising out of minutes
4. Reports of President, Directors, Manager, Medical Director, Treasurer and other Officers
5. Report of Auditor and consideration of financial statement
6. Discussion, consideration and disposing of reports set out in 4 and 5
7. Break
8. Resolutions, recommendations and bylaws
9. Election of directors
10. Reports of special committees
11. Unfinished business
12. Appointment of auditors
13. New business
14. Adjournment

Election of Directors
Four (4) Directors and two (2) Focus Editorial Committee members will be elected at the meeting. If you are interested in running for the Board of Directors or the Focus Editorial Committee please contact the Board secretary at 652-0300. Your name will be forwarded to the Nominating Committee and an information package will be sent to you. Biographies received seven days in advance of the meeting will be included in the agenda package.

Eligibility for Voting and Elections
Upon approval by the CHSA Directors of an application for membership, the member shall be entitled to vote and run for election. In cases where a member has a spouse or a spouse and dependents who are members (family memberships) the spouse and any dependent who is 18 years of age or over is entitled to vote and can run for election.

Deadline for Resolutions
Resolutions from members are welcome. Members may introduce resolutions from the floor. However, the Board urges members who would like to put forth a resolution to submit them ten days in advance of the meeting. Early submission allows for copying of the resolutions so they are available for members to review and so copies can be distributed to those attending the meeting.

Information, Childcare and Transportation
If you require childcare or transportation, contact the Member Relations Department. Meeting packages will be available at the Clinic beginning June 1, 2005. For more information, please telephone Member Relations at 652-0300, ext. 243.

Interested in Joining the Board of Directors?

By Marlene Decker, Chair of the Nominating Committee

Saskatoon Community Clinic is a membership based health care co-operative. This means that our Board of Directors consists of elected members. Being on the Board of the Community Health Services (Saskatoon) Association offers you the unique experience of not only learning more about our organization, but also contributing to its direction and focus.

The Board works closely with the Community Clinic management and staff to keep the overall mission clearly in focus and to ensure that the Clinic’s legal and ethical responsibilities are fulfilled. It also helps to make sure that the Clinic delivers the best health care available. Board members can expect to devote an average of 10 - 15 hours per month to the Community Clinic.

If you are interested in seeking election to the Board of Directors, or placing someone’s name for nomination to the Board, please contact me at 253-4248 or Ingrid Larson, Membership Director at 664-4243.

This is your opportunity to contribute to your organization!
Elder Abuse...An Important Issue

By Sandy Hagele, Seniors’ Volunteer Co-ordinator

The issue of elder abuse is a complex and growing concern, in our aging society. Sometimes referred to as “older adult abuse”, elder abuse is defined as an act by anyone, often a caregiver, which results in harm to an older person’s well-being or safety. Caregivers are often family members, but include anyone who provides care in the person’s home, personal care home, or institution. Types of elder abuse include:

**Financial Abuse:** This may include situations in which someone forces an older adult to sell personal belongings or property, or pay for goods and services not needed; steals money or pension cheques; withholds money needed for daily living; or in which there is wrongful use of power of attorney.

**Emotional Abuse:** Examples of emotional abuse include humiliation, insults, threats (such as putting into nursing home), a person is treated like a child, and social isolation from friends, family, and community.

**Physical Abuse:** These situations can include slapping, pushing, beating, misuse of medication and forced confinement.

**Neglect:** Examples of neglect include abandonment; withholding food, personal care, or health services; and ignoring a person.

Older victims of abuse often know the people perpetrating the abuse. While elder abuse has similarities with abuse of people of all ages, there can be significant differences in the abuse of elders. Factors that come into play may include: physical and cognitive changes; dependency on caregivers for financial needs and personal care; misplaced trust in caregivers; and not knowing where to seek help.

