



**VWHC
Volunteers'
Info Resource Book**

VWHC Volunteer Info Resource Book Table of Contents

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Appendix 1 (Policy Manual)

Getting to know the Collective

THE NEED FOR THE COLLECTIVE

Here is a brief outline of the herstory of the basis of our health care system:

- Ⓟ **Women have always been healers. Throughout history, women were:**
 - unlicensed doctors and anatomists
 - abortionists, nurses, counselors
 - pharmacists, cultivating healing herbs before anyone thought of the term pharmacy
 - midwives
 - for centuries doctors without degrees
 - lay healers called wise women by the people, witches or charlatans by the authorities.

- Ⓟ **The witch Craze Maleus Maleficarum - the witch hunt that spanned 4 centuries from 14C to 17C**
 - Many were lay healers serving the peasant population and their suppression marks one of the opening struggles in the history of man's suppression of women as healers.
 - A ruling class campaign of terror directed against the female peasant population witches represented a political, religious and sexual threat to the Protestant and Catholic churches as well as the state.
 - From Germany through to England to France
 - At Toulouse 400 witches were put to death in one day
 - on average every town put to death two a day in Germany
 - In 1585, two villages were left with only one female inhabitant each.
 - It is estimated that a total number killed to have been in the millions.
 - The witch hunt was a well ordered legalistic procedure, well organized campaigns, initiated, financed and executed by church and state. The manuscript was called Maleus Maleficarum. "Hammer of the witches".
 - The crimes that women were accused of & killed for:
 - Sexual crimes against men (having sexuality).
 - Conspiring against men (Being organized, educating)
 - Practicing magic (Healing and having medical and obstetrical skills)

- Today health care is still predominantly the property of the male professional. The burnings set the stage for the division of power and authority and the monopoly of science and medicine into the hands of men and out of the hands of women and the public. Legislation in the United States against quackery midwifery and other lay forms of alternative health practices became offenses punishable by law and incarceration. The authorities doctors strengthened their position by excluding women from all opportunities.
- "Doctor know best" is taught to women health care workers and consumers. The forbidden, mystically complex world of Science which women as consumers are taught is beyond our understanding. Hence, we are convinced that as consumers we have no right or no need to have information.

Therory of Medicalization

- Every women's natural functions have become medical problems. Drugs are the answer for menstrual periods of all sorts: scanty, erratic, heavy, painful, or depressing. And when they stop because of pregnancy, further medical intervention is regarded as essential. It begins with the obligatory round of ante-natal check-ups and culminated in hospitalization for the birth...just in case.
- We are taught to think of our natural cycles as an illness or an enemy. Menopause, PMS, Puberty? Eventually, they may convince kids to take a pill for puberty.
- Because of our biological difference from men, women are systematically seen as medical problems with functions that need to be cured.
- Hysteria comes from the word in Greek Uterus. Hypocrites believed hysteria was caused by the womb's tendency to wander about a woman's body. He recommended marriage as the best remedy. Doctors recommended removal of the uterus-hysterectomy.
- Women's bodies have become the raw material for chemical and surgical interventions. Practically the only body parts ever actually removed for all kinds of reasons are the breast, ovaries and uterus.

② Profit & the Pharmaceutical Industry

- Valium is the most widely prescribed drug in the world. In the United States 47 million prescriptions were given in a year. Fourteen percent of Britain take it. In addition they continue to spend million research drugs that do the same work of reducing anxiety.
- It has been stated that it is doubtful whether drug research contributes much to better health. It was discovered in 1973 that the drug age began to decline in 1954 There have been hardly any effective new drugs since then.
- Allopathy is the study of pathology. The model here is a disease model, concentrating on the problem curing it with a pill; it is static and inadequate.
- Women are questioning the medical professions right to withhold knowledge and to monopolize decisions about their bodies and lives. They are beginning to take control of their own health.
- The medical establishment while all at once clinging to the idea that they adhere to the ethic of healing and health have virtually ignored the issue of poverty.
- Health has become an extremely profitable commodity throughout the world. The industries that benefit most are building contractors, drug companies and equipment suppliers

Herstory of The Vancouver Women's Health Collective

The Health Collective has been operating for over 25 years. The focus and nature of the work being done has gone through many changes during that time.

This is our Herstory:

In the fall of 1971, a woman angry and dissatisfied with the health care she had received from her doctor ran an ad in the local women's paper hoping to meet other women with similar experiences. From this ad a group of women met to share their frustrations and continued to meet into the winter of 1972. While designing a questionnaire to obtain and share information about women's experience with doctors, specific women's health issues became priorities, such as birth control, vaginal infections and so forth. Out of this our first self-educational health group began. We were determined to explore and develop our own capabilities of doing things for ourselves.

In the spring of 1972 we moved into a house which was called A Women's Place. A small group of women who had been doing abortion referrals since even before 1969 (when the Canadian laws concerning abortions were changed), joined the collective at this time. By December, the collective opened Canada's first women's self-help clinic, using space at a free clinic one night a week.

Also during that summer, with a government grant, we distributed the questionnaire about doctors to a large number of women in Vancouver.

In March, 1973 we moved to a new location. At this time our activities included: 1) the health information phone line, 2) abortion counseling and referral services, 3) health educational groups, 4) the women's self-help clinic, and 5) public presentations for community groups. A year later, the collective moved to another new location in a warehouse at 6th Avenue and Granville. We renovated for one month to include meeting rooms, a health information area, a child care space and rooms for fitting diaphragms.

The women's self-help clinic continued to operate, for a time out of offices at the Seymour Medical Building. This arrangement was discontinued when the doctors at the Seymour were unwilling to deal with the political context from which we worked, particularly, our critical perspective of the health care system and traditional medical practices were unacceptable to them.

Federal funding was terminated by 1976 and partial provincial funding became the main source until April, 1978, when provincial funding was granted. In the summer of 1977, the collective moved again, to West Broadway, where we remained until December of 1984. For a time after January, 1978, we closed to reassess our emphasis on services (the self-help clinic, abortion and health counseling, and diaphragm fitting) versus our original emphasis on self-help

maintained through educational work. While the clinic was a good service for women, it did not encourage self-help nor did it encourage women to demand what they were entitled to from the health care system. At the clinic, women received good care from volunteers and more time would be spent with the women there than if they had gone to a doctor's office. Doctors passed on their work to us freeing up their time for more patients and therefore more money. Out of this evaluation came a redefined set of goals and a decision to close the clinic. We wanted to maintain our ideal of practical health in a different way and our philosophy to be more explicit about our political position.

A demonstration took place and our service-oriented groups became autonomous to the health collective. The core workers began extensive research of the health care system and developed a series of topics for presentations.

