
**Planning Document for
Vancouver Women's
Health Collective**

August 21-23, 1992

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Appendix 1 – Agenda for Weekend

Appendix 2 – Introductions, Rules of Order, Wants and Fears

Appendix 3 – What the Collective Is/What We Would Like It To Be

Appendix 4 – Past Mission Statement and Goals

Background

The Vancouver Women's Health Collective contacted LearningWorks in June, 1992 regarding the facilitation of a planning meeting. This weekend meeting would enable the Collective to create a three year plan, goals, policies, philosophy and a revised mission statement. The dates for the planning meeting were set for August 21-23. Betty Baxter and Louise Pohl of LearningWorks met with Raine McKay and Alexa Berton on August 20 to go over the agenda and discuss the background reading material. The location of the meeting (Entre Nous Femmes Housing Coop's community room) and the approximate number of participants was confirmed.

For the first draft of the weekend agenda, see Appendix 1.

Topics that we covered over the weekend were:

Friday	Saturday	Sunday
Introductions	Values	New Structure
Personal goals for the weekend	Mission Statement	Three Year Plan
Philosophy	Goals	

See Appendix 2 for Introductions, Rules of Order, Wants and Fears for the weekend. Since it would be impossible to address all the personal goals mentioned in one weekend, we set out to do our best. We started with a list of what we think the Collective is now and what we would like the Collective to be. See Appendix 3.

Values

In an attempt to determine the Collective's values, we asked the question "What **should** the Collective be or do?" Here are the responses in general categories.

Internal Process of the Collective

The Collective should:

- be forum where women act in a cooperative, consensual way
- work on issues of racism, classism and homophobia within the Collective
- value shared information and experience over authoritative knowledge

Services and Resources Provided by the Collective

The Collective should:

- provide women with options to the medical model
- support women to make choices in their health care
- empower women locally and globally to take responsibility for their health
- pay special attention to preventative health care
- provide women with an analysis of underlying conspiracy to keep women sick
- provide consciousness-raising for women
- develop and promote an holistic model
- increase referral file on community providing alternatives
- provide free services to keep women healthy
- promote philosophy of Collective
- target work to disadvantaged groups
- break down medical hierarchy by providing access to information
- offer support to women who suffer from violence and who are victims of the system

Advocacy/Lobbying

The Collective should:

- be vocal about imbalances in power in existing system
- actively try to change the system
- expose the health care system to whole community
- make explicit and expose the ways that the system perpetuates violence against women
- respond/fight actively against violence against women in the system
- advocate/lobby to change the system
- expose the use of women as guinea pigs
- expose protectionism
- demand effective policing within and without medical system
- make medical system aware of racism, classism, sexism and homophobia
- advocate for the normalcy of women
- advocate for research and funding for women-identified health issues
- challenge distribution of funds: basics versus high tech
- set up a file on abusive doctors

Networking/Liaison

The Collective should:

- engage in liaison with those practising alternate medicine
- link with women's community about bringing health-related violence to the fore
- be aware of global issues – liaise with international organizations
- make connections between local and global issues
- liaise with community groups doing work with marginalized groups

Education

The Collective should:

- educate health practitioners in how to offer alternatives
- make connections for people who don't see how medical system is financially driven
- promote health to keep women out of the system
- promote philosophy of the Collective
- make explicit unhealthy state of society
- develop and promote holistic model
- value women's knowledge about their own bodies
- promote healthful environment and awareness of connections between environment and health

Mission Statement

We were able to distil a mission statement from these values. The Mission Statement for the Vancouver Women's Health Collective is:

Women's experiences show that the established health care system undermines and denies the needs of women; therefore, the Vancouver Women's Health Collective will lobby and advocate to change the established health care system and provide women with resources to make their own health care choices.

We reviewed the previous mission statement and goals of the Collective. See Appendix 4.

Using the value statements generated earlier and taking the old goals into consideration, new goals were created.

Goals of the Vancouver Women's Health Collective (1992)

1. To actively work on racism, ageism, heterosexism, classism and discrimination against people with disabilities within and outside the Collective. (Reword?)
2. To create an environment that increases participation in and use of the Collective and to ensure that both reflect the diversity of our society.
3. To work in a healthy way on issues of power and conflict within the Collective.
4. To support and actively practice taking care of ourselves within the Collective.
5. To strive to be a self-sufficient structure while remaining autonomous and not being compromised by funding sources.
6. To actively participate in information exchange and support with individuals and groups locally and globally who share our perspective.
7. To support every woman's right to continue or terminate a pregnancy.
8. To engage in education and consciousness-raising around issues of reproductive choice.
9. To create an active and representative women's health lobby to create change in the health care system by exposing the roots of economic corruption and power imbalances in the established health care industry.
10. To value and promote knowledge about health based on women's tradition and experience.
11. To promote the vision that women are more than the sum of their reproductive parts.
12. To provide a broad range of health-related resources and a critical analysis of the established health care system, thereby offering options by which women can make their own health care decisions.
13. To inspire, support the development of, and engage in an ongoing exchange with issue-specific self-help, support and educational groups which, although functioning independently of the Collective, share our philosophy and values.
14. To continue to develop our understanding of health and healing through the critique of the "disease model" of health and promotion of a model based on the mind/body/spirit that addresses women-identified health problems.
15. To actively respond to and expose the ways that the health care system perpetuates violence against women.

