



## Trans care: Co-operative values in the 21st Century

By Danielle Chartier, Member and Public Relations director



Dr. Leane Pask & Elijah Gatin

The Saskatoon Community Clinic’s (SCC) co-operative values have guided it for more than 60 years, helping the clinic to lead the way, innovate and fill gaps in healthcare.

This was the case in 1962 when the co-operative’s founders came together to ensure the community had access to healthcare when Saskatchewan physicians went on strike, and it continues today.

A 21st Century example of the clinic’s co-operative values in practice is the provision of gender affirming care, care that supports and validates someone’s gender identity and gender expression.

“It all started because patients and members identified a need for this care back in 2016,” explains Dr. Leane Pask.

A member was getting trans affirming care from Dr. Veronica McKinney at Westside and put forward a resolution at the annual general meeting. The resolution called on the clinic to improve the care it was providing to those who were transgender or otherwise gender diverse. Membership passed it and Pask was able to add to the care McKinney was already doing.

“I did a bunch of training, got some experience and started providing trans health care beyond general primary care, so prescribing hormones or referring people for gender affirming surgeries.”

“It grew very quickly with people coming from all over Saskatchewan, all ages from seven to 77 looking for care,” she says.

Elijah Gatin is one of these people and describes what it has meant for him to be able to access gender affirming care.

“I got very nervous that I was going to have to be sent for counselling or a psychiatric referral or things like that. I was kind of like, ‘I’m 28, I know who I am,’” explains Gatin of his first appointment when he began working with Dr. Pask and the clinic about five years ago.

“I was so anxious, but as soon as I walked into that room, all of that went away because it wasn’t about (Dr. Pask) and the steps that she wanted to take with me. It was about her learning about who I was and what I wanted, what steps I wanted to take and how I wanted to see my transition. It meant the world to me to be able to access this care so easily.”

Gatin says he has been grateful for the whole team of supportive healthcare professionals at the SCC.

“It has just felt great coming to the clinic.”

Those who identify as trans often do not seek care because they do not have access to gender affirming care and end up with medical trauma, says Gatin.

“It’s hard as a trans person to trust, especially people that are going to be looking at your body and being the gatekeeper for the things you want to seek out.”

*Continued on page 2...*

### \* GENDER AFFIRMING

Intentional actions, behaviours, policies, or supports that validate someone’s gender identity and gender expression. Examples include providing hormones to patients who are transgender, teachers asking for pronouns at the beginning of the school year, or organizations that change their intake forms to allow for more than two gender options.

\*From OUTSaskatoon resource *Identities & Terms*

When gender diverse individuals cannot access the care they need, the harm can be very real.

“In medicine, we’re always taught to do no harm, but sometimes you are doing harm by doing nothing,” says Pask.

“If the person has no hope of feeling like they’re going to be able to access the care they need and see the changes that they know are going to be helpful for them, then the consequences of doing nothing can be deteriorating mental health and suicide,” she explains.

Transphobia remains an issue today and for those coming out as trans, it can be beneficial to connect with others with lived experience.

“I think it can be really helpful just to learn from other people how you’re going to navigate this as somebody who may be dealing with a parent, a spouse or a grandparent who just doesn’t get it ... The sad thing is that sometimes people have to choose not to have people in their lives if they’re not supportive. That’s a choice that they make for their own health and well-being.”

It can also be helpful for family members to connect with those with lived experience with whom they can talk about their fears and discomforts.

“Sometimes it’s hearing from other parents or grandparents who’ve been there and who can say, ‘You know what, this was really hard and I went through all of these emotions, too,’” explains Pask.

Pask learned this firsthand when her own child came out in recent years as non-binary.

“I can remember talking to them about it and getting more of my doctor hat on ... rather than my parent hat and feeling like, ‘Okay, I’ve got to say the right things here. I know what I need to do,’ and then on the inside, I’m thinking, ‘Oh, no, is this my fault?’” says Pask.