During 1978-82 a health series was organized to encourage new women to join in the research and information sharing. From these groups a health series was developed with an emphasis on our political perspective and in the context of women's health. Some health topics included: Health Care Industry, Drug Industry, Psycho tropic Drugs, Politics of Birth Control, Politics of Cancer, Health Hazards, of Video Display Terminals, PID (Pelvic Inflammatory Disease), Ovulation Method of birth control and Menopause. In 1982 the Women's Occupational Health Group developed and wanted to share information on health hazards (particularly health hazards that effect the reproductive system) of clerical and health care workers. By 1983, after extensive research, a booklet on PID was written and published.

As information was researched and gathered, it was organized and filed , and the Collective set up the Resource Centre. To encourage women to get involved, a training program was set up to incorporate unpaid workers into the resource centre. There was an emphasis to decentralize and different groups continued, but the main focus was to build up the available information of the Resource Centre. While continuing to experiment with different politics and programs, several aspects of the Collective have been maintained over the years, for example, our critical perspective of the health care industry, one or several health information groups meeting at different times, and our collective structure.

In August of 1983, 100% of our provincial funding was cut with one month's notice. The Collective was able to keep going through an emergency grant from the City of Vancouver and donations from individuals. In January of 1984, a grant from the Promotion Directorate of Health and Welfare Canada was received for a large Self-help project for five health topics: PMS, DES (a drug given to pregnant women in the 40's and 50's and 60's), cervical health, vaginal health, breast health and Menopause. The grant involved development of workshops and information packets on each health topic as well as travel to other parts of the province, Alberta and the Yukon, to present these workshops. There has been one project grant from Secretary of State for this training manual from October, 1984. Grants which "top-up" unemployment insurance benefits

from Canada Works and VIP have been used to keep paid workers. Most of the other members are volunteers.

In 1992 the Health Collective went through a major restructuring at its Annual General Meeting. A committee structure was introduced and the Core structure dissolved. All volunteers are now encouraged to participate as part of the decision making structure through committees that they work on.

In March of 1993 the Health Collective made another move to West 8th Avenue. Our office space is shared with the BC Coalition of Abortion Clinics, The National Action Committee on the Status of Women and Midwives Association of BC. We also provide a meeting space for other women's organizations. Our "living space" can be rented out per hour when space available and we are currently renting two other rooms out to women holistic practitioners. Periodically the collective provides free counselling and/or support groups when in demand.

Although the collective receives many requests for information on such health issues as hysterectomy, fibromyalgia and breast cancer, the most frequent calls are from women expressing frustration with the health-care system itself. One of the collective's research studies indicated that what women want most was more health information more readily accessible to them. Through this process the WHIN system- Women's Health Information Network was designed. The network will be available in the near future through women's centres, community centres and public-health units. The plan is to eventually make it more widely accessible to all women at a language level that facilitates translation.

BC Ministry of Women's Equality renewed our grant of 42,000 for the current fiscal year of 1998 for basic collective administration while Vancouver/Richmond Health Board secured 35,000 for the Community Health Advocate Program. The collective applies each summer for the career placement program and we have been successful with this to date.

The Women's Health Collective continues to help women help themselves by providing information on health care choices. This is done through:

- Education Workshops
- Information Resource Centre
- Newsletter
- Research Projects
- Networking, advocacy and lobby work with many organizations and community groups on a local, provincial and federal basis.

NOTE: See Appendix #1 for the Policy Manual

How do we keep those doors open??

The VWHC has currently an annual operating budget of about ~ \$140,000.
Where does the money come from?

- direct mailing to our regular donors
- doing bingo stints at the Starship Bingo
- membership
- special fundraising events
- overhead costs from project grants
- rental of our space
- sales of our products and publications
- fees for doing workshops
- special programming
- operating funds from the BC Ministry of Women's Equality, City of Vancouver and Vancouver/Richmond Health Board

As you can see all of our money gathering techniques require a lot of volunteer participation in order to happen so that's why we ask each volunteer to put 3 of her voluntary hours/year towards helping out doing the either the bingo or a special fundraising event.

Each committee has it's own budget which it is responsible for administering.

OUR MISSION STATEMENT

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

The Collective Process

THEORY:

Hierarchy

The Collective process is a model for decision making that is very different from the hierarchical systems used by most other groups and organizations who are status quo. Because our mandate is to serve all women, The Vancouver Women's Health Collective is dedicated to decisions made through the collective process. Only in this way do we gain clearer insights into the needs of women. Hearing the voices of women is critical.

Decisions made based on hierarchical structures rarely work for women because they are not sensitive to the voice of women. These decisions are still made generally by men and unfortunately man's values and experience differ from women. All too often decisions made based on hierarchical processes reflect a white, male, middle class bias.

Hierarchy operates with the assumption that authority knows best. Decisions that are arrived at by only a few can not reflect the needs of the many.

Collective process is an attempt to make decisions that reflect women's needs in broader and broader ways. These become quality decisions that reflect the needs, desires, principles, and values of women. Because we are an organization that developed with a mandate to help women help themselves, we must be willing to allow ourselves to be informed by the women we intend on serving.

Representation:

As an organization we continually strive for inclusiveness (to include all women from diverse experiences) and representation. The way we do this is to continually ask ourselves who are we serving? Are we serving a narrow interest or are we serving a broad interest?

We can usually answer this question first by asking ourselves who do we represent, who are involved?

As women, what we know and believe is influenced by our experience. Basically, all women are biased by that experience; therefore, in an organization that strives to serve all women it is vital to look at who makes up the organization and thereby determine what our bias is.

Representation is vital for a collective organization if it seeks to serve all women. In organizations that tend to be predominantly white, straight and middle class our inherent biases can, in almost invisible ways, further marginalize less empowered groups of women, such as immigrant women, first nations women, women of color, and lesbian women.

LINES OF POWER

It is important to be aware that not everyone has the same amount of power in any given group. With the collective process information is often power. Those of us who have been here a long time have a responsibility to be open to sharing with those who are newer. Also it is sometimes perceived that staff people have more decision making power than volunteers. The Health Collective struggles to address these lines of power through using the collective process, and by openly discussing such issues when lines of power may be presenting problems.

Consensus

Decisions are based on input from the group. All women are encouraged to express their feelings, ideas and opinions; to have a voice within the group. Decisions are worked out so that **everyone** can agree with the final outcome. Decisions will not be finalized without agreement from everyone who participates. If a situation occurs where a woman's ideas are divergent from the group and consensus cannot be reached, she may consider stepping out of the debate in order not to block the decision making process. However, if the women, given that she has had access to all the information, does not feel comfortable with the decision of the group and feels the group decision would adversely effect or jeopardize the operation of the whole organization, then the group must take steps to look at other ways of approaching the issue. Compromise and information sharing and education around issues are essential to the smooth running of a Collective.

PRACTICE

Every meeting utilizes certain tools which help to ensure that the collective process runs smoothly.

An opening round is very important. This enables each person to let the group know how they are feeling before hand in order to avoid emotional conflicts. It makes us all aware of what each of us is bringing to the meeting in the way of emotional baggage or emotional energy or just plain positive vibes.

✧ A rotating chair woman

The chair woman is responsible for facilitating the meeting making sure discussion stays on topic so to prevent meeting from becoming too long and drawn out. She also calls each topic off the agenda in the order the group decides.

