

<b>Focus</b>		<b>Saskatoon Community Clinic</b> <i>"Your Health Care Co-op"</i> 
<b>Fall, 2005</b> <b>Volume 41, Number 3</b>	<b>Community Health Services (Saskatoon) Association Ltd.</b> <b>455 Second Avenue North, Saskatoon, Sask. S7K 2C2</b>	<b>Phone (306) 652-0300</b> <b>Fax (306) 664-4120</b>

## Highlights from the 43rd Annual Meeting of CHSA

*By Norine Shewchuk, Acting Membership Development Coordinator*

The 43rd Annual General Meeting began with a reminder to members that they are the heart and soul of the Clinic. As Board Chairperson Cheryl Loadman stated, "You drive us towards excellence and you demand that we look forward to the future."

Sixty-one members attended the meeting held at Mayfair United Church Tuesday, June 7th, 2005. The highlight was the election of five new Board members, and one Focus Editorial Committee member.

Welcome to Nancy Carmichael, social worker and consultant; Rebecca Elder, retired family support service director; Doug Racine, lawyer; and Maggie Sawatsky, client care coordinator; who will serve three year terms with returning board member and CHSA President Cheryl Loadman. They join board members Gary Beaudin, Deb Chobotuk, Marlene Decker, Anne Doucette, Joan Feather, Roger Herman and M. Peggy MacLeod. Margaret Shearer was re-elected to the Focus Editorial Committee.

Many thanks to departing board members Margaret Crossley, Warren Crossman, Georgia Bell-Woodard and Evan Carlson for their many contributions. They received certificates of appreciation and the heartfelt thanks of members and staff.

The membership dealt with a number of business items at the meeting. President Cheryl Loadman and Administrator Patrick Lapointe gave reports on the year's activities. Cheryl Loadman reported that CHSA has moved forward to establish a solid financial position and that the Board, through the development of its strategic plan is striving to find new and better ways to further CHSA's mission. This includes looking at partnership opportunities with the health region and other community groups, ensuring more clients become members of the Community Clinic and enhancing the work of our primary health care team. The Board's Political and Social Action Committee has been working on issues related to pedestrian safety, the need to increase social

assistance rates and the preservation of our publicly funded health care system.

Administrator Patrick Lapointe noted that in the next year the Community Clinic plans to expand services in the following areas: increasing our counselling and physical therapy services, making the nurse practitioner position a permanent addition to the Clinic, expanding our chronic disease management programs and renovating and expanding our pharmacy space in order to increase pharmacy services.

The members passed two resolutions about midwifery. This includes the exploration of the feasibility of having a publicly funded midwifery service as part of the team at the Community Clinic. They also approved the financial statements. An update on donations to the Community Clinic Foundation was provided. President Loadman and Administrator Patrick Lapointe thanked the members, Board and staff for their generous contributions and support of the Association during the past year.

Thanks to our members Roger Herman and Georgia Bell-Woodard for staffing the registration desk and to Fran Seidler, Coreen Usselman, Diane Hiltz and others for their special assistance with the event.



*Five new and returning board members were elected at the annual meeting. Elected were, from left, Cheryl Loadman, President; Doug Racine; Rebecca Elder; Nancy Carmichael; and Maggie Sawatsky.*

## Should Supplements Be A Part Of Your Diet?

By Louise Gagné, Family Physician

Should everyone be taking vitamins? There is growing evidence that taking supplements, such as a daily multivitamin, may be a good idea for most people. But what about just eating a healthy diet? It's true; there really is no substitute for a good diet as one of the key foundations of health. But are most of us choosing balanced wholesome meals? Should we take a good multivitamin even if we are eating a healthy diet?