Signs and symptoms of elder abuse include:

- money or personal items missing without explanation;
- going without food, clothing or other necessities that should be affordable;
- failure to pay rent or bills;
- sale or transfer of older person’s property with person confused about the reason;
- savings account drained without explanation;
- sudden changes in a will, or unusual withdrawals from a bank account;
- documents drawn up and signed which older person doesn’t understand;
- being isolated from family, friends, and community;
- depression, fear, withdrawal, anxiety, or passivity;
- unexplained physical injuries;
- dehydration or lack of food;
- missing eyeglasses, hearing aids, or dentures;
- poor hygiene or bed sores;
- over sedation.

These are difficult signs for family, friends and health professionals to witness. It is easy for others to say, “Why doesn’t the older person report the abuse?” Elder abuse is often more hidden due to dependency and other aging changes, for example, in sight, hearing, memory and mobility.

Some victims do not report abuse because they:

- fear more abuse or may lose their only caregiver;
- think they may be put into an institution;
- are ashamed that a family member mistreats them;
- believe they get what they deserve, or have no “proof”;
- think that police and/or social agencies cannot really help them.

Currently there is no law that specifically identifies elder abuse as a crime; however, many abusive behaviors and actions are crimes and are dealt with under the Criminal Code. Anyone who suspects abuse and neglect should report the behaviors to the police, who can investigate and, with sufficient evidence, lay charges.

The Saskatoon Council on Aging has formed an “Elder Abuse Task Force” representing health care, social workers, police services, financial services and home support services. The Task Force is especially concerned about the “hidden” nature of elder abuse and reducing the fear and complexity of reporting abuse for the victim, family, friends, and professionals working with older adults. Their focus will be on education, safety, legislation, and enforcement in dealing with elder abuse situations. The Community Clinic Seniors’ Advisory Council is represented on this Task Force, and will provide updates on this important topic in future issues of FOCUS.

**Note:** Some of the information in this article was adapted from the pamphlet “Abuse of Older Adults”, produced by the Public Legal Education Association of Saskatchewan (PLEA). Telephone: (306) 653-1868 or e-mail: plea@plea.org
Live Long, Live Healthy
By Eric Regnier, Physical Therapist

We are built to move. Our bodies are astonishingly adept at moving. The problem arises when we stop telling our bodies to move. It is astonishingly easy to NOT move, to just sit and relax. This in itself is not necessarily problematic; we all need time to relax. The problem arises when this behaviour becomes the norm and there is no balance between action and inactivity.

I often hear, “Why should I exercise? I work hard everyday!” At the risk of sounding dramatic, here are some important reasons: cancer, heart and lung disease and stroke are the leading causes of death in Canada. It is true that there is a genetic component to some of these diseases, especially cancer, but even the risks of acquiring cancer can be lessened significantly through a little lifestyle modification. How do you know if you need to alter something about your lifestyle? Let’s look at some risk factors that may lead to some of those health conditions I mentioned.

Risk factors fall into two categories: those we can change and those we cannot. The ones we can change are: smoking, high cholesterol, high blood pressure, physical inactivity, being overweight and acquiring adult onset diabetes. The ones that cannot be changed are a family history of stroke, heart disease or cancer, aging and being male (sorry guys). It is with the first group of risks, the modifiable risks, which I want to deal with, for they go a long way to balance out risks we cannot change.

First, let’s talk about smoking. Quit. Right? Sounds simple, but it’s not. Being an ex-smoker myself I understand how hard it can be. I have no simple answers for this one, except that there are countless resources out there for anyone who is even contemplating quitting; just ask your health care provider. Smoking stopped being ‘cool’ a long time ago; see emphysema, disability or respiratory failure for more information.

The other risk factors I mentioned — high blood pressure and cholesterol, being overweight, physical inactivity and diabetes — can all be controlled or modified by (here it comes) physical activity. In my practice the majority of the people I see have pain as a result of not being active enough, not moving their bodies enough, or only moving their bodies in one specific way for years on end at their place of work. These are called overuse injuries and are often the direct result of that attitude I referred to earlier, “Why do I need to exercise? I work hard everyday!” Sound familiar? Our bodies can move in literally thousands of different ways, and only doing a small percentage of those movements causes us to get de-conditioned in many other areas.