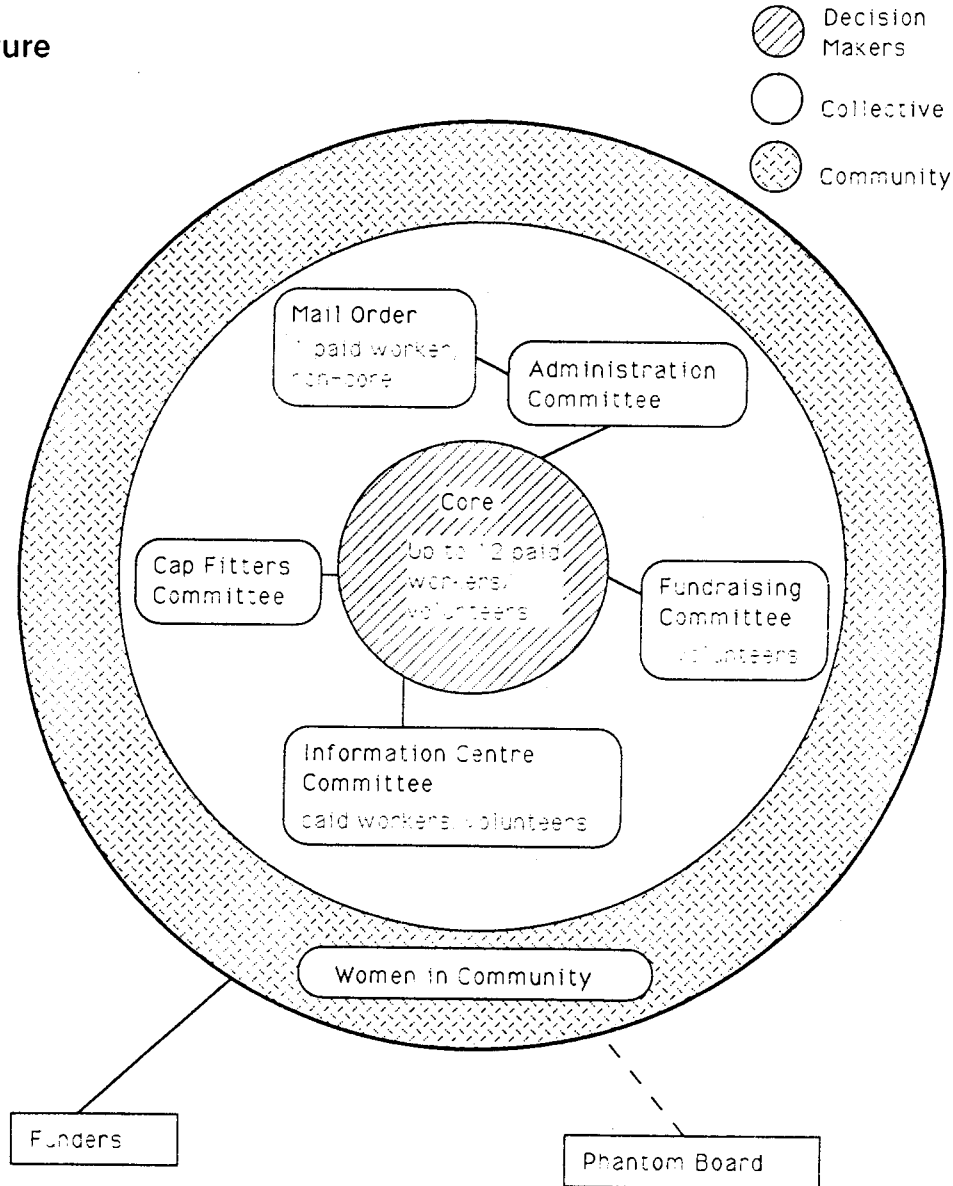
The Structure of the Collective

We realized that we would not be able to accomplish everything that was initially included in the agenda. The group decided that the new structure was more important than policy writing, which could be done after the weekend by small groups and ratified by the Collective. We therefore decided to remove policy making from the agenda so that we could concentrate on the new structure and the three year plan.