Let's start by taking a look at what a healthy diet looks like. It would include generous amounts of fruits and vegetables from a wide variety of colors and kinds. It would contain low glycemic index carbohydrates from vegetables, fruits, whole grains and beans. It would include lean proteins and healthy fats from olive oil, fish and nuts. Highly processed foods, hydrogenated fats, soft drinks and junk foods would only occasionally be eaten. Meals would be eaten in a relaxed social setting with lots of time to laugh and visit with family and friends and to savor the flavors and textures of the food.

While this may not describe the way that most of us are eating, it is certainly worth striving for. But let's say that a person did take the care to eat this well. Would a multivitamin supplement still be a good investment?

There are a number of arguments in favor of the routine use of vitamin supplements:

**1. Modern food.** Food today is not the same as the food our ancestors ate. Much of our food today is grown on depleted soils, transported long distances and stored for long periods of time before being purchased. Many vegetables and fruits have been found to contain significantly lower levels of vitamins than the same foods did 50 years ago. Animal foods are also different. Most beef is no longer grass fed. Chickens do not peck around in the barnyard. Pesticides, antibiotics and other chemicals find their way into our food. Many foods are highly processed and contain hydrogenated fats and many additives that were not present in foods in the past.

**2. Modern life.** People today often eat on the run and may not have time to cook nutritious meals. Modern diets are typically low in fruits and vegetables and include many highly processed, nutrient depleted foods. In addition, many prescription medications also deplete the body of certain nutrients.

**3. Individual variation.** There are wide variations in our individual needs for many nutrients. Our age, sex, genetic inheritance, level of physical activity and the presence of chronic disease all influence our dietary requirements. This means that some people may have difficulty meeting their nutritional needs through diet alone.

Studies have shown that multivitamins can have a wide range of benefits. For example:

- **Babies:** Children born to women who have taken a multivitamin in the months before and during their pregnancy have a significantly lower risk of childhood leukemia, brain tumors, spina bifida, heart defects and a number of other congenital health problems. These women also have a lower risk of preterm birth.
- **People who are HIV positive:** Multivitamins help to delay the onset of AIDS symptoms in HIV positive people.
- **Colon cancer:** Multivitamins used consistently for 15 years or more can decrease the risk of colon cancer by 75%.
- **Older adults** who take multivitamins have improved immune function, less coronary heart disease, fewer colds and influenzas and lower CRP blood levels (a marker for inflammation in the body).
- **Students** given a multivitamin for six months significantly improved their scores on IQ tests.

Multivitamins or certain nutrients commonly found in multivitamins can also lower the risk of developing asthma, cataracts, dementia and depression.

So how does a person choose a good multivitamin? Look for one that supplies at least the smaller amount of the nutrients listed in the box.

<b>Beta-carotene*</b>	.....5,000 IU – 15,000IU
<b>B Vitamins</b>	
Vitamin B1 (Thiamine)	.....1.2-50mg
Vitamin B 2 (Riboflavin)	.....1.3-50mg
Vitamin B3 (Niacinamide)	.....10-50mg
Vitamin B6	.....1.3-50mg
Folic acid	.....400mcg
Vitamin B12	.....2.4-50mcg
Biotin	.....30 mcg
Pantothenic acid	......5mg
<b>Vitamin C</b>	.....90mg-250mg
<b>Vitamin D</b>	.....400-1000 IU
<b>Vitamin E**</b>	.....11-200 IU
<b>Vitamin K***</b>	.....100mcg
<b>Minerals:</b>	
Calcium	.....125-250mg
Magnesium	.....75-125mg
Zinc	......8-15mg
Copper****	.....1-2mg
Chromium	.....30-120mcg
Selenium	......55-200mcg
Manganese	.....1-5mg
Iodine	.....150 mcg

\* Beta-carotene appears to be a safer choice than vitamin A and can be converted to vitamin A in the body. So vitamin A is not a necessary ingredient if the multi contains beta-carotene. If the product you buy does contain vitamin A, look for one with no more than 2,500 IU.