With activity, the kind that raises your resting heat rate for a period of time, your body is better able to keep its own blood pressure and cholesterol levels in a normal range. It can also ward off developing type II diabetes, which can develop by being very overweight and sedentary. With regular exercise the need for medical intervention in the form of medication decreases. We hear of many drugs being pulled off the market because of adverse side effects. Isn’t it wonderful to have a drug free way to control serious health issues? Think about it if your lifestyle needs adjusting. Sometimes it’s just a small thing, one bad habit, that needs changing. In the next issue of FOCUS I will provide some ideas for simple lifestyle changes that can benefit your health and overall quality of life.

Board and Staff News

Farewell to...
Counselors Anne McElroy and Lee Dorey
Nurse Practitioner, Helene Leis
Family Physician, Aaron Friggstad
Pharmacist, Dawna Rose

Welcome to...
Counselors, Rose Marie LePoudre and Nayyar Javed
Pharmacist, Janice Brenner
Receptionist, Jennifer Desjarlais

Condolences to . . .
The family of Hannah Elliott on her passing April 7. Hannah was a long-time employee of our pharmacy.

Best wishes to...
Shelley Newfeldt, Director of Diagnostic Services, who is leaving us after 32 years of service to take a job with the Cowichan Health Region on Vancouver Island.

Judy Weenk, Director of Physical Therapy. Following 29 years of service to the Community Clinic Judy is retiring and moving to Gabriola Island, British Columbia. Best wishes Judy!
The Strange Truth About Osteoporosis

By Louise Gagné, Family Physician

Did you know that osteoporosis is more common in countries with higher dietary calcium intakes? Osteoporosis means having abnormally thin, fragile bones. It is common in Canada, but it is not a normal part of aging in many countries in the world. Strangely, poor countries tend to have low rates of osteoporosis, even with calcium intakes much lower than in North America and Europe. Cross cultural studies have shown that osteoporosis is really a degenerative disease afflicting many 'westernized' countries rather than simply the result of calcium deficiency. This article will explore why many Canadians are at high risk of osteoporosis and what we can do to keep our bones strong and healthy.

Osteoporosis is a growing problem in Canada, resulting in enormous health care costs and much pain, disability and death in the elderly. Forty percent of women and about ten percent of men over the age of fifty will eventually experience a fracture as a result of osteoporosis. Osteoporosis is diagnosed with a special type of x-ray called a 'bone density test'. Osteoporosis is considered 'primary' if there is no obvious cause or 'secondary' if it is due to a disease, such as over active parathyroid glands or celiac disease. Some medications also increase the risk of osteoporosis. These include anti-convulsants, depo-provera, and long term, oral steroid use.

Many people think of bones as a kind of non-living support structure for the body. But bone is living tissue that is constantly changing and rebuilding itself. Bones act as an important mineral bank for the body. For example, if blood levels of calcium or magnesium fall, there are feedback mechanisms that cause these minerals to be withdrawn from our bones and released into the blood. Then, of course, we must make deposits into the 'bank', or we will slowly deplete our bone mass.

Researchers have studied people from different cultures around the world and measured how much calcium they need to keep their bones healthy and strong. In Peru, an average calcium intake of 200mg is enough. On the other hand, Canadians require anywhere from 1000-1500mg of calcium per day and we have rising rates of osteoporosis!

What habits do we have that are contributing to our high need for calcium and our high rates of osteoporosis? Basically, the so called "standard American diet" along with the "standard American lifestyle" are to blame. Salt increases calcium excretion, and many of us are getting excessive sodium in our diets mainly from prepackaged foods, tinned soups and restaurant meals. Then there's caffeine (from coffee, tea, colas and chocolate) which also promotes calcium excretion. Leading a sedentary life, with infrequent exercise, also contributes to bone loss. A diet low in fruits and vegetables tends to be low in important bone building nutrients such as vitamin K and potassium. A diet low in leafy greens, legumes, whole grains and nuts may be deficient in magnesium, manganese and zinc, also needed for healthy bones. And as I mentioned in a previous article, many North Americans are deficient in vitamin D, which we need in order to absorb and use calcium. Then, because we are losing so much calcium in our urine and spending too much time on the couch, we need large amounts of calcium from our diet and/or supplements. We are also likely to be deficient in many other important minerals because our diets lack adequate amounts of whole grains, nuts, legumes, fruits, and vegetables. Meanwhile, silently, precious bone mass is lost.