✧ A rotating time keeper

At the beginning of the meeting the group decide roughly how much time to dedicate to each agenda item. This helps keep the meeting from running into ridiculous over time.

✧ A rotating minute taker.

Minutes are very important to the collective process. Decisions must be recorded along with any information on what people thought of issues. The actual format of the minutes is a very loose thing and each person will deal with taking minutes in their own unique way. As long as ideas are recorded that's all that matters. Minutes are made available to all collective members and left in the minute book on the information centre desk.

✧ A rotating vibes keeper

The vibes keeper keeps an eye out for anyone who may be having difficulty speaking up, or monitors the emotions of the group. If there seems to be unspoken problems or thoughts floating about the room, she can jump in and ask if there is more that needs to be dealt with. Sometimes this happens and then it is a good thing "to do a round" where everyone takes turns speaking openly on the issue at hand. Often when people have strong ideas on an issue they sometimes forget to hear the other people before jumping in. The vibes keeper may then want to monitor those who interrupt in their excitement.

The rotating responsibility is important to a collective group. This gives everyone the opportunity to be responsible, to feel some ownership and it guards against one person monopolizing the meetings. It lends a fresh perspective to each meeting.

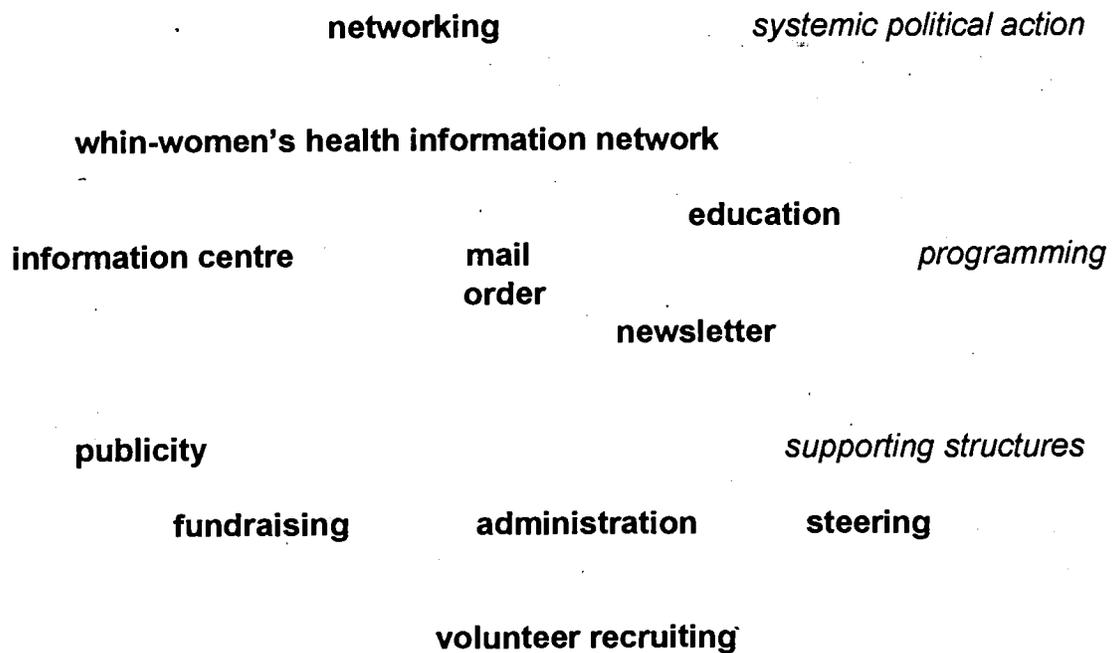
Agenda's for the meeting should be pre-posted so everyone knows what will be discussed at the meeting and can prepare for it. Any one can add items to the agenda for discussion. Any one can bring agenda items to the meeting at the

last minute and it will be up to the group if they want to discuss new agenda items under "other business" or postpone it until the next meeting. This allows people to decide whether they want to participate in any given meeting based on what's on the agenda. Minutes should be typed up or legibly written and put in mail slots long before the next meeting.

At the end of each meeting the group asks for someone to volunteer to minute take, vibes keep, time keep and chair the next meeting.

Collective meetings have generally been held once a month. Dates and times of meeting are always decided upon collectively. Committee meetings also run according to collective process.

COMMITTEE STRUCTURE OF THE VWHC-WHIC



Fundraising committee

GOALS

- to keep the collective open
- to get staff
- funding for programming
- to increase community awareness about the collective
- to standardize fundraising activities
- to involve the whole collective in fundraising

HOW WE RUN THIS COMMITTEE

Decision Making

how do we prioritize what apply for ?

take direction from the collective at the agm & use the following as guides:

- # of volunteers needed
- amount of prep needed
- experience of the committee
- amount of \$ involved,

Who Do We Apply To - Foundations & Corporations

criteria for acceptability of a corporation/foundation for possible submission:

- willingness to give
- no multinational corporations
- no pharmaceutical corporations at all!!!
- no companies that produce liquor and or drugs,
- no right wing political organizations, company culture - ask questions to ascertain:

do they have affirmative action policy?
how do they treat their women employees

Venues For Publicity

venue criteria:

- cost
- large target audience
- non-profit friendly

So if you join this committee you will learn:

1. background

outline what decisions have been made
get you up to date
what our timeline and goals will be for the next year,

2. meeting climate

ensure you have fun focused meetings, and develop an understanding on how important we are to the collective

3. practical skills

grant writing and direct mail
bingo facilitation
foundation searches
budgets management
computer skills - data bases
event organization

Current Activities:

- Funding to keep the collective open
- Bingo with Starship Bingo
- Funding for the Women's Health Information Network
- Funding for new positions in the collective

Fundraising Committee Meetings Time: see committee member for dates

Our main focus for the upcoming year will be the WHIN system-Women's Health Information Network. We will be approaching foundations and corporations for additional funding for this project.

Information Centre Committee

The Information Centre includes the front desk, a library of files and books on women's health, and the doctor/therapist files. It is currently open five times a week: Mondays 10 a.m. to 1 p.m., Tuesdays 6:30 to 8:30 p.m. Thursdays 10 a.m. to 1 p.m., and Saturday 1 p.m. to 4 p.m.

Duties of shift workers during open hours, of our Information Centre, include the following:

- phone counselling and referral
- assisting women in the information centre
- miscellaneous tasks, i.e. reading for the files, filing, photocopying, researching information, requests, upkeep of "Products For Sale"

See **shiftworkers' grey manual** on Info-Centre desk for more details

The shift workers are automatically part of the Information Centre Committee. We meet to discuss ideas, concerns, suggestions, long-term planning, Collective projects, etc.