“Despite my knowledge, despite my experience, I still had this cultural negative label in my head ... It’s a weird sense of loss. At first when I was going through it, I felt ashamed of feeling that loss because I knew better.”

With the permission of her child, Pask sometimes shares her family’s own story and her own initial feelings with those who might be struggling but want to do better.

“I’ll share our story to say, ‘You know what, it’s okay to feel all those things that you’re feeling. And in our society, it’s probably even quite normal and expected and you need to have those feelings validated. You need to get help for yourself and you need to educate yourself about what you can do to help your kid.’”

## What sets us apart? SCC’s Unique Value Proposition

After more than a year of work, the Saskatoon Community Clinic now has its own Unique Value Proposition (UVP).

The UVP answers the question, “What sets us apart from other organizations?” and provides insight as to why people become members of the Community Health Services Association (Saskatoon) Inc.

“By understanding and leveraging our distinct strengths, we can shape our programs and services to reflect the needs of our patients and members and make more informed decisions regarding the future direction of our clinic,” explains Patrick Lapointe, CHSA president.

The clinic’s UVP was informed by a series of interviews, focus groups and surveys that involved clinic members, staff, patients and board members.

*“Under the guidance of our membership, the Saskatoon Community Clinic strives to provide equitable access to the highest quality primary health care possible – care that is continuous, person-centered, relationship-based and considers the needs and preferences of individuals, families, and communities. The Saskatoon Community Clinic recognizes that high quality care is often least accessible to our most vulnerable groups. We commit to ensuring our delivery of primary health care considers the social determinants of health and to practice non-judgmental, interdisciplinary, team-based care focused on the whole person. We actively seek to work with our clients and members to create a space for inclusive leadership. As a co-operative, we acknowledge the social injustices that exist in our community, and seek to work with others to address these challenges in order for the health of our clients and our community to improve.”*

“The fact is, it’s not just the person that’s transitioning, it’s the family and their loved ones, everybody kind of transitions.”

Importantly, Gatin wants people to understand those who identify as gender diverse are just people trying to live their best lives.

“When it comes to explaining what being gender diverse means, it’s important for people to see that we’re living full, healthy and happy lives, not living these sad, bad and tragic lives that get often highlighted in the media, to make sure people know we’re just regular people who are trying to live comfortably in the world,” he says.

# The RCMP spied on community clinics

By Dennis Gruending



Dr. Frank Coburn addresses an early meeting of the Community Health Services (Saskatoon) Association with Dr. Ed Mahood, CHSA president, chairing. The two men were among several individuals under surveillance by the RCMP.

In the early 1970s, I was a reporter at the Saskatoon Star-Phoenix and Betsey Naylor was the member relations officer for the Saskatoon Community Clinic. She asked if I would write a brief history describing the clinic's beginnings, and in 1974 we published a 45-page booklet called *The First Ten Years*. It was on display in the waiting room for decades.

The Saskatoon clinic, and others in the province, arose from the Medicare dispute in 1962. The Co-operative Commonwealth Federation (CCF) government had long promised Medicare. In 1959 the government announced its plan to have visits to the doctor paid from taxes rather than having individuals pay out of pocket. Most doctors opposed this. They said the government was turning them into civil servants and would interfere in their relationship with patients. The government said the only thing to change would be the method of payment, with doctors billing the government rather than patients, for services rendered.

The Medicare plan came into being on July 1, 1962, and on that day most doctors went on strike for 23 days. There was bitter division, with loud demonstrations against it and even calls for violence by those some of those opposed to the plan. The supporters of Medicare began to organize citizen-led community clinics, and to recruit sympathetic doctors to staff them. In late June, there was a flurry of planning meetings, and on the morning of July 3, the Saskatoon clinic opened its doors in the Avenue Building on Third Avenue.

Shockingly, the RCMP Security Service had those organizing meetings under close surveillance. A secret RCMP file that I obtained through an Access to Information request bears the name Medicare Plan Sask – Communist Activities Within. The police had an abiding fear of communism and extended their scrutiny to progressives of any description.

That explains but does not justify the surveillance.