\*\* Ideally from mixed tocopherols

\*\*\* Vitamin K can interfere with the action of drugs such as Warfarin. If you are taking a blood thinning medication, it would be best to choose a multi without vitamin K.

\*\*\*\* Zinc and copper should be in a 10:1 ratio

In terms of **Iron** - It is not necessary to look for a multivitamin that contains iron or phosphorus. Many people do not require additional iron and therefore should look for a multivitamin without iron. If you have been diagnosed as having an iron deficiency, follow your health care providers' recommendations about iron supplementation. **Phosphorus** is not a necessary ingredient as most diets have plentiful amounts. If your multi contains phosphorus, it should be no more than 250 mg.

Keep in mind that even the best multivitamin has limitations. It will not supply you with the hundreds of wonderful phytonutrients found in foods such as whole grains, fruits and vegetables. Multivitamins usually do contain some calcium and magnesium, but it is rarely enough to supply your day's requirement. They do not supply fiber nor do they contain protein or essential fatty acids. Most North Americans eat more than enough protein but many diets lack fiber and essential fatty acids. Finally, more is not necessarily better- avoid high dose products that far exceed the recommended daily dosages.

What basic supplements should an average person consider taking? For most people, I recommend a good multivitamin, an essential fatty acid supplement (from fish oil) and, if needed, additional calcium, magnesium and vitamin D. An essential fatty acid supplement should supply a total of 500mg from EPA and DHA combined. You may need to take several capsules per day to obtain this amount. Fish oils should always be taken with meals. The company Nordic Naturals is a good source of high quality fish oil supplements. As for calcium, I recommend calcium citrate, since it is well absorbed and can be taken with or without meals. How much additional calcium you need depends on your age and how much calcium you already obtain from your diet.

Taking a few well chosen supplements will likely improve your overall health. But keep working on tuning up your diet to include more fruits, vegetables, whole grains, beans and healthy fats. Consider planting a garden and buying more organic and locally produced foods. Take time to enjoy meals with your family more often. All of these things can help you to enjoy a long and healthy life.

For more information:

About multivitamins:

[http://cspinet.org/nah/4\\_00/pickamulti.htm](http://cspinet.org/nah/4_00/pickamulti.htm)



About individual nutrients and what the recommended dosages are:

<http://www.feinberg.northwestern.edu/nutrition/factsheets.html>

About calcium:

<http://www.osteoporosis.ca> (Search for calcium calculator)

<http://www.canadian-health-network.ca> (Search for calcium)

About essential fatty acids:

<http://www.umm.edu/altmed/ConsSupplements/Omega3FattyAcidscs.html>

## Seniors' Corner



By Sandy Hagele,  
Seniors Volunteer Coordinator

### Volunteering - A Rewarding Experience

The Community Clinic Seniors Program has a variety of volunteer opportunities for you:

**Volunteer Visitors** – Visit one or two hours a week with a Clinic senior.

**Seniors' Group Program Volunteers** - Assist staff with twice monthly social and educational programs for Clinic seniors.

**Seniors' Advisory Council** - Interested in seniors' issues? Help to improve the quality of life for Clinic seniors at monthly meetings through discussion, education, programs, advocacy, fund-raising, and networking.

You will receive ongoing training and support from staff, develop skills and understanding, and gain satisfaction from making a difference!

For further information, phone Sandy Hagele at 664-4282.

## Amazing Health Secrets Revealed!

By Eric Regnier, Physical Therapist

In the last issue of Focus I discussed why it is important to have some level of physical activity in your life. For this little rant I would like to focus more on how to achieve a healthy level of activity. Allow me to recap some of those reasons to exercise to help push those of you off that fence of indecision you are perched atop. You know you need to be more physically active because:

- Regular exercise helps decrease the risk of developing cancer and lung disease
- It helps to control hypertension which decreases the risk of stroke and heart attacks
- It can ward off developing type II diabetes, which can develop by being very overweight and sedentary

Achieving adherence to a physical activity program is challenging. Here's something you all should know: structured exercise programs that involve regimented, repetitive exercise are not the only way to gain health benefits! Increasing daily physical activity in creative ways works too. Activity performed at home, rather than at a health club, reduces barriers of cost and travel time. Also, exercise does not need to occur in a single session to be beneficial and dividing activities into multiple short bouts produces similar benefits and enhances compliance.