Current Activities:

- Expanding and updating the Health/Holistic/Therapist Practitioner Files
- WHIN system-The Women's Health Information Network
Generating ways to make the Info Centre more known in the community

Goals:

- to ensure that the Info-Centre is kept open and operating to serve women with their health-care needs
- to encourage women to help themselves
- to provide alternative preventative health-care options
- to offer support to women who suffer from health-care violence
- to provide women of all diversities with access to information

Information Committee Meeting Times: once a month

Administration Committee

GOALS

- to provide the collective members & committees with administrative support
- to ensure that the collective's equipment & required support devices are well taken care of
- to offer administration committee members opportunities to become proficient in office management
- to be able to provide necessary support when administrator is not present

OBJECTIVES:

- we continue to train women with no office skills to become more competent at various office management tasks
 - answer phones
 - fax and mail information
 - typing data & information into various computer programs
 - update & maintain administration manual
 - year end collective inventories
 - every March we do inventories that enables financial assessment of collective's assets
 - open mail
 - order office supplies
 - general upkeep of the collective space
 -

Networking Committee

The mandate of this committee is to ensure women have a voice in the health care reform process and to organize action around health issues that affect women.

The way we do that is varied & may involve any of the following:

- sitting on committees/boards/advisory councils
- doing direct lobbying to government
- facilitating other groups of women or organizations to lobby for themselves
- working in coalitions
- upkeeping our lobby list
- belonging to other associations/networks

In the past the VWHC has done extensive lobbying around several health issues and has more recently moved towards doing lobbying about the changes in the health care reform process.

Current Activities:

- WHIN system- community health advocate network
- sitting on committees, boards, and advisory councils
- work in coalitions
- help other feminist organizations to lobby for themselves
- sitting on the Canadian Perinatal Surveillance System Steering committee to ensure community input
- sitting on the BC and Yukon Women Centres Steering Committee to ensure community input
- being on the steering committee of the BC Coalition for Health Reform to ensure a women's perspective is brought to the table

STEERING COMMITTEE

Goals:

- liason between committees
- keep the collective on tract
- develope a yearly plan
- oversee the collective meetings
- review long-term plans and the role of the collective within the community at large
- hold scheduled Steering Committee Training Sessions yearly

Activities:

- researching, planning, and processing

Steering Committee Meeting Times: once a month

VOLUNTEER COMMITTEE

Goals and Activities:

- planning and organizing the Volunteer Training Session that happens at the Health Collective four times a year
- distribution of Volunteer Resource Manual
- updating the Volunteer Resource Manual
- letting the community at large know that we exist
- recruiting and interviewing new volunteers

Volunteer Committee Meeting Times: see committee member for dates

Volunteer Training Sessions: quarterly-see committee member for dates

Newsletter Committee

Goals and Objectives:

- to act as a forum wherein collective members and the community at large can connect around women's health issues and Health Collective's activities
- assess current status of previous publications which includes: doing a physical inventory and putting this information into a database, evaluating unfinished projects, deciding what to continue distributing, and creation of a marketing plan.
- research, development, and prioritizing of specific publications
- to work towards the establishment of an editorial policy
- liaison with Education and Information Centre Committees
- to produce a monthly memo/flyer which will update members on the activities of Health Collective committees, advertise upcoming events and workshops and reward/make mention of special effort on the part of particular members
- development of desktop publishing skills
- new publications on a quarterly basis

How we relate to the rest of the collective:

We are the manifestation of the work of the other committees. The end product.

We produce educational tools based on the needs of our community, as researched by the Information Centre and Education Committees.

Current Activities:

- making our newsletter happen●●

Newsletter Committee Meeting Times: see committee member for dates

Education Committee

Function of the Education Committee

This committee offers workshops and seminars to other organizations and groups in the community who are interested in learning more about women's health issues. In the past we have provided workshops about menopause, PMS, reproductive health concerns, breast cancer, hysterectomies, birth control, lesbian health and the politics of women's health.

We also focus on community outreach and meet with various groups to talk about the services of the Health Collective, as well as a variety of women's health issues.

In the past, we have developed in-house workshops and self-help groups. Our other topics of interest include health policies, collectivism, and physiology & anatomy as they relate to women's health. Possible future workshops are: youth sexuality, women and aging and low-cost vegetarian meals.

Opportunities:

As part of the Education Committee, you will have the opportunity to use or develop public speaking skills, as well as organizational skills around planning and implementing dynamic workshops.

You will have the opportunity to investigate educational resources and potential groups with whom to share information and network, such as providing seminar leaders, spokespersons, or facilitators for women's health related events.

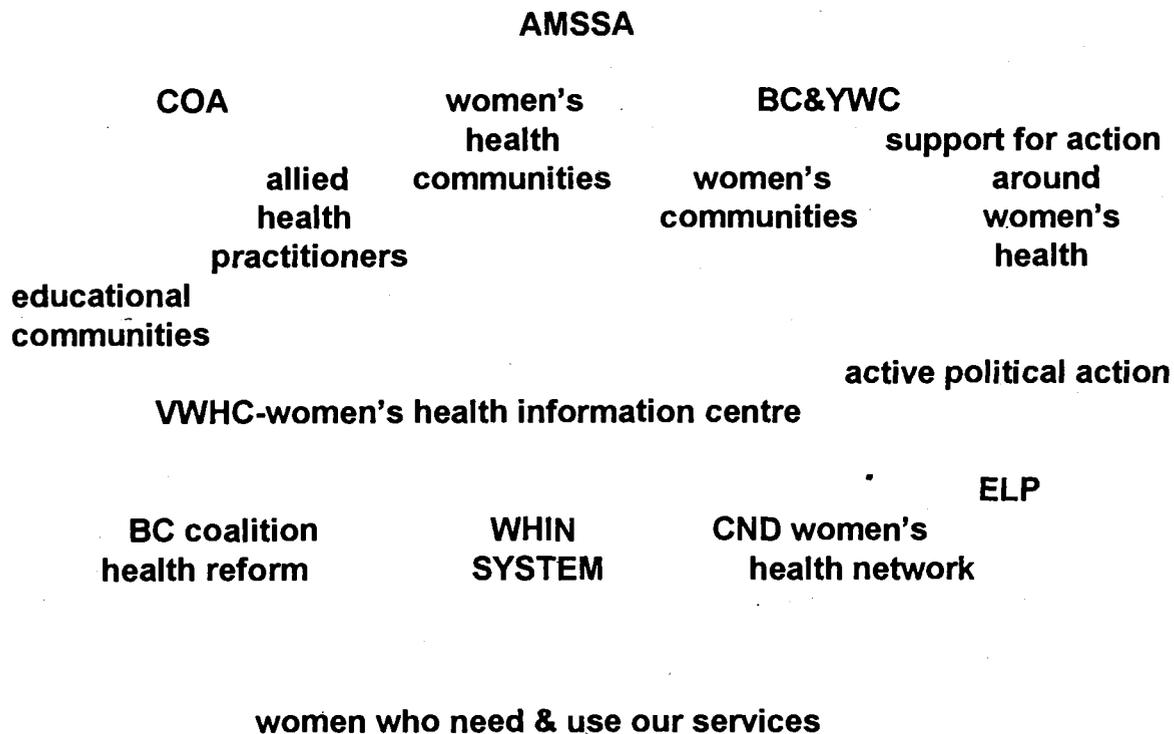
There are many ways in which the education committee can grow. In becoming a member of the education committee, you will have the freedom to decide the committee's future direction. It largely depends on the individual members' interests and goals, and how the committee as a group envisions the roles of the committee within the context of the Collective as a whole.