The RCMP's Saskatoon subdivision prepared a 10-page report dated July 5, 1962. It described "surveillance of a very discreet nature" at a series of meetings held at the Union Centre in Saskatoon. The document listed the names of people who attended, including the five individuals elected to the clinic's first board of directors. They were Dr. Frank Coburn, a psychiatrist who taught in the College of Medicine at the University of Saskatchewan; Clarence Lyons, a union representative for the United Food and Allied Workers (now UFCW); Ed Mahood and James Naylor, both professors at the University of Saskatchewan; and lawyer Don Woloshyn.

The attendees recorded by the RCMP also included Genevieve Teed, who later worked as a social worker for years at the clinic, and Dr. Margaret Mahood, who became one of the first two medical doctors to serve in the clinic beginning on its first day.

An RCMP corporal named R. L. Firby added an observation to the secret report.

"A very close watch is being kept on this group's activities," Firby wrote.

He added, that, to his knowledge, the clinic's supporters "have not as yet made any concrete plans which would be of a disruptive or violent nature, although obviously some of the members in leadership positions appear to favour such action."

Firby forwarded his report to the RCMP commissioner in Ottawa.

*Continued on page 4...*

The genesis and introduction of Medicare was a textbook exercise in democratic politics. The CCF had promised it in 1944, when they won their first election. They had inherited a large government debt and had to bide their time. They were ready to move by 1960, when the provincial election became a hard-fought, one-issue campaign, and they won. The people supporting Medicare and the clinics were hardly a threat to public order. They were citizens involved in an admirable democratic cause.

Ed and Margaret Mahood's daughter, Dr. Sally Mahood, is currently a family physician in Regina and an associate professor of family medicine at the University of Saskatchewan in Saskatoon. She was in her early teens during Medicare dispute in 1962. She remembers it as a tense time.

I asked whether her parents knew they were under surveillance. "I don't think so," she said. "They were involved in an all-consuming political struggle at the time. But they would not have been surprised."

What the RCMP deemed a threat in Saskatchewan later gained support from all political parties and became Canada's most cherished social program. Community clinics in Saskatchewan were at first met with hostility by the medical profession, but clinics now fit comfortably into the medical landscape. They have made an important contribution to the health and well-being of people in Saskatoon and elsewhere.

*Dennis Gruending is a Saskatchewan-born writer and the former MP for Saskatoon-Rosetown-Biggar. He now lives in Ottawa.*



# Positive Conversations:

## A Safe Space to Share Ideas about Aging, Health & Wellness and Building Connections

**WHO:** Clinic patients over the age of 50 who self-identify as 2SLGBTQ+

**WHAT:** A program to inform, engage and discuss

**FACILITATED BY:** Barbara Clanchy, Seniors Advisory Council member, & Brett Williams, Community Clinic Counsellor

**QUESTIONS, IDEAS OR INTEREST IN PARTICIPATING?** Contact Laurie Stone: [volunteers@communityclinic.ca](mailto:volunteers@communityclinic.ca) or call 306-664-4282. All replies confidential.

Date and location to be determined once we know how many will attend

**Social distancing and masking when not having refreshments will be observed for your safety and comfort.**

**Sponsored by the Seniors Advisory Council & the Counselling and Community Services Department**

# SCC board supports next generation of co-operators

By Danielle Chartier, Member and Public Relations director



Hendrix Javier on his way to Camp Kindling

This summer, the Saskatoon Community Clinic board was pleased to send two Saskatoon campers to Camp Kindling and also sponsor an entire camp session of fun, learning and leadership development for Saskatchewan youth.

“I had lots of fun and learned a lot and I think others would love it here, too,” writes Hendrix Javier, 13, one of the young people sponsored by the SCC.

Camp Kindling brings together those aged 12 to 18 throughout the summer from communities across Saskatchewan to learn about, embrace and embody the co-operative values of equality, solidarity, integrity and social responsibility.

This happens through four- and five-day long overnight camps designed to help young people master skills in teamwork, leadership, co-operation and communication.