Here are some very easy ways to increase your level of activity.

- Walk! Walk during lunch hour, walk instead of driving to work, mow your lawn with a push mower, walk to your place of worship, get a dog and walk it, fetch the paper yourself, walk kids to school, walk to a co-worker's desk once in a while instead of emailing them, get off your bus a stop early and walk a block. You get the idea.
- Dance to music.
- Take the stairs instead of the escalator or elevator. If you live on the tenth floor and don't want to walk ten flights of stairs then just start with two or three flights and then reward yourself with the elevator the rest of the way.
- Sit up straight at work.
- Try gardening, get that yard work done.
- And don't forget leisure activities such as bowling, tennis, golfing, playing catch, and any other sport you can think of; they all get your body "givin'er".

Find an activity buddy! If you are already active at least 30 minutes a day on 5 or more days each week, make a commitment to get a friend or family member to be active with you. Help them see that being physically active doesn't take a lot of time and can be fun. When you have someone to be active with, you're more apt to stick to it. Play with your younger children, siblings, or grandchildren instead of letting them sit in front of the television. Statistics Canada reports Saskatchewanians watch on average 21 hours of television a week! One of the most common excuses for not exercising is not enough time. Hmmm, where does the time go?

Parents, grandparents, caregivers, teachers, and community leaders serve as role models for family members and students. Obesity rates in children are on the rise. Be an example to the next generation with your active lifestyle. Remember, if you do want to start a regular more structured exercise program, that is great; but always check with your doctor or health professional so you don't injure yourself.

They say we have an aging population. This statement confuses me at times. Show me someone who isn't aging...but I digress. The point I am getting at is that it is never too late to start being more physically active. Some of our wonderful aged folks think, or have been told, that getting older means one must slow down. Follow this line of thought through and the next step is stopping altogether. The body is amazingly adept at adapting. It will respond to what you tell it, so tell it to move more and all the benefits I've mentioned will be yours.



### Westside Clean-up Day...

Westside Community Clinic staff participated in the Riversdale Clean-up Day in June. Seen here from left are Carla Smith, Receptionist, Delvina Doucette, Nurse Practitioner and Cheryl Hand, Westside Co-ordinator.

## Commentary on Changes to the Food and Drugs Act

By Kathleen Storrie, Member of the CHSA Political and Social Action Committee

*“The relationship between a regulator and the regulated... must never become one in which the regulator loses sight of the principle that it regulates only in the public interest and not in the interest of the regulated.”*

**Justice Horace Krever, Commissioner of Inquiry on the Blood System in Canada, 1996**

Justice Krever’s statement highlights the role of government in regulating goods and services in the public interest. In recent years, the safety of such things as blood transfusions, water, beef and prescription drugs has been called into question. Proposed changes to the federal Food and Drugs Act suggest yet another area of concern.

This act is the foundation of federal health protection legislation; it governs food, drugs, cosmetics and medical devices. In October, 2003, Health Canada created proposals for change, (see Health and Safety First!), stating that the intention was to replace “outdated statutes with a new health protection regime better suited to modern technology and society”. These proposals have been roundly criticized by many experts from across the world, professional associations and community groups, including the Canadian Health Coalition (see [www.medicare.ca](http://www.medicare.ca)).

One of their many concerns involves Health Canada’s stress on “smart regulation”. This means being “market-friendly”, replacing the focus on safety with risk-benefit analysis and managing any damage that may ensue. This approach contrasts with “precautionary regulation” which seeks to do no harm, errs on the side of safety and stresses the duty to guard the public interest.