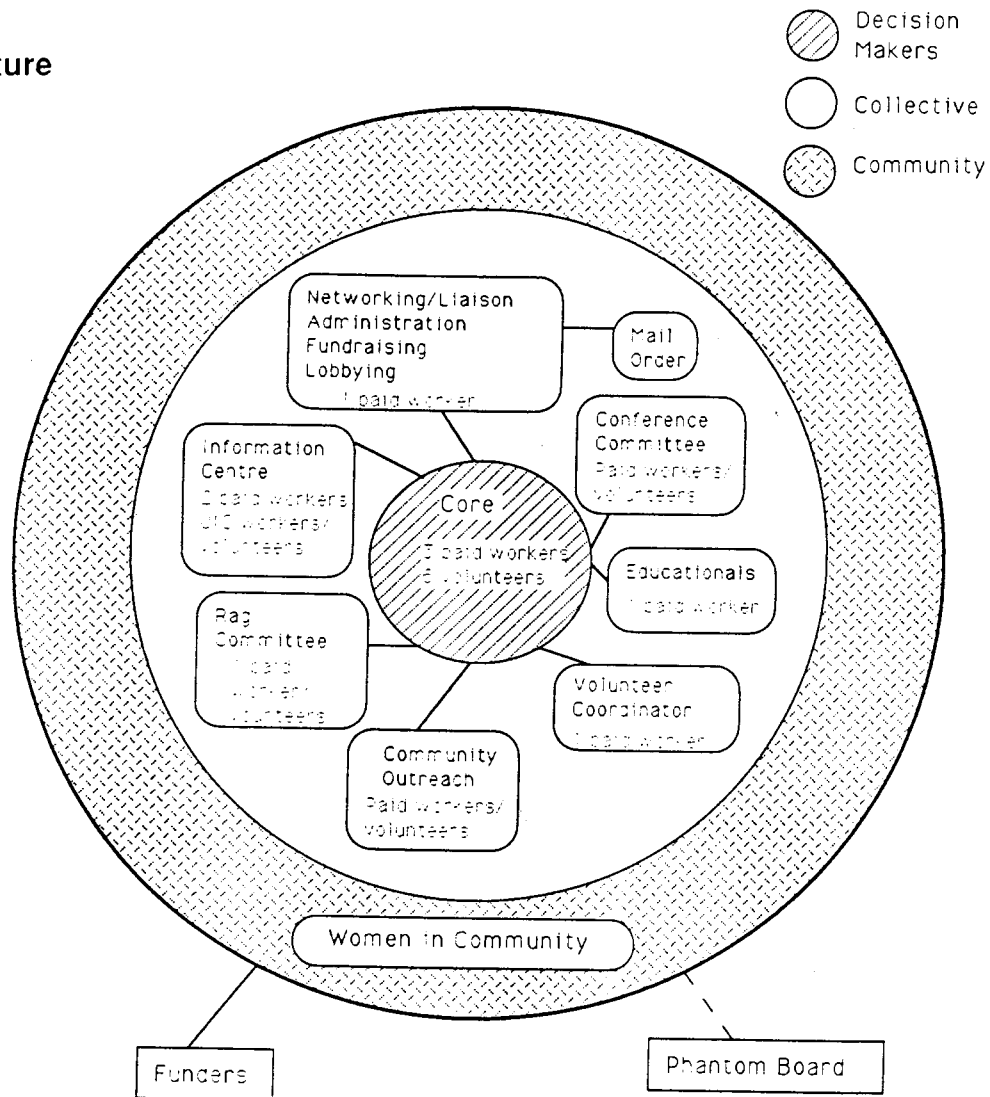
When looking at the Collective's structure, we did three things.

- described how the structure was set up initially
- compared the initial structure to the current structure of the Collective
- started to discuss new possibilities for the Collective's structure

Initial Structure



Current Structure



Note: Currently, there are three paid workers. They are all part-time and work as follows: 1@30 hrs/week, 1@24 hrs/week and 1@10 hrs/week. Each paid worker sits on more than one committee.

New Structure

The discussion broke into these categories:

- Issues to Consider Regarding Collective Structure
 - paid worker's overtime and job descriptions
 - paid workers on committees
- New Structure Suggestions
- Committees It Would Be Nice to Have

Issues to Consider Regarding Collective Structure

- paid workers on committees
- autonomy of committees
- taking care of paid workers financially, emotionally and physically by defining their jobs
- supporting volunteers by defining their responsibilities
- focus for the Collective
- relationship between paid workers and volunteers on committees
- the collective process
- education and guidance
- healing groups for paid workers and volunteers

New Structure Suggestions

- The Collective meet once a year to develop a detailed one-year plan.
- Instead of the Core group, there would be a group of autonomous committees that take their direction from the Collective's one-year plan.
- Each committee would have their own budget and meet as often as needed.
- A Coordinating Committee made up of the paid staff would meet weekly and take care of the day-to-day running of the Collective since these are the only people at the Collective on a regular basis.
- Representatives from all committees would meet once a month. At the monthly meetings, the committees would submit reports, get feedback from the rest of the group regarding adherence to the one year plan.
- Rotate the committee members attending the monthly meetings and the chair to ensure more volunteer participation.
- Volunteers be asked to sit on at least one committee as well as phone shift duties. This offers the volunteers more exposure to how the Collective runs and also the opportunity to learn more about the collective process.
- Have quarterly and special Collective meetings to evaluate activities and align with the one-year plan.
- Form an advisory board made up of representatives from other women's and health-related groups – especially those that the Collective would like to reach such as women of colour, women with disabilities, etc. The Collective would consult this board prior to the one year planning meeting as to direction and also as the board for feedback on its one year plan.

As a starting point for the structure discussion, we brainstormed a list of committees that would be nice to have.