“I enjoyed all the activities we did that helped us learn about the co-ops and issues around the world,” writes 14-year-old Delaney Robertson, also sponsored by the SCC to attend.

“We got to learn and understand a lot about communication and co-op memberships and more,” adds Javier.

But fun is also an important part of the camp experience, too.

“At Camp Kindling we had water gun fights and went canoeing at the beach...Finally we had a talent show. It was lots of fun,” Javier explains.

“I enjoyed all the activities we did that helped us learn about the co-ops and issues around the world,”

— Delaney Robertson

Robertson agrees that the talent show was a high point.

“I’ve had many amazing fun experiences since I’ve arrived. Some of my favourite things were the talent show... because there wasn’t really any pressure to do well and I was encouraged to do things I wouldn’t have otherwise.”

SCC Executive Director Lisa Clatney has seen a positive impact of the camp on her own children, all three of whom have attended, including her youngest who participated this past summer.

“Co-operatives play such a vital role in our province and it’s important that my children understand this significance and what co-operatives can offer their members and community,” says Clatney.

Not only did camp provide a cool learning experience for her children, but each of them developed great friendships and remain in touch with some of their fellow campers, even though her oldest daughter went through the program five years ago, she explains.

Camp Kindling, formerly called Co-op Camp/Saskatchewan Co-operative Youth Program, has been leading co-operative youth education in the province for more than 90 years and is one of the best-known initiatives of the Saskatchewan Co-operative Association.

The camp has a long-standing tradition of promoting inclusivity and open participation in its programming and works with families to welcome and involve all participants interested in joining Camp Kindling.

## Semi-Annual Meeting

Saskatoon Community Clinic  
(Community Health Services Association (Saskatoon) Inc.)

**Save the Date!**

**Wednesday, January 18**  
**6:30 PM to 9:30 PM**

More information to come



# Pineapple Weed – a traditional Indigenous medicine

By Genevieve Prevost

Travelling from place to place, we often fail to look at what is growing in the small cracks and crevices that pave our streets, sidewalks and driveways. Nature is constantly giving us what we need when we need it. Something that I see all the time is a plant that grows in the harshest conditions – pineapple weed.

As a kid, I would pick the yellow cone-shaped flower and squish it between my fingers to smell the citrus scent. Now as an adult, I search for it in spaces that have not been sprayed with pesticides or insecticides. I collect as much as I can as it is a wild chamomile. I leave the root to grow again, dry it and use it to make tea. This is one traditional medicine to help when things get a little crazy in our lives.

In the times we live in, as our stressors increase, I have noticed many of my colleagues reaching out to ask what to do for stress and wellness. Coffee is a diuretic and has caffeine, which many of us have been existing on. It increases our heart rate and makes us feel nervous. Take a moment, go find some pineapple weed when it begins to grow and make a cup of tea. The walk to find it and the moment of solace as you drink your tea, will improve your well-being.

*Article written by Prevost, a Saskatoon teacher at Oskayak High School, and re-printed with permission of the Saskatchewan Teachers' Federation.*



## New service to serve you better

The Saskatoon Community Clinic will be adding a communication portal in the months to come to better serve patients.

“This portal will free up time at the reception desk for staff to address phone calls and other tasks more quickly, and save patients time, too,” explains Twila Grona, Director of Nursing/Reception.

This program will provide the clinic the ability to communicate directly with patients in a timely manner.

“If your doctor is away last minute and your appointment has to be cancelled, we will have the ability to broadcast that message to those patients who need to know,” says Grona.

This portal will also allow mobile check-in for patients comfortable with technology and content with by-passing the reception desk.

The clinic plans to launch this new service first at the Downtown site before moving to Westside.

In order to be able to use this service, we will require patients' email addresses to invite you to create a portal account.

Please feel free to send your name, your date of birth, your health services card and your email address to [member.relations@communityclinic.ca](mailto:member.relations@communityclinic.ca).

When you visit the clinic, reception will also soon be asking if you would like to provide your email address.