I recommend a holistic approach for the prevention and treatment of osteoporosis. This involves making sure you are getting all of the nutrients your bones need. It means getting regular exercise. It also means cutting down on dietary habits that increase calcium losses or interfere with calcium absorption. Studies have shown that even elderly people can build stronger bones this way. A small amount of new bone growth goes a long way: a 1% increase in bone density results in a 6% reduction in fracture risk. Here are my suggestions for building healthy bones:

1. Make sure you are getting adequate calcium, from a combination of foods and, if needed, supplements. A diet with no dairy products in it and no fortified beverages (e.g. calcium fortified orange juice, fortified soy milks, etc.) will provide 200-300mg of elemental calcium. Most adults living in Canada need 1000 mg of elemental calcium. After menopause, women need a total of 1500mg.

Tips on buying a calcium supplement: First, check how much elemental calcium your supplement has by reading the fine print on the back of the bottle. I recommend calcium citrate, since it can be taken any time and is better absorbed than other forms. Capsules or powdered calcium supplements are preferable, since these break down easily in the stomach. Take your calcium supplement several times during the day. If you are taking iron, take it at a separate time from the calcium.

2. Vitamin D is important for bone health and deficiency is common. Adults need 400-1000 IU of vitamin D per day. The D3 form is best. Check the labels on your multivitamin and your calcium tablets. Liquid milk has 100 IU of vitamin D per 250mls. Many vitamin D experts are now recommending 1000 IU for all adults.
3. Get the other important vitamins and minerals your bones need. These include vitamin K, vitamin C, B vitamins, potassium, magnesium, zinc, manganese and copper.

- A diet rich in fruits and vegetables will provide plenty of potassium and vitamin K. Fruits and vegetables also help to make the urine more alkaline, which lowers urinary calcium losses. Aim for 5-10 servings per day from a wide range of colors and kinds. (Note: do not buy vitamin K or potassium as supplements. It is safer and best to obtain these nutrients from foods.)

- Magnesium, zinc, manganese and copper can be obtained from whole grains, legumes, nuts, fruits and vegetables. You could also consider supplementing with magnesium 250mg, zinc 15mg, copper 2mg and manganese 5mg.

4. Get regular exercise! The more strain you put on your bones, the stronger they will be. This means regular weight bearing exercise, for at least 30 minutes, a minimum of three days a week. Good choices are walking, cross country skiing, running and weight training. Stronger muscles also reduce the risk of falls that can lead to fractures. Swimming and cycling are not the best choices for bone health but are very good exercise for cardiovascular fitness.

5. Get adequate protein. For most adults this is 0.5-1 gram per kilogram of body weight. Inadequate protein intake may be a problem for elderly people who are on a 'tea and toast' diet.

6. Minimize bone depleting factors by avoiding:

- excessive amounts of caffeine (more than 2 cups of coffee a day)
- excess animal protein (e.g. high protein diets)
- excess salt (more than 2000mg per day)
- soft drinks
- If you take a multivitamin, look for one that contains beta-carotene (a vitamin A precursor) rather than vitamin A. An intake of more than 2000 IU of vitamin A is associated with an increased risk of hip fracture.
- Stop smoking. Smoking doubles the risk of osteoporosis.
- Cut down on your alcohol intake. Alcohol contributes to bone loss in a number of ways.

A bone healthy diet and lifestyle is very similar to what would be recommended to lower the risk of other chronic diseases such as cancer, diabetes and heart disease. So look after your bones and many other benefits will come to you!