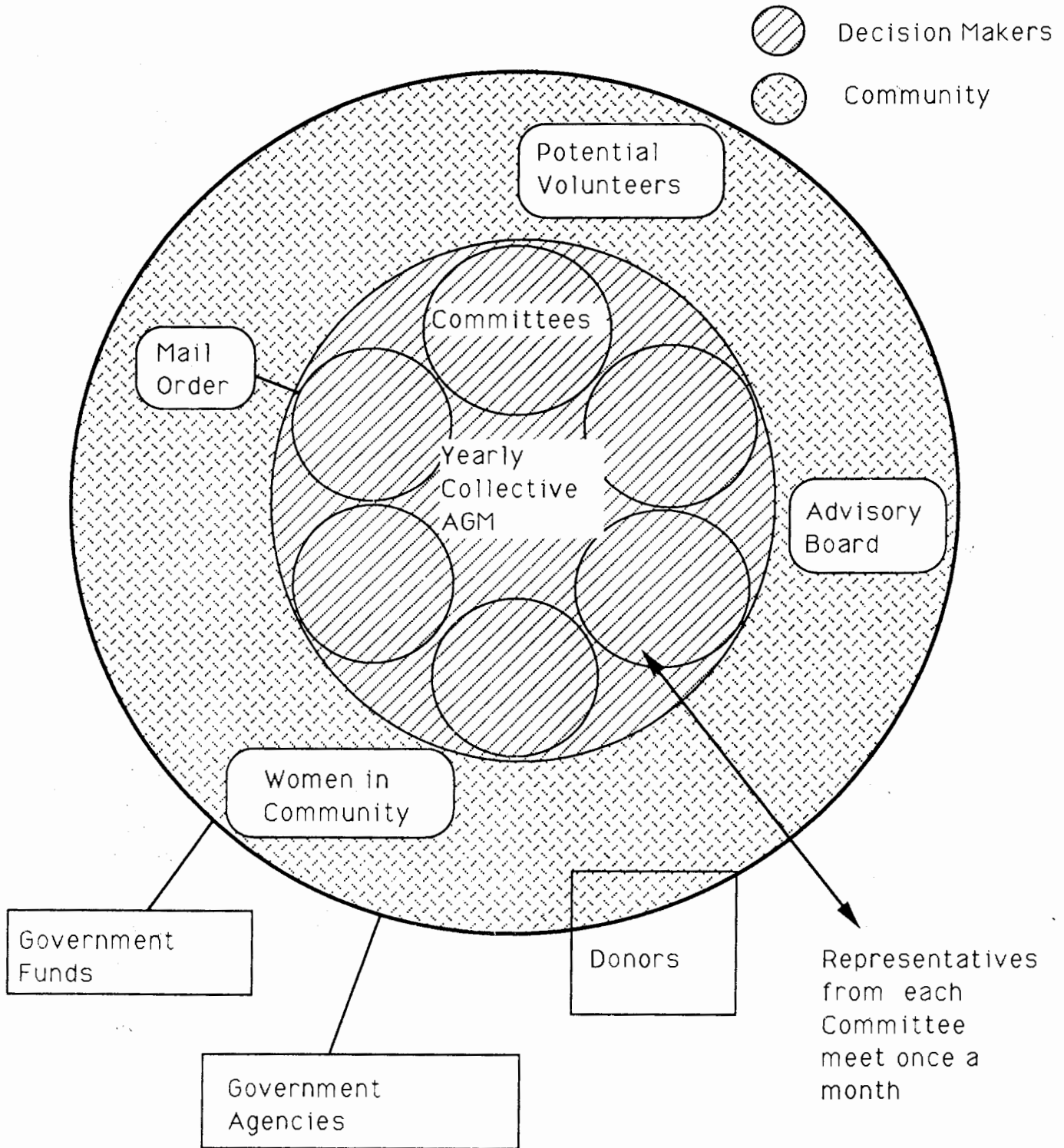
Committees It Would Be Nice to Have

- Lobbying
- Information Centre
- Public and In-Service Education
- Advocacy
- Volunteer Recruitment and Newsletter
- Fundraising (?)
- Publicity (?)
- The Rag
- Research
- Workshops
- Publication
- Networking
- Support Groups/Programmes
- Counsellors
- Coordinating
- Child Care

The following positions would be a priority if the Collective had money to fund more paid workers. These positions are not listed in any order of priority.

- Volunteer Coordinator
- Administrator
- Lobbying Coordinator
- Information Centre Coordinator
- Research Coordinator
- Fundraiser/Grant Writer
- Publication Coordinator: The Rag, other publications

As a result of this planning meeting, the Collective will move toward implementing the following new structure:



Note: In the new structure, the following committees would exist:
Rag, Lobbying, Information Centre, Volunteer Recruitment, Coordinating, Outreach, Publication, Research, Support Group and Educational.

Three Year Plan

Year One

Overall Themes for Year One

Increase Number of Volunteers
 Update Information Centre
 Write and Implement Policies
 Keep Collective In Operation

Service/Program Objectives

Administration

1. Increase hours of Administrator
 - receive grant for more money
2. Implement new structure and policies
 - organize policy writing
 - facilitate structure implementation
3. Write as many grants as possible
 - identify grants available/Foundations
 - develop computer update programme
4. Liaise with government around operational funding

Process Objectives

Collective

1. Move to a healthier location
2. Set up in-house education programmes (into Years 2 and 3)
3. Have social get togethers for Collective members
4. Set up groups to study interest areas which could lead to publications, videos, etc. (into Years 2 and 3)
5. Research hysterectomy and caesarean statistics in B.C. hospitals
6. Produce t-shirts that say "A woman is more than a sum of her reproductive parts."