The background to these changes can be found in the federal government’s strategy of job creation and economic growth announced in 1994. According to federal government documents at the time, this involved “unleashing business energies” and “reducing the regulatory burden on business”. We need to ask: who defines a “regulatory burden” and whose interests are being served by such a reduction? What might be a “burden” to some might well be a safeguard in the view of others. For example, three scientists in the Veterinary Drugs Directorate, Health Canada, acted as guardians of safety when they resisted pressures to fast track American approved products before they had even received the relevant data from the pharmaceutical company. They opposed other questionable practices and were fired in July, 2004.

Another major problem for Health Canada is that the secrecy that often accompanies business practices conflicts

directly with the norms of science such as transparency and public disclosure. This year the Canadian Association of Journalists gave its annual “Code of Silence” award to Health Canada as the most secretive government department in Canada. The CAJ cites the department’s refusal over 5 years to make data about adverse drug reactions available in an electronic format that would enable researchers to carry out a deeper analysis. The Food and Drug Administration in the U.S. for years has routinely made such data available on its website.

Bill C-28: An Act to mend the Food and Drugs Act has had its second reading but has not yet been passed (as of this date). It was introduced by the Parliamentary Secretary to the House of Commons as not being related to food safety and only as “a technical matter”. It permits food with higher than allowable limits of agricultural chemicals, veterinary drugs or pesticides to be sold if this food has been issued an “interim marketing authorization” by the Minister. This mechanism allows products on the market before they go through the regulatory process to assess their safety - products such as genetically modified organisms and food additives for infant formula. Federal government bureaucrats have used this procedure for 82 products since 1997. The bill will legalize this practice by bringing it under the authority of the Minister and will legalize all the past actions. Each authorization lasts for 2 years by which time the scientific assessment is supposed to be completed.

The present law states that adulterated, contaminated or harmful food cannot be sold. Bill C-28 amends this by stating that food is not considered adulterated if it has interim market authorization and if the adulterating substance does not exceed the maximum residue limits set out in the authorization. The bureaucrats only have to assure the Minister that “there is a reasonable certainty that no harm will result” from the consumption of the product in question. Consumers in the supermarkets may well assume that these products have been approved by Health Canada as safe on scientific grounds after thorough testing. We should note that the authorized maximum residue limits are legal limits only - they are not necessarily scientifically based limits.

The CHSA Board has expressed its concerns about these changes to the Minister of Health. Members of the CHSA Advocacy Network have been provided with information and sample letters so that they can also do the same. If you are interested in these materials, you can contact Ingrid Larson, Director of Members Relations at 664-4243. More information can also be located at the Canadian Health Coalition’s website.

## Understanding Mental Illness

By Joan Stephens, Community Mental Health Nurse

Recently, as I was sitting in a psychiatrist's office I read a poster with the heading "Heart Disease, Just Another Excuse For Lazy People Not To Work". 'Ouch', I thought, as I read the small print under it: "Imagine if we treated everyone like we treated The Mentally Ill". This poster, an advertisement for the Psychiatric Research Foundation, was meant to make us think, and those sentences stayed with me for days. The point it made, rather effectively, is that most of us don't view mental illness the same way we do other non-curable but treatable illnesses.

When someone tells us that they have been diagnosed with high blood pressure, diabetes, arthritis, allergies, lupus or other chronic illnesses, normally the conversation still flows. We often will ask about their medical care and we may ask how we can help. Our relationship continues, perhaps with some acceptance that this person may have to rest more often, eat responsibly, or avoid excessive stress. But what is our community's reaction to mental illnesses? Do we feel able to respectfully ask that person about their illness, or do we turn away and wonder what they 'did' to bring the illness upon themselves? Do we feel embarrassed by a consultation with a psychiatrist?