For further information on improving or maintaining your bone density, read the excellent book by Susan Brown: Better Bones, Better Body or go to these web sites:

- www.betterbones.com
- www.osteoporosis.ca (Osteoporosis Society of Canada)
- http://www.hsph.harvard.edu/nutritionsource/calcium.html
  (Harvard School of Public Health)
Saskatoon Community Clinic Foundation Donations

The Saskatoon Community Clinic Foundation gratefully received the following donations in February and March 2005:

Alice Sophia Allen; Joyce & Ruben Amundson; Douglas Badger; Lloyd & Helen Baker; Joanne Beckett; Scott Bell; William Bergen; Catherine Lesley Biggs; Mary Black; Evelyn Boissonneault; John & Joan Braidek; Linda A. Charlton; Ed & Marlene Decker; Harry Derbowka; Graham Dove & Kathleen Slavin; Edith C. Gardiner; Florence Glazebrook; Doreen Gruza; Mildred E. Hunter; Jean Junor; Sonja Markussen; Allan Mcharg; Margaret E. McNulty; Evelyn W. Morrison; Mary Morrow; Sarah Neudorf; Agatha Neufeldt; Jack Newman; Irene Rawlinson; Marjaleena Repo; Cecil "Smokey" Robson; Estate of George Henry Rogers; Bob & Edith Rutherford; John & Anne Sheard; Denise Schnitz; Maisie J Shiell; Benjamin & Adele Smillie; Audrey Smith; Dale Spearing; Mr. R. Stodler; Bruce & Laurie Stone; Mae Tufts; Peter & Doreen Walmsley; Norval Wells; Ken Wiggins; Shirley Wilmot; Vanda Wilson; George Zipchen.

Donations Received in Memory:

In Memory of Tom Bell: Lloyd & Helen Baker
In Memory of Bessie Bittner: Ken & Thelma Kulrich
In Memory of Elsie Brown: William Brown
In Memory of Jane Clark: William L. Clark
In Memory of Frank Coburn: Clifford A. Matthews
In Memory of Hartley Freedon: Margaret Freedon
In Memory of Darcey John & Tommy Fink: Robert Fink
In Memory of J. Gren Jones: Isobel Jones
In Memory of Mary Ellen Kidd: Frederick J Kidd
In Memory of George Kowalenko: Elsie Kowalenko
In Memory of Lois Langer: Thelma & W.A. Stevens
In Memory of Jean Newman: Jack Newman
In Memory of Steve Sawchuk: Ella Sawchuk
In Memory of Mary Catherine Schroeder: C.D. & Catherine McIvor, Theresa Schroeder

Join the Advocacy Network

Members with an interest in current health issues and a yen to put their thoughts in writing are invited to join our CHSA Advocacy Network. You will receive information about issues on which our Association has taken a stand – such as support for our publicly funded health system. We encourage you to share your views, in writing, with our elected political leaders. You will be provided with all the background information and addresses required. Make your voice heard – join the advocacy network by phoning 664-4243.

Focus is published by Community Health Services (Saskatoon) Association, Ltd., 455 – 2nd Avenue North, Saskatoon, Saskatchewan S7K 2C2. Material may be reproduced with appropriate recognition of the source.

www.saskatooncommunityclinic.ca

Editor: Ingrid Larson
Assistant Editor: Laurie Stone
Editorial Committee: Carla Atherton, Grace Milashenko, Margaret Shearer

CHSA Board of Directors: Gary Beaudin, Georgia Bell, Woodard, Evan Carlson, Deb Chobotuk, Margaret Crossley, Warren Crossman, Marlene Decker, Anne Doucette, Joan Feather, Roger Herman, Cheryl Loadman, Peggy MacLeod.

Administrator: Patrick Lapointe
Board Secretary: Coreen Usselman

Member concerns and comments are welcomed by the Member Relations Department. Please call 664-4243.

ISSN 0015-5195

Canadian Publications Mail Product Sales Agreement
40052408