Service Programme Objectives

Support Groups

1. Receive funding
2. Write a job description for Support Group Coordinator
3. Hire a Support Group Coordinator
4. Perform a needs assessment
 - write a grant
 - train volunteer facilitators
5. Set up pilot programme
6. Report on pilot programme

Volunteer Programme

1. Hire a Volunteer Coordinator (done)
 - develop job description for Volunteer Coordinator
2. Restructure Volunteer Training Manual
 - establish relevant training subjects
 - research old training materials
 - develop critical analysis for assessing new training materials
3. Develop volunteer assessment
 - develop preliminary evaluation form for pretraining interview
 - develop means of ongoing assessment
4. Volunteer recruitment
 - pursue community liaison
 - advertise for volunteers
5. Establish volunteer support
6. Pilot programme

Process Objectives

Funding

1. Give paid workers a raise in pay/pay paid workers for extended hours
2. Look for alternative sources of funding
3. Guarantee funding for child care

Volunteer Programme

1. Find more volunteers
 - recruit mothers
 - volunteer coordination

Service/Programme Objectives

Lobbying

1. Secure funding as a Woman's Centre
 - submit proposal to Ministry of Women's Equality
 - encourage B.C. and Yukon Women's Centres to lobby on our behalf if turned down for funding
2. Devise job description/parameters of health lobby (Dec. 1/92)
 - identify issues
 - contact provincial groups
3. Hire Lobbying Coordinator (Jan.15/93)
 - advertise position
 - form a hiring committee
 - interview for position
4. Coordinate provincial lobby (Feb/93)
 - network with other groups
 - initiate community discussion
 - liaise with community
 - write grant for event
5. Sponsor event around International Day of Action on Women's Health (May 28/93)
 - initiate provincial action
6. Develop issue documents for planning meeting (Aug/93)

Process Objectives

Lobbying

1. Set up a Lobbying Committee (into Years 2 and 3)

Work on racism, sexism, etc. within the Collective

1. Design and implement in-house antiracist workshops

Policy development and implementation

1. Affirmative Action policy
2. Write and implement:
 - conflict resolution policy
 - policy to support paid workers and volunteers
 - child care policy
3. Implement overtime policy
4. Compose a Collective statement of analysis of the medical system

Service/Programme Objectives

Resource Centre

1. Update Resource Centre
 - purchase books, audiovisual equipment, journals
 - secure funding from Ministry (private donors?)
 - purchase computers
2. Computerize Resource Centre
 - hire programmer consultant

Advocacy

1. Secure money to hire an advocate (Jan. 1/93)
 - write grants
 - draft a job description
 - consult with community
2. Hire an advocate (Feb. 1/93)
 - advertise position
 - strike hiring committee
 - interview applicants
3. Set up programme (Mar. 1/93)
 - explore existing systems
 - discover what works doesn't
 - set up Health Collective procedure
4. Pilot programme (June 1/93)
 - train volunteers
 - liaison/outreach to community
5. Report to AGM (Aug. 31/93)

Process Objectives

Resource Centre

1. Keep Resource Centre open
2. Computerize Resource Centre
3. Increase files on alternate practitioners and responses from clients (?)
4. Keep publishing the Women's Rag
5. Translate books to other languages
6. Start up and maintain a file of abusive doctors (?)
7. Subscribe to international journals

Networking

1. Connect with other groups
2. Pressure College of Physicians and Surgeons re: internal policing of members

Year Two

Overall Themes for Year 2

Community Education
Community Action
Needs Assessment

Service/Programme Objectives

Support Groups

1. Increase number of support groups reflective of community needs
2. Liaise with different groups

Administration

1. Hire and train new fundraiser

Volunteer Programme

1. Continue to recruit volunteers
 - increase frequency of trainings

Process Objectives

Collective

1. Create a checklist of guidelines for racism, sexism, funding, etc. to be used by each committee
2. Expand mail order business
3. Find a book distributor for Collective publications
4. Train and recruit abortion counsellors (into Year 3)
5. Develop a support group committee
6. Perform street theatre
7. Set up in-house education programmes
8. Set up groups to study interest areas which could lead to publications, videos, etc.

Service/Programme Objectives

Educationals

1. Hire Educational Coordinator
 - see lobby for details

Publications

1. Expand mail order service

Resource Centre

1. Expand accessibility to community
 - increase hours of operation
 - increase staff and volunteers
 - translate information into other languages

Advocacy

1. Hire second advocate
2. Finalize volunteer training programme
3. Continue liaison with health system
 - keep abreast of changes in health care system

Process Objectives

Education

1. Set up educationals on communication and conflict resolution
2. Develop community workshops on women's traditional health, natural methods, herbology, etc.
3. Initiate an educational campaign based on the idea that a woman is more than the sum of her reproductive parts

Resource Centre

1. Update abortion book
2. Buy new books for the library

Networking

1. Attend conferences
2. Network with abortion clinics and abortion rights groups (into Year 3)
3. Attend abortion rallies (into Year 3)

Service/Programme Objectives**Lobbying**

1. Start to lobby government at all levels in a coordinated fashion re: making changes in health care system
2. Initiate national contacts
 - attend NAC conference