Mental illnesses can be frightening. But thankfully, people who are 'different' are no longer shut out from society. It is most helpful to get help as soon as possible, learn about the illness, and have a supportive community of professionals, family and friends. As with so many illnesses, mental illness can be overlooked or misdiagnosed, but recovery and stabilization is the goal.

At present, there are no cures for mental illnesses, but many people can experience 'remissions' and live symptom free. Others find themselves permanently disabled with a very lonely illness. We also need to understand that the illness may be fatal.

So what are mental illnesses, and how can we be supportive? Mental illnesses generally are brain disorders that affect one's moods and/or thoughts. They are not due to bad parenting, or poor morals, but as with many disorders, have a genetic link. We have all experienced periods of confusion, sleeplessness, anger, insecurity, sadness but we must be careful that we do not assume we therefore 'know what it's like'. These 'symptoms' for most of us are short-lived and not extreme. Having a bad hair day is not the same as clinical depression. Being 'fussy' and an extremely clean housekeeper is not the same as dealing with obsessive compulsive disorder, although it may be a symptom if there are other indications. Feeling panicky when you have lost your toddler at Zeller's is not the same as dealing with an anxiety disorder minute by minute in your life. Feeling really

empowered and happy is not the same as having bipolar affective disorder. Feeling afraid at home alone one night cannot be compared to the paranoia and jumbled thinking a person with schizophrenia may experience. Hopefully, we can respect the courage, resilience and strength it takes to manage these symptoms, and be able to express our acceptance, interest, and support in the same way we would offer it for any other illness.

You may think you do not know anyone with a mental illness. Depression is the most common reason for medical leave from work. Statistics show that all of us have a significant person in our lives experiencing mental illness, be it our neighbour, friend, or family member. If you are concerned about someone, express your concern and talk with your doctor. If your concern is urgent, call the Crisis Line at 933-6200 for guidance. Mental illness is not something to keep our heads in the sand about, as there are effective treatments and medications available as well as support to learn how to manage and cope with the condition. Be willing to ask questions and more importantly, to listen. A genuine interest in our fellow humans goes a long way. Helpful resources are now available, such as the Canadian Mental Health Association (933-6300), the After Suicide Support Group (249-5666), the Crisis Line (933-6200), the Schizophrenia Society (374-2224) or Mental Health Services (655-7950). Your family doctor is also a good reference.

I feel privileged to know many people with many types and degrees of severity of mental illness. I am humbled to see the honesty, perseverance, humour, and wisdom that they have drawn upon, and their willingness to share their experience with me while they deal not only their symptoms but also employment difficulties, often poverty, relationship issues, extreme isolation, the injustice of dealing with stigma and being ostracized, and of course, getting on with the job of accepting the condition and all that it means.

### Join us for Membership Days

We invite you to join us each month for refreshments and information about membership and volunteer opportunities at the Clinic during Membership Days.

Membership Days take place at the back entrance of the Main Clinic the second Tuesday and Wednesday of each month. They will start on September 13th and 14th, and continue October 11th and 12th, November 8th and 9th, and December 13th and 14th.

Membership volunteers help by selling memberships, serving refreshments and providing information about membership and volunteer opportunities at the Community Clinic. If you would like to become a membership volunteer please telephone Laurie Stone, Membership Development Co-ordinator at 664-4221.

## Saskatoon Community Clinic Drop-in Flu Clinic



**October 3 – 7, 2005**  
**October 11 – 14, 2005**  
**Mornings 10:00 am – 12:00 noon**  
**Afternoons 1:00 pm – 4:00 pm**



### Eligibility:

In order to receive the flu shot at the Community Clinic, you must be a current patient of a Community Clinic physician and meet one of the following criteria:

- Are 65 years or older
- Children and adolescents (age 24 months to 18 years old) with conditions treated for long periods with Aspirin.
- Have chronic heart or lung disorders.
- Adults and children (24 months to 18 years old) with chronic conditions such as diabetes, cancer, kidney disease, immune suppressed disorders.
- People of any age who are residents of nursing homes or other chronic care facilities.