Goals:

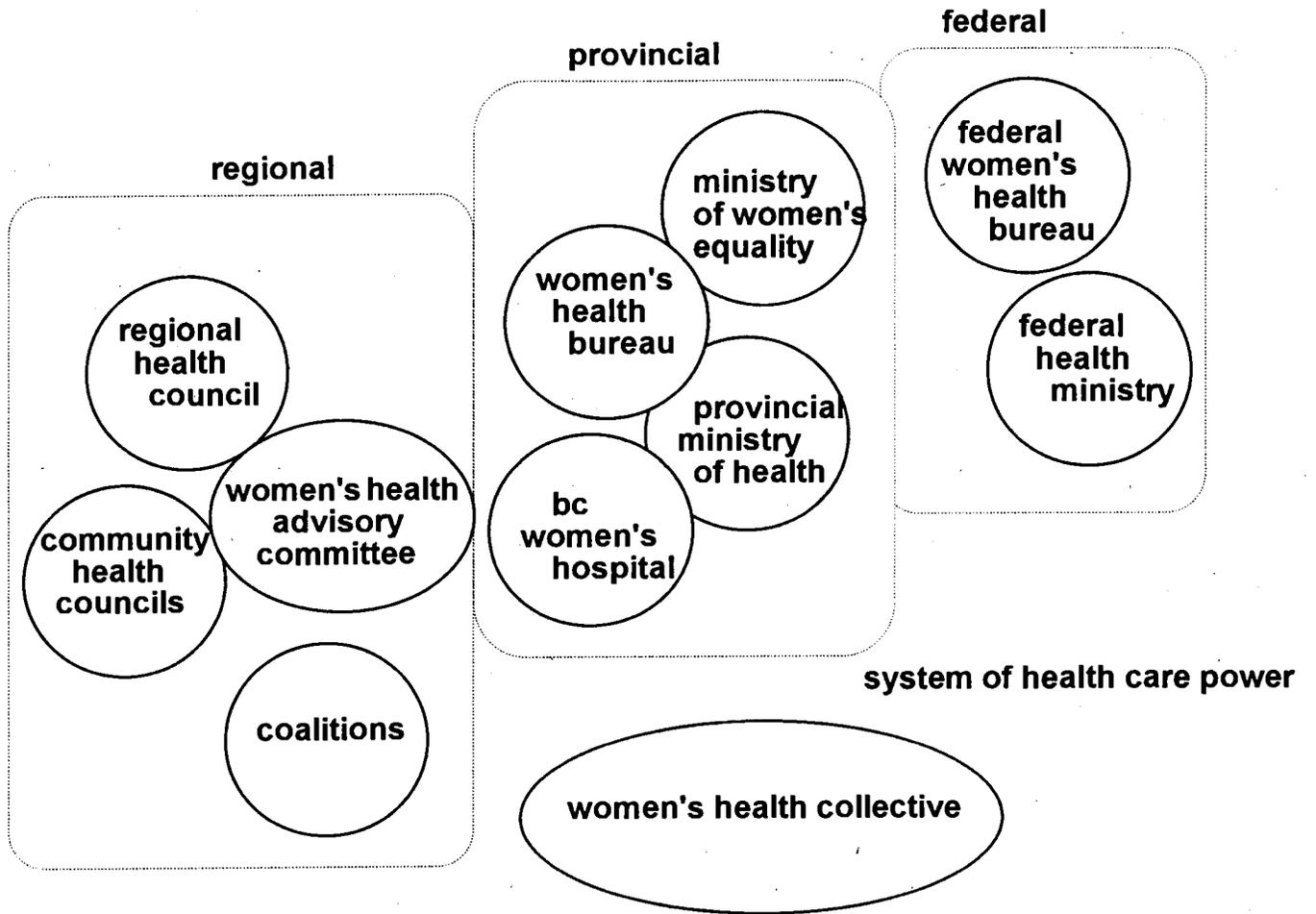
- more internal "workshop techniques" including doing workshops internally before publicly
- update our "feedback evaluations" and create effective strategy to promote our workshops

Education Committee Meetings Time: see committee member for dates

WHERE WE DRAW OUR SUPPORT/POWER FROM



- separate organizations we belong to
- coalitions we belong to
- communities that we interact with for support



Getting To Know The Collective Space

Where the light switches are located:

-  The main place is on the wall just before you go out of the front door to the collective. You will see the labels above each switch saying which one is for which office. The 'front hall' light is kept on at all times
-  The light switches for the filing cabinet area of the info center are located on the red wall by the brochure stand

Adjusting the heat:

-  The thermostat is located on the wall in the NAC office

The Kitchen Area (Coffee/tea, food storage, etc.)

-  Feel free to put your food in the fridge.
-  Feel free to store food in the red cupboard by the kitchen door. Be sure to label your food if you want to ensure you'll be the one to eat it.
-  Please clean up after yourself.
- 

Using The Telephones:

-  The phone stations are named according to the computer stations that are located near them. See individual telephone for name.
-  Feel free to use the phones.
-  To make an outgoing call, pick up the telephone receiver. Push a line button, and then dial your number.
-  To get an incoming call, pick up the telephone receiver.
-  If you want to access a call on hold, push the line button the call is on.
-  To put a call on hold, push the red button.
-  To adjust the volume of the music from the phone your are near, push the volume button underneath the number buttons.

Mailboxes

-  Mailboxes are a scarce commodity here at the collective. Priority is given to those who volunteer at the collective on frequent basis and need a mailbox for this work.
-  To get a mailbox- see the Administrator or Info Centre Coordinator
-  When you stop volunteering here on a regular basis, your mailbox will be given to someone else.

Using The Fax Machine:

-  1. Prepare a fax cover sheet that includes the name of the person you're sending it to, your name, the date, our fax number, their fax number, & how many pages (including the cover sheet) you are sending.
-  2. Put your pages upright in the document feeder (the front wire thing).
-  3. Dial the fax number and push the "START" button.
-  4. To send more than one fax, see instructions posted below fax machine
-  5. If you've dialed a long distance number, record the number & who is to pay for it on the sheet above the fax machine.
-  To receive a personal fax costs you ten cents a page to cover the cost of paper. Sending a fax that is not long distance is free. You pay only for the cost of personal long distance faxes that you send.