Process Objectives**Lobbying**

1. Advocate for women abused by the system
2. Maintain Lobbying Committee

Research

1. Explore women-identified health problems

Year Three

Overall Themes for Year Three

Target Specific Communities
Community Research and
Implementation
Development of Services

Service/Programme Objectives

Lobbying

1. Make international connections
2. Continue making local and global connections

Resource Centre

1. Translate books and publications of Vancouver Women's Health Collective

Advocacy

1. Develop incredible volunteer base
2. Provide full-time access to advocacy services
3. Liaise with cultural community groups so others can do their own advocacy
 - contact hospitals, health care institutions, old person's homes
 - train women in their own communities

Process Objectives

Lobbying

1. Maintain a Lobbying Committee

Resource Centre

1. Audiovisuals for women who don't read
2. Tapes of fact sheets in different languages

Networking

1. Attend conferences
2. Network with abortion clinics and abortion rights groups
3. Attend abortion rallies

Service/Programme Objectives

Support Groups

1. Train facilitators for independent groups in different cultural communities
2. Adjust protocols to reflect the diversity of our society

Research

1. Hire Research Coordinator

Publications

1. Hire Publications Coordinator
 - see lobby for details

Volunteer Programme

1. Liaise with community to become culturally sensitive
 - recruit from different cultures on an ongoing basis

Process Objectives

Collective

1. Set up in-house education programmes
2. Set up groups to study interest areas which could lead to publications, videos, etc.
3. Train and recruit abortion counsellors

Committee Responsibilities

Here is the breakdown of committee responsibilities in Year One:

Information Centre Committee

- keep Information Centre open
 - keep information files and library up-to-date
 - schedule shifts
- computerize Information Centre
 - acquire funds
 - research systems
- translate books
 - acquire funds
 - get volunteers or paid workers to do job

Lobbying Committee

- organize conference
- contact other groups
- lobby for change in the system

Coordinating Committee

- find alternate sources of money
 - foundations
 - private
 - federal, provincial, civic governments
- acquire more money
- ensure a raise in pay for paid workers
- write and implement policies
 - meet in less than two months
- perform administrative duties
 - petty cash/cash flow/accounts payable
 - payroll
 - systems
 - repairs

Rag Committee

- coordinate advertising and distribution
- organize meetings
- recruit volunteers
- keep aware of topical subjects
- find writers
- input articles, edit, graphics, DTP
- market the Rag
- increase subscriptions and mailing

Volunteer Recruitment Committee

- recruit more volunteers
 - advertise for more volunteers
 - conduct volunteer outreach
 - screen volunteers
 - produce volunteer evaluations
- deliver in-house anti-racism workshops

Research/Networking/Publicity Committee

- establish committee to develop research/networking/publicity plan (Is this o.k.?)

Job Descriptions for Paid Workers

Since one of the goals of the weekend was to define the jobs of the paid workers, we crafted these descriptions.

Information Centre Coordinator (10 hours/week paid position)

- work with information coming through Collective
- set up guidelines for information selected
- work with committee in ordering and selecting of journals
- work at Information Centre to make it more efficient
- meet with committee members

Volunteer Coordinator (24 hours/week paid position)

- organize volunteer meetings
- work with recruitment committee
- conduct the volunteer training
- work on volunteer evaluation
- produce volunteer newsletter
- other duties
 - produce Rag
 - work with Rag Committee
 - work with Mail Order Publications when formed
 - keep doctor/therapist files up-to-date

Administrator (30 hours/week paid position)

- write grants
- perform administration
 - perform financial duties
 - maintain systems
- work with lobbying committee
- implement policy

The paid workers met after the planning weekend and drafted job descriptions for the following positions:

Support Programme Coordinator

1. The Support Programme Coordinator will review the present level of services within the community and develop and implement programmes which meet the diverse needs of women and women's health.
2. The coordinator will develop a training programme for volunteer facilitators and work conjointly with them to offer support programmes to women.
3. The coordinator will compile a training manual for facilitators and a summary of each programme with recommendations for further development.
4. The coordinator will create an assessment tool to evaluate the pilot programmes and to assess whether the programmes are culturally sensitive.

5. The coordinator will work with women's organizations to develop strategies to ensure that programmes are accessible for every woman. Issues around accessibility may include but are not limited to childcare, transportation and language.
6. The coordinator will act as a resource person to women's groups wanting to offer support programmes relevant to women and women's health issues.

Lobby Coordinator

1. The Lobby Coordinator will become familiar with structures and operations of other women's organizations:
 - obtain directories of women's organizations regionally and nationally
 - compile contact lists of supporting organizations
2. The coordinator will organize and attend meetings with other women's groups. The coordinator will also develop forums through which priority issues affecting women and women's health can be determined.
3. The coordinator will network with other women's organizations to promote action around priority issues.
4. The coordinator will become familiar with media networks and key media people:
 - compile media contact lists
 - make contact with the media directly and through media releases
5. The coordinator will encourage awareness of priority issues to gain broad-based community support:
 - obtain media exposure and organize letter-writing campaigns
 - organize actions and events to raise public awareness of priority issues
6. The coordinator will prepare documentation on top priority issues:
 - develop issue reports to be presented at the Annual General Meeting of the Collective
 - prepare formal documentation to be presented to the relevant Ministries

7. The coordinator will become familiar with the political and administrative structures and positions in the Government which may have an influence on priority issues.
8. The coordinator will meet with key Ministries as a spokesperson to present and discuss documents and proposals.