Do not hesitate to get in touch if you have any questions: [Member.relations@communityclinic.ca](mailto:Member.relations@communityclinic.ca) or 306-664-4243.



**NEW!**

# Annual General Meeting report

The Community Health Services Association (Saskatoon) (CHSA) held its 60th Annual General Meeting on June 15, 2022 over Zoom.

The meeting included reports from the Saskatoon Community Clinic (SCC) Executive Director, board President, Co-Medical Director, Nominating Committee Chair, Finance and Audit Committee Chair, the Communications Committee Chair, and the SCC Foundation.

A few meeting highlights:

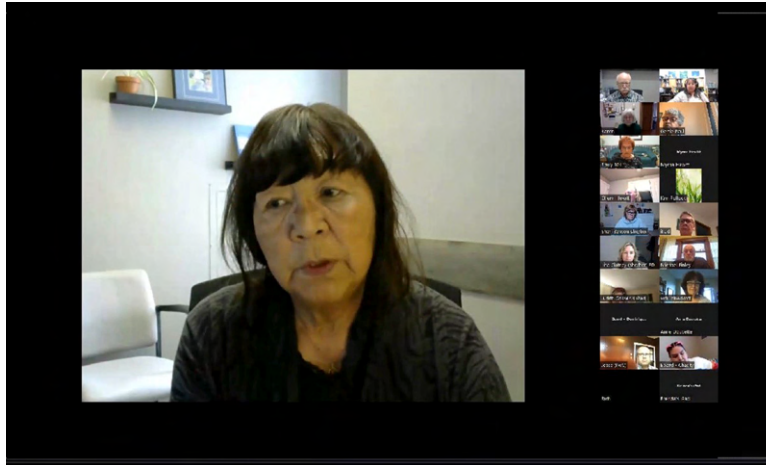
The Co-operative Education Committee, struck following a 2021 AGM resolution calling for the clinic to develop co-op education programs for clients, members, staff and board, continues its work. The committee has prioritized programming for staff as they are positioned to be effective co-operative advocates as the most frequent contact for members and community. That program is expected to be introduced this fall. It will be evaluated and any necessary changes will be made before moving on to expand it to clients, members and the board.

Although the family physician shortage in Saskatchewan is a systemic issue and not unique to the SCC, clinic leadership is working to develop its own solutions. The SCC has established an internal working group to improve access and capacity to better serve current clients and to allow us to take on new ones. The working group will make recommendations in the months to come.

In 2021, Dr. Lou Hammond Ketilson worked with members, the board and employees to develop the SCC's Unique Value Proposition (UVP). It will be used to engage staff, patients and members, guiding the clinic in making future decisions about programs and services. Membership learned more about the UVP at the 2022 AGM.

The SCC secured temporary funding from the SHA specific to our refugee health care program, allowing us to augment our physician services to help meet the demands on the program this past year with the influx of refugees arriving in Saskatoon from Afghanistan. We are continuing to advocate for permanent and sustainable funding for our REACH program.

This past year, we have been able to improve our 'no



Elder Florence Highway offers a blessing to begin the meeting

show rate' by 25% – that is, improving the percentage of clients who attend their appointments – through automated appointment reminders, online booking, and continuing to offer telephone appointments where appropriate.

With the help of a practicum student, the SCC undertook an exploration of

membership at Westside. Part of this work involved looking at the relationship patients have with the staff at Westside. The survey of over 200 clients this year found that over 90% of clients feel respected when they walk through the doors at Westside.

Connected Community Care, a partnership between the SCC, Saskatchewan Health Authority, Central Urban Métis Federation, and the Saskatoon Tribal Council has also been a continued focus. Westside's extended hours of operation continue to fill a gap in the community, allowing us to provide an additional 1000 patient appointments/quarter.

Board member Patti Warwick retired after serving her three-year term on the CHSA board, leaving one vacancy to fill with two other terms also due. Janice Paslawski and Jason Majid completed their terms but let their names stand again along with Cathy Cole, Director, Patient Client Experience Program Support & Development with the Saskatchewan Health Authority. Members acclaimed all three candidates.