The Postage Meter

-  1/ Weigh your letter on the Libra scale.
-  2/ Find the postage cost by looking on the postal rates chart on the bulletin board above the postage meter.
-  3/ Turn the key away from you to turn the postage meter on.
-  4/ It will now ask you to check to make sure the date is right. Lift the lid, check the date, and push the blue "check date" key to tell the machine you have checked the date. Close the front cover.
-  5/ Push the number keys to show the correct postage you need for your letter. (If you make a mistake, push the "C" button to clear it so you can start over. Then push the green "select postage" button. Three lines will now show up on each side of the amount you punched in.
-  6/ Put the envelope in the slot on the front bottom of the machine which will stamp it.
-  7/ On the sheet above the postage meter, write down the date, the amount, who (which committee) is to pay for the postage costs. If you are paying for it, put your money, including tax, for it in the recipe card box by the meter.
-  8/ Turn the key back to its original upright position to shut meter off.

Using The Computers:

When you finish working for the day, you are responsible for:

-  exiting out of the program you are working in
-  exiting out of windows' program manager
-  turning off **both** the monitor and the hard drive, and the printer if you were using it.
-  Locking up the office doors, the collective, etc. See locking up responsibilities above on page 29.

Printing costs for volunteers and paid workers:

-  10 cents a page if you use our paper
-  5 cents a page if you use your own paper

Hey! Wanna Learn Computer Skills?

-  Admin committee volunteers would enjoy helping you learn computer skills, and general office skills, if you can help free up their time by doing things like answering phones etc. For more information, see the Administrator or Info Centre Coordinator

Getting Money From Petty Cash:

-  To get money from petty cash, talk with the Administrator. Receipts will be needed for bookkeeping.

Benefits & Responsibilities

Membership:

New Membership/Fee Structure:

Based on a community expressed need for a range of options for membership in our Vancouver Women's Health Collective, a new membership structure was developed at the Annual General meeting in November 1994. Each membership category has a fee range and includes varying levels of volunteer participation, voting privilege, library privileges, and advertising access. All memberships include a subscription to our monthly newsletter. Membership fees will be used to cover the cost of newsletter subscription, and will also contribute to our ongoing effort to provide needed health information to women, and to keep the doors of the collective open.

Volunteer Member:

- ☺ (\$5 - 25 per year)
- ☺ Library Privileges
- ☺ Volunteer 3 hours of your time for fundraising
- ☺ Newsletter subscription
- ☺ Decision making privileges on committee and at collective policy level
- ☺ Volunteer commitment: Active on at least one committee or project
- ☺ Opportunity to learn transferable skills (Office/computer)
- ☺ Opportunity to network with other feminist organizations
- ☺ Opportunity to learn collective process making
- ☺ Opportunity to work in a women's centre creating change

Associate Member:

- ☺ (\$10 - 25 per year)
- ☺ Newsletter Subscription
- ☺ One free newsletter listing

Health/Holistic Practitioner/Therapist/Business Membership

- ☺ (\$35 per year)
- ☺ Newsletter Subscription
- ☺ One free newsletter listing
- ☺ Invitation to special events
- ☺

Keys:

To get your keys:

Let the Administrator or Info Centre Coordinator know which keys you need.

Key Deposit:

A deposit of \$2.00 is required for each key, to cover the cost of it being cut. This is refundable upon return of the key(s).

Your responsibilities upon receipt of the keys:

-  to not make copies of the keys issued to you
-  to not lend out the keys to non-collective members
-  to notify the Administrator/Info Centre Coordinator if your key is lost
-  to return all of your keys when you are no longer an active member
-  **there are 3 keys that you may need, they are for: the office doors, the building doors, or the front hall door**

Locking up Procedure & Responsibilities

When you lock up, you are responsible for doing the following of which apply to you:

-  Closing **all windows** in the collective space.
-  Making sure that all computers and printers are shut off. This includes all of the computers, not just the one you were working on. Take special care that you shut off **both** the monitor and the hard drive of each computer.
-  Shutting off all the lights except for the 'front hall' switch.
-  Locking **both** of our back office doors.
-  Locking the front door to the collective using the **thumbscrew**.

Information Center Library

-  You can borrow books from the information center library.
-  For information as to the procedure for borrowing, read the instructions on both the purple paper of the borrowing file box and on the file box below it located by the Practitioners' Directory.

Child Care

-  the collective will provide a child care subsidy to enable mothers to attend as many volunteer functions as they like.
-  staff are eligible for a subsidy for volunteer hours
-  volunteers see volunteer policy in personnel policy
-  all Health Collective sponsored events will provide child care for women attending or volunteering at these events
-  You are responsible to give the receipt for child care expenses to the Administrator

VVHC Newsletter:

-  You can have a copy of our newsletter, as it comes out.
-  You can write up something for the newsletter. To submit something for the newsletter, put your article in the newsletter box (by or above the mailboxes) or submit the article to a newsletter committee member.

APPENDIX 1

**Vancouver Women's Health
Collective**

Policy Manual

Draft 3

October 22, 1994

Section I

Philosophy of the Vancouver Women's Health Collective

I. Mission Statement

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.

II. Values

A. Internal Process of the Collective

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

B. Services and Resources Provided by the Collective

1. General

- i. provide women with options to the medical model
- ii. support women to make choices in their health care
- iii. empower women locally and globally to take responsibility for their health
- iv. pay special attention to preventative health care
- v. provide women with an analysis of underlying conspiracy to keep women sick
- vi. provide consciousness-raising for women
- vii. develop and promote an holistic model
- viii. increase referral file on community providing alternatives
- ix. provide free services to keep women healthy
- x. promote philosophy of Collective
- xi. target work to disadvantaged groups
- xii. break down medical hierarchy by providing access to information

- xiii. offer support to women who suffer from violence and who are victims of the system

C. Advocacy/Lobbying

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

D. Networking/Liaison

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

E. Education

- i. educate health practitioners in how to offer alternatives
- ii. make connections for people who don't see how medical system is financially driven
- iii. promote health to keep women out of the system
- iv. promote philosophy of the Collective
- v. make explicit unhealthy state of society
- vi. develop and promote holistic model
- vii. value women's knowledge about their own bodies

- viii. promote healthful environment and awareness of connections between environment and health

III. Goals (revised August 1992)

- i. To actively work on racism, ageism, heterosexism, classism and discrimination against people with disabilities within and outside the Collective.
- ii. To create an environment that increases participation in and use of the Collective and to ensure that both reflect the diversity of our society.
- iii. To work in a healthy way on issues of power and conflict within the Collective.
- iv. To support and actively practice taking care of ourselves within the Collective.
- v. To strive to be a self-sufficient structure while remaining autonomous and not being compromised by funding sources.
- vi. To actively participate in information exchange and support with individuals and groups locally and globally who share our perspective.
- vii. To support every woman's right to continue or terminate a pregnancy.
- viii. To engage in education and consciousness-raising around issues of reproductive choice.
- ix. 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.
- x. To value and promote knowledge about health based on women's tradition and experience.
- XI. To promote the vision that women are more than the sum of their reproductive parts.
- xii. 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.
- xiii. 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.
- xiv. 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.