Advocacy Coordinator

1. The Advocacy Coordinator will assess present levels of advocacy services and compile data on procedures and policies for filing complaints with/to health units, practitioner and decision-making bodies.
2. The coordinator will review all procedures and policies and make recommendations for change to ensure that the consumer/client has an active voice in the investigation process and is informed of outcomes and actions taken.
3. The coordinator will liaise with organizations that provide advocacy services and draw from their knowledge, experience and resources.
4. The coordinator will develop a training programme for volunteers with respect to individual and group advocacy.
5. The coordinator will provide direct support to individuals or groups who require a health advocate.
6. The coordinator will provide clients/consumers with resources and skills to become effective advocates for themselves.
7. The coordinator will provide information and training to health professionals on how to work in partnership with clients as opposed to the prevalent paternalistic approach inherent in the medical system.
8. The coordinator will assess the pilot advocacy programme and make recommendations for further development.
9. The coordinator will prepare documentation on the effectiveness of the Advocacy Programme to be presented at the Annual General Meeting of the Collective.

Timelines for Immediate Tasks

Mid-September, 1992	<ul style="list-style-type: none">• conduct Collective meeting to inform Collective about the planning meeting• talk about forming committees as outlined in planning meeting• decide which policies are a priority• form policy-making groups which will agree to meet and do a first draft of policies
Mid-October, 1992	<ul style="list-style-type: none">• circulate draft policies
Late October, 1992	<ul style="list-style-type: none">• ratify policies
November 13-15, 1992	<ul style="list-style-type: none">• hold conference
December, 1992 - July 1993	<ul style="list-style-type: none">• move to new structure• report monthly on committee tasks• increase volunteer membership in Collective• increase volunteer participation

Appendix 1

VANCOUVER WOMEN'S HEALTH COLLECTIVE LONG TERM PLANNING SESSION

DRAFT AGENDA

Facilitators: Betty Baxter
Louise Pohl

Participants: Ten plus members of the Collective

**August 21, 1992 – Philosophy, Values, Mission, Goals
(6:30 - 9:30 p.m.)**

6:30 Introductions
Personal goals for the weekend

7:15 Philosophy and Values

BREAK

8:10 Mission Statement for the Collective

8:40 Overall Goals

9:00 Collate goals in priority

9:20 Summary of philosophy, values, mission statement, goals/preview

Saturday, August 22 – Structure and Policies
(9:00 a.m. - 5:00 p.m.)

9:00 Further thoughts from last night

9:30 Presentation of current structure

9:45 Check structure against goals

BREAK

11:00 New structure ideas

11:30 Report back and summarize structure recommendations

12:00 - 2:00 p.m. **LUNCH BREAK**

2:00 Philosophy, goals, structure

2:15 Review current policies

3:00 Generate new policies to match goals and work area

BREAK

3:45 Walk through all Collective policies and affirm or gain consensus

4:30 Review goals, structure, policy set so far

4:45 Mini-evaluation – What could we be doing differently/better?

Sunday, August 23 – Three Year Plan

(noon - 5:00 p.m.)

12:00 Objectives that can be reached in Years 1,2, and 3

12:30 What can be achieved in the next three years?

Brainstorm and categorize:

Year 1

Year 2

Year 3

2:00 What are the tasks that need to be done to achieve Year 1 objectives?

BREAK

3:00 Tasks needed for Years 2 and 3

4:00 Review weekend's work
Establish timeline for report and feedback

5:00 Adjourn

Note: The evening session, 7 - 9 p.m. can be used as an extra time if more work is needed.

Appendix 2

Introductions

In order to ensure that the climate of the meeting would encourage safe participation, we generated rules of order and general wants and fears:

Rules of Order

- One person speaks at a time.
- Do a round before every major decision.
- Stay conscious of the length of time you speak.
- Use "I" statements.
- Resist attacking others.
- Encourage people to speak if they have been silent or when they have made a motion to speak.
- Make sure anyone who is upset is given options to resolve feelings.
- Avoid 2 or 3 person dialogues.

Wants

- I want to enjoy myself.
- A clear and cohesive structure to work within, goals to work toward, changes.
- Agreement, unity, agenda to be fulfilled, understanding, honesty, productive use of time.
- To understand more thoroughly the structure and operation of the Health Collective; to help formulate and to be clear myself on the goals of the Health Collective.
- To feel empowered by what I hope will be a collective process; the Health Collective to strive toward representation.
- For the meetings to be productive and empowering; to constructively tackle tough issues; to be able to put the Health Collective back on its feet.
- To see the Collective grow; increase volunteers; more involvement and commitment from volunteers; a new office; funding from the Ministry.
- A detailed three-year plan; a collective structure that works; team building to bring us closer together.
- To envision with everyone else a Health Collective that offers more services and support to women while creating a healthy working environment for us all; to get to know new volunteers; to have fun.
- To have a clearer picture of the Health Collective structure and functioning; to see plans and goals for new projects; to have these plans and goals prioritized.
- Have direction re: program development, philosophy; feel supported by other members re: changes that are suggested.
- To express my opinions and share ideas about the direction and future of the Health Collective; related to the above, to introduce some new ideas into our future vision; to establish a concrete plan with clean limits again in relation to above.
- To establish a new purpose for the Health Collective; to redistribute the power within the Health Collective to redistribute responsibility within the Health Collective; to agree on a vision for the future; to agree to become more visibly political.
- To be involved in an open, learning process; to learn more clearly various ways organizations can be ran, i.e. collectives, board run, etc.; things to really happen, to feel excited and inspired.