Healthy Children Aged 6 – 23 Months: Public Health will immunize all children 6 – 23 months. More information can be obtained from Public Health by phoning 655-4620.

Other Individuals: This year, due to provincial guidelines, the Community Clinic is unable to provide vaccine for anyone who does not meet the above criteria. Those who do not meet the above criteria can be immunized at one of the various Public Health Clinics held in different areas of the city. The cost for this will be \$20.00.

No appointment is required, just drop in to the Main Clinic. You will be asked to wait 15 minutes after your flu shot to ensure that no reaction has taken place. Westside patients will receive their vaccination at the Westside Clinic. The flu shot is free for those who meet the eligibility criteria.



The Community Clinic is pleased to welcome a number of new staff. Back row, from left are Colleen Hamilton, Diabetes Outreach Project Worker; Janice Brenner, Pharmacist; Rose Marie LePoudre, Counsellor; Debra Wilson, Westside Nurse; Nayyar Javed, Counsellor; Patrick Lapointe, Administrator (leading orientation session). Front row, from left are Teresa Hodgkinson, CCT (returning to Clinic); Marnie Parent, Lab Tech; Brett Buyers, Physical Therapy Student; Jennifer Desjarlais, Receptionist and Health Records Clerk.

## Board and Staff News



### Welcome to...

CHSA Board Members elected at the Annual Meeting: **Nancy Carmichael, Rebecca Elder, Doug Racine, Maggie Sawatsky**, and CHSA President **Cheryl Loadman**

**Colleen Hamilton**, Diabetes Outreach Worker at Westside Clinic.

**Jone Barry**, Nurse Practitioner, Main Clinic

**Debra Wilson**, Registered Nurse at Westside Clinic.

**Jennifer Desjarlais** and **Terri-Lynn Bishop**, Receptionists.

**Jolaine Empey** and **Sandra Pabello**, Medical Records Clerks.

**Marnie Parent**, Registered Lab Technician.

### Farewell to...

**Dr. Downes**, Family Physician, who has moved with her family to Calgary.

### Congratulations to...

All staff who received awards at the CHSA annual Staff Awards Celebration held on Tuesday, March 22, 2005.

Five year awards: **Charlotte Prosser, Sandra Wolfe, Mardi Apesland, Maryann Peters, Keitha Solvason, Claire Morash, Trudy Myers, Irene Oliynyk, Anne McElroy, Kathleen Pollock.**

10 Year Awards: **Agnes Lariviere, Linda Main, Janet Anderson, Dawna Rose, Colleen King, Ingrid Larson, Tammy Hofer, Chris Stevenson.**

15 Year Awards: **Norlane Jensen, Louise McKinney.**

20 Year Awards: **Brenda Goossen, JoAnne Epp, Iris Sloboda, Karen Kallio, Loretta Baier.**

25 Year Awards: **Dennis Morrison, Diane Hiltz, Dr. Joanne Haigh.**

30 Year Awards: **Dr. Philip Loftus, Carla Smith.**

35 Year Awards: **Jean Thompson.**

Retirements: **Jeannine Usselman, Joyce Braun, Jean Beatty, Judy Weenk.**

Special Service: **Shelley Newfeldt.**

## April - July 2005 Donations

*We gratefully received donations to the Saskatoon Community Clinic Foundation from the following individuals:*