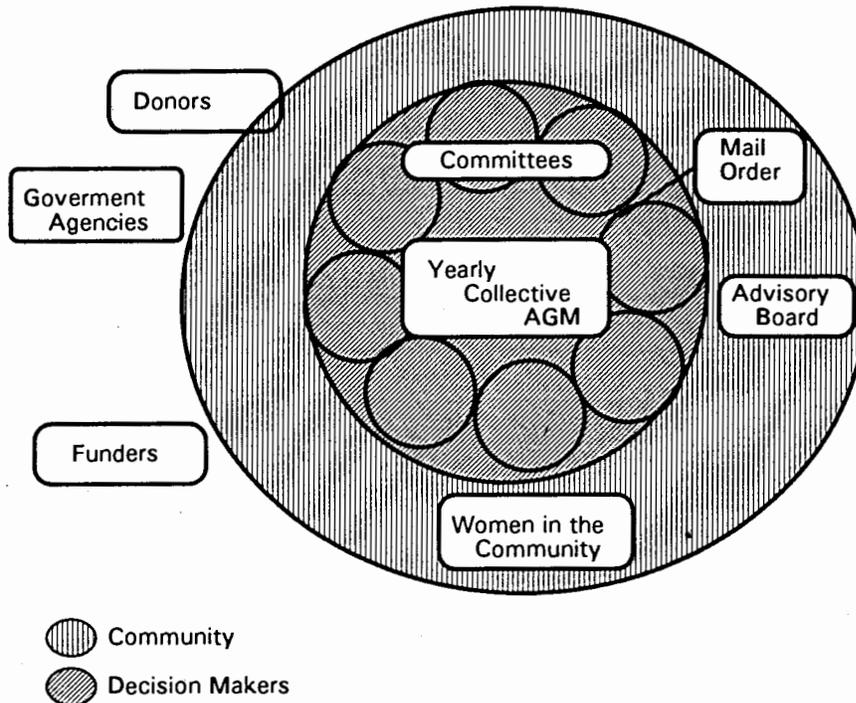
- xv. To actively respond to and expose the ways that the health care system perpetuates violence against women.

Section II

General Structure of the Collective

The Vancouver Women's Health Collective Society is based upon a collective operating structure using a consensual model of governance. (diagram A)

Current Structure of the Vancouver Women's Health Collective



Yearly Collective AGM is where the yearly programming for all committees is budgeted and implementation timelines are agreed upon.

The Advisory Board is made up of members of the Vancouver Women's Health Collective and community representatives. This board reviews proposed programming for the coming year and assesses the impact on their community, suggests changes and helps with implementation plans.

Monthly collective meetings are made up of at least one representative from each committee. These meetings assess progress of implementation plans and discuss any proposed changes to the yearly plan.

I. Annual General Meeting (AGM)

The AGM will determine the collective's activities, expenditures, directions, plans and goals for the next year. The meeting will take place the second week in February.

Procedure:

- i. The AGM is a day long meeting to be held with outside facilitators (money permitting along with the general climate of the collective.)
- ii. All committees will submit reports to the administration committee who will ensure all members of the collective receive copies one week prior to the AGM to review.

II. Advisory Board

To ensure that the needs of the community we serve are reflected in the programs as delivered by the program committees of the VWHC.

Procedure:

A. Structure & Recruitment

- i. The advisory board will consist of no less than 8 women and no more than 12 women.
- ii. Board members will be drawn from communities we wish to target. Individuals will be representative of the social, political and health issues affecting women in their community.
- iii. Potential board member will be nominated by any collective member at the September collective meeting.
- iv. To ensure continuity the following system will be put in place. 4 board members will serve a term of one year. 4 will serve a term of 2 years and 4 will serve a term of 3 years. Upon completion of the term any new members will be appointed for a term of three years. If any member is unable to complete their term a new member will step in and serve the remainder of the term.
- v. How advisory board is to be selected has yet to be decided
- vi. Advisory board members must attend three meetings annually. Their responsibilities are outlined as follows.

B. AGM Planning Meeting

- i. Two weeks prior to this meeting date each member will receive programming committee reports. These outline the previous years

activities and proposed programming for the following year. Members are to review and assess impact and relevance on their community.

- ii. At the planning meeting they will be asked to make recommendations around what they would like to see the health collective do to address issues relevant to their community.
- iii. They will be asked to give some direction around how these recommendations would be most effectively carried out.
- iv. The meeting will be held the third week in January

C. AGM

- i. Attendance is optional for advisory board members. They are welcome observers if they so choose

D. AGM follow-up Meeting

- i. One month after the AGM board members will receive a yearly planning document.
- ii. Six weeks after the AGM, advisory board members will meet with representatives from the health collective committees to provide feedback on the planning document assessing the impact this plan will have on their communities.
- iii. Meeting will be scheduled the last week in March.

E. Mid-year Review

- i. Advisory Board members will meet with representatives from all health collective committees to review and assess the delivery of programs and services as per the yearly plan.
- ii. The meeting will be scheduled the second week of September.

F. Other duties

- i. Advisory board members may be asked to sit on committee to resolve conflicts that arise out of the 'Unsatisfactory Performance' policy.

III. Collective Meetings

- i. The purpose of a collective meeting is to ratify any changes in the yearly plan and discuss progress. It is an open forum for any decision making.

- ii. Decisions are made by consensus of those who attend and will be binding.
- iii. Will happen monthly and all paid staff members are required to attend.
- iv. One representative from each committee is required to attend. All members are strongly urged to attend.

Procedure:

A. Meeting Roles & Responsibilities

1. Chair Woman's Responsibilities:

- i. to type and distribute the agenda for the meeting a week prior to the collective meeting;
- ii. to distribute minutes of the previous collective meeting;
- iii. to make committee reports available for each collective member at the collective meeting and to put reports in the mail slots of those members not in attendance;
- iv. approval of agenda during the collective meeting;

2. Facilitator's Responsibilities:

- i. time keeping;
- ii. to ensure that the collective members stick to agenda items and not diverge from agenda topic

3. Vibes Keeper's Responsibilities:

- i. ensures a voice for everyone;
- ii. monitors levels of emotion;
- iii. can interject at any point in the meeting to comment on underlying emotions that may be hindering collective process;

4. Minute Taker's Responsibilities:

- i. to keep a written record of the meeting that reflects what was said, who said it and all decisions made;
- ii. are encouraged to stop the meeting process at any time in order to take minutes that are as accurate as possible;
- iii. ensure that the minutes are typed up promptly and given to the next meeting chair for distribution;

5. Collective Meeting Minutes

- i. The minutes from the previous meeting along with a proposed agenda will be made available a week before the meeting date. It is the responsibility of the collective members to make arrangements to pickup minutes.

6. Collective Meeting Agenda

- i. Will include:
 - ★ check-in
 - ★ approval of the previous minutes
 - ★ review of agenda and setting of time limits.
- ii. In the event of other business not listed on the agenda the collective will decide whether to address it or postpone it until the next meeting. An agenda board will be posted for members to list any agenda items up to one week prior to the meeting.