Fears

- That I'll be too burned out to really participate, as I'm very stressed out right now; that we won't go forward; that we'll get stuck on some details; that I'll be scared to talk.
- Dissonance, arguments, women feeling unequal power, length of time.
- That I will be overpowered by other voices and consequently not heard or validated; that irresolvable conflicts will emerge which will create long-term tension and ill feelings.
- People personalizing rather than viewing changes as a positive progression for the Collective, i.e. change does not devalue the importance of what has been accomplished.
- That there may not really be a place for me in future Health Collective structure; that other people may have interests and plans for the Health Collective that I'm; not enthusiastic about.
- My personal questions about commitment and balance in my life may be hard at times to sort out from my feelings about the Collective; I may space out in long sessions; I haven't thought through enough what I want to say; Aaack, I'm unprepared!
- I'll talk too much; that we can't resolve issues of structure; that we won't have as much buy-in that is needed to make the "structure" work.
- Losing interest in the Collective; lack of sisterhood; lack of support from volunteers; money or funds from government; the future of the Collective.
- Getting stuck on petty differences; not being able to keep focused; not being able to agree on issues.
- That I won't feel comfortable expressing my opinions, especially if they pose some opposition; that my ideas will be dismissed; that I will stand alone in my convictions.
- My only fear is of missing an entire sunny weekend.
- Unresolved conflict over certain issues and unfulfilled agenda.
- That we'll get too "bogged down"; that we'll be too polite and wiener away from important issues; that the weekend will seem endless.
- My fear is that I will talk too much or too little.

Appendix 3

The Collective Is:

- goldmine of information - some of which is outdated
- place of empowerment for some women outside of the Collective
- venue for critiquing the medical establishment
- poor place with a history of poverty and the limitation, frustration and stress that comes with it
- place of referral for medical information
- disorganized
- place with a lot of potential
- located in unhealthy, invisible, unaccessible building (to those with vision, hearing, etc. disabilities and those who are illiterate)
- place to put ads for work, seminars, health issues and posters
- not used enough by mothers
- place of excitement, passion and wonderful women
- in transition
- not a clinic
- interpersonally dysfunctional
- organization with uneven power sharing
- place where women are overworked and underpaid
- helpline
- health information centre
- place of learning and sharing about women's health
- centre with a feminist vision
- resource centre
- white, middle class organization without a lot of shared unity and philosophy
- community-based nonprofit organization
- support group
- research library
- safe place for some women
- organization with struggle and growing pains
- organization with a lack of definition and clarity
- unique place with information noone else has

We Would Like the Collective to Be:

- politically active
- research-oriented
- funded
- able to offer support as well as information
- able to offer advocacy for women
- place for women to pool their energy and become empowered
- collective
- organization that outreaches to more diverse (culturally, economically) community
- ways and means to have up-to-date information
- place that uses diverse media – braille, access to women with disabilities
- place with more educational materials and forms, e.g. workshops, videos, street performance
- liaison with other groups working in specific communities on health issues
- regional outreach
- place where we work together in a healthy, functional way – members supporting each other
- place with an international perspective
- nationally connected
- place supportive of mothers in policy and enlisting mothers as volunteers
- less resistant to change
- proactive
- balanced between changing the system and caring for women by providing the best options
- powerful voice
- well-thought, well-supported
- place with Affirmative Action in hiring
- place that pays attention to offering childcare
- lively
- place that has benefits for volunteers and workers
- place with more volunteers

Appendix 4

Mission Statement

The health collective is a feminist, anti-capitalist group which is part of the women's movement.

Our goals are:

1. To continue to develop our critical perspective of health and ill-health as they exist under capitalism with a particular focus on the Health Care Industry and its far-reaching destructive effects.
2. To expose the roots of ill-health in our society, in our contacts with individuals, groups and in our writing, and to encourage others to take part in the struggle.
3. To continue to develop our understanding of health and healing including undoing our conditioning around Western medicine and creating, reclaiming and recycling the tools of health.
4. To reach a greater number and wider spectrum of women
5. To provide information covering a broad range of health and health-related issues to the public with emphasis on women becoming able to make their own decisions, to be more in control of their lives and to share the information with others.
6. To effectively encourage the formation of self-help groups around specific health care issues.
7. To meet some of the immediate needs of women (e.g. pregnancy tests, counselling) to continually teach women any skills involved and to foster the development of independent groups to do this work.
8. To support a woman's right to terminate a pregnancy.
9. To actively participate in information exchange and support with groups who share our perspective and groups within the women's health network.
10. To develop a self-sufficient structure so that we may become independent of government funding.
11. To continue to work collectively with emphasis on our process.
12. To confront together the political contradictions in our personal and work lives.
13. To take good care of ourselves.