Jack Adams, George Rae Allen, Joyce Amundson, Joyce & Ruben Amundson, Janet I. Anderson, Lloyd & Helen Baker, Woodsworth & Marie Baker, Scott Bell, Emilia Bertrand, Irene Bevan, Catherine Lesley Biggs, Millie Boucher, Heather Brenneman, Mr. Charles J. Burnett, John & Betsy Bury, Roger Carriere, Linda A. Charlton, John Comer, Marjorie Cram, J. Ronald & Ruth Cruickshank, Eleanor L. Davies, Marlene & Ed Decker, Paul Denham, Frances Deverell, Graham Dove & Kathleen Slavin, Ewald Draeger, Ida M. Eliason, Mary Farion, Earl Fogel, Lorna Gaudet, Anthony Glow, Olive M. Gordon, Anna Harms, Sheila Hawkins, William & Margaret Heffernan, T.Y. & Judith Henderson, Erwin & Ingrid Hoehn, William E. & Jessie M. Hope, Norm & Elsie Hutchinson, Lorie A. Irwin, Ken & Laurel Jensen, Laura M. Jones, Joseph & Shirley Kawchuk, Mrs. Josephine M. Kiss, Gordon & Illa Knudsen, Harry & Elizabeth Koopman, Helen Kowlyk, Karen Larson, Allan Leisle, Abram G. & Sarah Loewen, Ted Mandziak, Clarence & Muriel McDonald, Margaret & Terry Monks, Patrick Mooney, Randall Nelson, Sarah Neudorf, Jack Newman, Dan & Elizabeth Painchaud, Myrtle Pennock, Raymond Pinto, Gertrude Prebble, Stener Rasmussen, Marjaleena Repo, William Riesen, Anne G. Roper, Sarah Schmidt, Denise Schmitz, Maisie J. Shiell, Benjamin & Adele Smillie, Audrey Smith, Elsie M. Smith, Freda M. Smith, Earl Storey, Marcelle Strom, Isabella Sutherland, Mrs. Tillie Taylor, Ivor & Orca Thokle, Harold H. Tilley, Kathleen G. Toews, John Tompalski, Alice L. Tremblay, Peter & Doreen Walmsley, Anne I. Werner, Albert N. Young, William A. Young, Lan Yu, Bernard & Ruth Zuk.

### *Donations Received in Memory:*

**In Memory of Frank Baker:** Lloyd & Helen Baker  
**In Memory of Wesley Bartley & John Kleppe:** Gladys Bartley  
**In Memory of Jacob Bergen:** Ruby Bergen  
**In Memory of Bessie Bittner:** William & Viola Buccis  
**In Memory of Elsie Brown:** William Brown  
**In Memory of Florette Brown:** Peter R. Brown  
**In Memory of Frank Coburn:** Clifford A Matthews  
**In Memory of Hannah Elliott:** Clifford Elliott, J. Ronald & Ruth Cruickshank, Larry & Lynn Fowke, Genevieve Teed  
**In Memory of William Ford:** Larry & Lynne Fowke  
**In Memory of Hartley Fredeen:** Margaret Fredeen  
**In Memory of Charles Gastel:** Lisa Gastel  
**In Memory of George Herr:** Dorothy Herr  
**In Memory of Gordon A. Hymers:** Norma E. Hymers  
**In Memory of Hertha Jamison:** Robert Jamison  
**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 Lois Langer:** Genevieve Teed  
**In Memory of John D. Mireau:** Albert G. & Elizabeth Epp  
**In Memory of James W. Mitchell:** Laura Irene Mitchell  
**In Memory of Jean Newman:** Jack Newman  
**In Memory of Elizabeth Paulsen:** Paul Paulsen  
**In Memory of Donald M. Sather:** Osra Sather  
**In Memory of Mary C. Schroeder:** Mona Kaun, John & Jane Taphorn, Henry & Elaine Zimmer, Gerald & Bea McGrath, Violette Koski, Hedwick Kihn, Myrna Schroeder, Hazel Gordon, Howard & Freda Wagner, Don Steen, Irna Dotschkat, Margaret Breckner, Bob & Marion Barclay, Phillip & Lillian Hanson, Lillian Siefert, Vi Smith, Allan Wagner  
**In Memory of Jessie Zeman:** Joseph Zeman  
**In Honour of Terry & Dennis Harley's 50th Wedding Anniversary:** Ewen & Ann Coxworth

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ISSN 0015-5195

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