Members also acclaimed Anne Doucette to a two-year term to the Communications Committee replacing outgoing member Cheryl Hewitt who had completed her time on the committee.

The Seniors Advisory Council brought forward a resolution calling on the provincial government to add coverage for Shingrix, a shingles vaccine, to the Saskatchewan Seniors' Prescription Drug Program and members continued their advocacy for older adults passing it.

Elder Florence Highway opened the meeting with a blessing to begin the meeting in a good way, and Melanie Baerg of Global Gathering Place closed the meeting with a presentation on the importance of the Refugee Engagement and Community Health (REACH) Clinic.

# We appreciate the patience of our patients!

By Danielle Chartier, Member and Public Relations director

It is not uncommon these days to hear stories in the news about challenges facing our healthcare system, including a shortage of family physicians across Canada.

The Saskatoon Community Clinic is not immune to these challenges.

This last year, and in particular, these last several months, our clinic has felt the impact of this growing physician shortage in Saskatchewan.

Clinic patients have experienced this through longer-than-usual wait times to access their own clinic physician. A positive of our team-based approach is if you cannot get in to see your own physician, you can book with another available provider. However, it has been challenging to get an urgent spot with anyone as these spots are often booked within minutes of the clinic opening for the day.

Staff have experienced the impact of this physician shortage through their interactions with frustrated patients, many of whom are long-time members who remember a time when it was much easier to access care, and a feeling of discouragement when they cannot meet people's expectations/needs.

Although the challenges we face are systemic in nature and not unique to our clinic, we are actively working on finding our own solutions.

Our Access Working Group, struck earlier this year, has been discussing the current challenges with timely access to care and reviewing our data. This group has developed a number of recommendations which, when implemented, should improve access for clinic patients in the coming months.

Physician practices at the clinic remain closed while the Access Committee does its work and we continue to recruit new physicians. Providers, reception staff and the Member and Public Relations department have the difficult task of delivering this message to many people every day.

It is incredibly disheartening to turn away individuals seeking a family physician and those numbers have been higher than usual. As other Saskatoon practices have lost physicians these past months, we have been getting 20 to 30 calls a day from people looking for a family physician. Currently on the Saskatchewan Health Authority website, there are no physicians in Saskatoon taking new patients and this has been the case for months.

Due to these pressures coupled with concerns raised by both physicians and patients about the transfer process, we are no longer allowing physician transfers. Our physicians may have different styles from one another, but they are all skilled and caring providers. We are encouraging patients who would prefer another provider to work with their current physician.

Please be patient with us as we work to improve access for current patients and the broader community.

We are doing our best to live up to our values in a difficult time and will always strive to be people-centered and provide equitable care.

If you have any questions, please feel free to contact Danielle in Member and Public Relations at [member.relations@communityclinic.ca](mailto:member.relations@communityclinic.ca) or 306-664-4243.

## Legislators tour the Saskatoon Community Clinic



Clinic leadership has been busy sharing the Saskatoon Community Clinic story with provincial politicians, civil servants and others to ensure they know the valuable role SCC plays in the community. Health Minister Paul Merriman and Opposition Leader Carla Beck toured this summer.



# The Saskatoon Community Clinic celebrated its 60<sup>th</sup> anniversary in July with the help of members, patients and folks from the community.



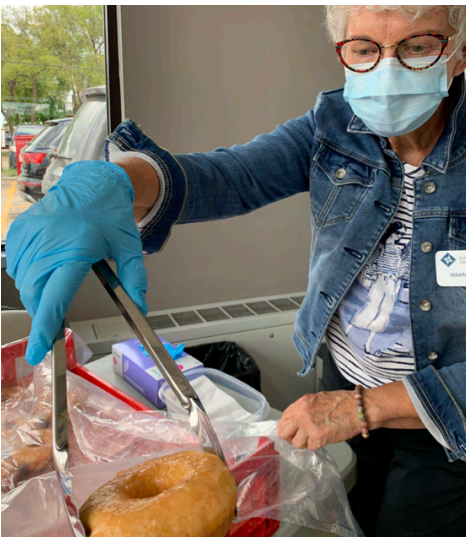
Thanks to all who joined us at the Westside barbecue and for Member Days held Downtown. A huge shout-out to all our volunteers and event sponsors, the Saskatoon Community Clinic Foundation and the Saskatoon Professional Firefighters Association, for helping make these events happen.



Westside barbeque: Saskatoon Firefighters dropped by to show their support



Westside barbeque: Community friend carrying our 60th anniversary tote bag



Member Days: Volunteer Gertie Paul handing out celebratory donuts



Westside barbeque: Mayor Charlie Clark with SCC executive director Lisa Clatney



Westside barbeque: Balloon creations by Warren



Member Days: Volunteers spoke to clinic patients about the importance of becoming a member



Westside barbeque: Hot dogs, treats, and refreshments were enjoyed by all on this beautiful, sunny day

# Over the years - Clinic highlights



**1961**

**Tommy Douglas government introduces the Medical Care Act in the SK Legislature**

On November 7, 1961, the Medical Care Act passes.

**1962**

**May 1962, Saskatchewan doctors announce they will strike if the government enacts the Medical Care Act**

**1962**

**Medical Insurance Act comes into effect on July 1, 1962**

Doctors withdraw all but emergency services in major centres, kicking off the doctors' strike.

**1962**

**Clinic Opening**

The Saskatoon Community Clinic opens its doors on July 3, 1962 during the tension of the doctors' strike.

**1962**

**Doctors' strike continues**

The Keep Our Doctors anti-Medicare protest at the Legislature on July 11, 1962 is much smaller than expected. On July 16, 1962, Lord Stephen Taylor arrives to assume the role of mediator between the government and the College of Physicians and Surgeons.

**1969**

**May 1969, sod turning for the new Saskatoon Community Clinic building on Second Avenue**

**1975**

**Westside Community Clinic established in Riversdale**

Westside Clinic opened at Avenue G and 20th Street.



**2005**

**Westside clinic becomes home to SWITCH**

The Student Wellness Initiative Towards Community Health is a student-run health clinic offering clinical services and health promotion programming with health professionals and community partners.



**2010**

**Westside moves to a bigger home on Avenue P and 20th Street**

**2016**

**The Refugee Engagement and Community Health Clinic (REACH) has its beginnings at the Downtown Clinic**

The Downtown Clinic adds ad hoc clinics to its roster on evenings and weekends, mostly volunteer-based, in response to the sudden arrival of a large number of refugees from Syria and the lack of dedicated, coordinated and centralized health delivery service for this vulnerable and underserved population.



**2022**

**Saskatoon Community Clinic celebrates 60 years of co-operative health care**



# Gifts to the Saskatoon Community Clinic Foundation

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**Delores & Art Clarke** from Fran Eldridge  
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**Thelma Pepper** from Carol Blenkin  
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**Dr. Margaret Szott** from Elizabeth McNulty  
**Ruddick & Muriel Welwood** from Lisa Clatney

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## Honouring/Celebrating:

**International Association of Firefighters, Local 80**  
(Saskatoon Firefighters Association)

**Vern & Clara Welker Fund**

**Jim & Phyllis Speers Fund**

**Angie Fergusson's 70th Birthday** from Bill Allen, Barbara Blakeney, Judy Bradley, Lorne Calvert, Joylene Campbell, Eric Cline, Elwood Crowley, Margaret Graham-Woloshyn, Tajinder Grewal, Linda Harlos, Barbara Makeechak, Pauline Melis, Darien J. Moore, Mary Ormerod, Laurence E. Osachoff, Sam Sambasivam, Judy Samuelson, Gary Simons, Sheila Whelan

**Thank you for your generosity. Donations from May 1, 2022 to July 31, 2022**

The Saskatoon Community Clinic respectfully acknowledges that we are situated on Treaty 6 territory and traditional lands of First Nations and Métis people.

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