7. Committees and Contract/Conference Reports

- i. A copy of the summary report must be provided to the chair of the collective meeting the Friday before the collective meeting.
- ii. An activity report and budget summary of the previous month will be verbally provided by one committee member and all contract workers at the collective meeting. A copy is to be provided to the minute taker of the collective meeting.

IV. Committee Structure

- i. Committees are to oversee and develop programs and services as put forth in the yearly plan.
- ii. These projects will meet the community's needs and reflect the values and philosophy of VWHC.
- iii. Each committee will consist of staff and volunteer collective members. Committees will function collectively.
- iv. They will meet at least monthly and report to the collective on activities, expenditures and proposed services.

Procedure:

A. Paid Staff

- i. whenever possible coordinators will be hired to provide administrative support for a specific committee;

- ii. although paid staff may sit on other committees they will be responsible for providing administrative support to the committee designated in their contracts;
- iii. where there is no paid co-ordinator, administrative support will be shared among committee members;
- iv. committee work done by paid staff beyond their contract is voluntary;

B. Committee Responsibilities

- i. to implement yearly plan;
- ii. to formulate committee budget as per yearly plan;
- iii. to keep minutes at all committee meetings and have them available for all collective members to view;
- iv. to make at least one representative available with a written report to be submitted at the monthly collective meeting. NOTE: representatives should be a rotating responsibility
- v. outline and budget for continuing and proposed projects and liaise with fund-raiser;
- vi. prepare report summary of past and proposed events for advisory board;
- vii. provide one representative to attend the AGM planning meeting;
- viii. to integrate advisory board recommendation into the yearly planning proposal;
- ix. all health collective members of committee attend AGM.
- x. one representative from each committee must attend each of the three advisory board meeting

C. Budgets

- i. While each committee is responsible for implementing their budget as per the yearly plan, the collective will be responsible for designating at least three and no more than four signing officers. These designated signers will be drawn from paid staff.

D. Expenditures

- i. Any expenditures over and above what is allotted to the committee/grant/project budget as per the yearly plan, must be ratified by the collective at a collective meeting.

Section III

Incident Reports - Complaints

All complaints between collective members or between collective members and users will be dealt with in an equitable manner.

Procedure:

A. Internal complaints

- ★ refer to conflict resolution policy

B. External complaints

To deal with complaints between collective members and users

Procedure:

- i. All external complaints should be forwarded in writing to the administration committee.
- ii. A member of the administration committee will present the complaint at the next collective meeting
- iii. The administration committee will respond to the complainant in writing within a week after the collective meeting decision with regards to the process used and outcome; and/or the proposed process and when an outcome will be available

Section IV

Child Care Policy

The collective will provide a child care subsidy to enable mothers to attend as many volunteer functions as they like.

Procedure:

- i. staff are eligible for a subsidy for volunteer hours
- ii. volunteers see volunteer policy in personnel policy
- iii. all Health Collective sponsored events will provide child care for women attending or volunteering at these events

Section V

Personnel Policy

I. Affirmative Action Policy

Affirmative action exists with the intent to realize representation from the community we serve.

Procedure

A. Paid Workers

- i. Women who are culturally and or racially diverse including women of color, aboriginal women, women with disabilities, lesbians, and immigrant women, will be targeted.
- ii. The positions to be filled by affirmative action will be determined at the yearly planning session with no less than 3/4 of the positions to be designated affirmative action.
- iii. Each position will specifically designate one of these targeted groups.
- iv. When a position is designated affirmative action it will not be filled until a candidate is found to meet the requirements of the position.
- v. The only exception to this is a UIC position due to time constraints. When these UI positions are designated affirmative action and have been appropriately advertised for one month and no suitable candidate is available the UI position will be opened up.

B. Volunteers Recruitment

- i. Women who are culturally and or racially diverse including women of color, aboriginal women, women with disabilities, lesbians, and immigrant women, will be actively recruited.
- ii. At least 50% of all volunteer spots in each new training will be held open for new volunteers from these targeted groups

II. Volunteer Policy

The volunteers are the foundation of the health collective and are equal partners in decision making.

Procedure:

A. Collective obligations:

- i. to provide training to all new volunteers about every aspect of the health collective;
- ii. to provide an environment that encourages skill development;
- iii. provide evaluations and feedback about work done at the health collective;
- iv. training of new volunteers will occur 4 times a year and be widely advertised;
- v. the health collective will actively strive for greater diversity in our recruitment base.

B. Volunteer Obligation:

- i. to work 12 hours per month;
- ii. must sit on one committee of their choice;
- iii. participate in educational and training sessions as required;
- iv. a time commitment of no less than one year;

C. Child care subsidy:

- i. The collective will subsidize up to \$5.00 an hour per child for 12 hours a month per volunteer for volunteer hours. Collective members will be given a choice to being paid for child care or having child care provided at this space or as close as possible to the health collective.

III. Hiring Policy

- i. The VWHC will only hire women.
- ii. Any available position at the VWHC will be advertised to the health collective membership and throughout all feminist publications/organizations, provincial and community papers and appropriate job specific sites. APPENDIX I.
- iii. All paid workers will be paid the same hourly wage and be treated as equals within the collective process.

Procedure:

A. UIC workers

- i. will be hired with the intent of developing at least a 5 month position after the UI grant term ends.
- ii. each UI worker will be encouraged to help develop a grant proposal that will aid in developing a position reflecting their skills.

- iii. those UI workers helping to develop a grant proposal will be assured an interview for the position the proposal delineated.
- iv. may move into vacant paid positions as an interim position if their qualifications meet the requirements for the job.

B. Hiring Committee

1. Structure:

- i. depending on the position being hired for will determine representation on the hiring committee sensitive to the communities impacted by the position;
- ii. the hiring committee will consist of no less than 5 and no more than 7(unless to do so would hinder representation);
- iii. this structure will apply to hiring permanent workers and UIC workers;
- iv. the structure of the hiring committee may be amended; Structure may include only those women from working committees that the new employee will be responsible to.
- v. hiring committee may include women who are permanent staff/paid workers, committee members/paid workers and volunteers, or advisory board members;

2. Hiring Committee Responsibilities:

- i. Advertising and posting in appropriate place APPENDIX 1;
- ii. Reviewing resumes and applications and scheduling interviews;
- iii. Short listing between five to seven applicants for interviews: applicants will be chosen for interviews based on their ability to meet the criterion established in the job description;
- iv. Conducting interviews: there will be a series of standard questions that reflect the overall values of the collective, as well as job specific questions developed by the relevant committee;

3. Job Descriptions:

- i. Members of the committee the individual will be working in will be responsible for writing the job description. This job description is to be ratified at the yearly planning session. In such a case where a job position becomes available that has not been discussed in the yearly planning sessions the position must then be ratified at a monthly collective meeting.

IV. Evaluation Policy

All evaluations will be designed to:

- i. assess the persons ability to do the work as set out in her contract;
- ii. to present feedback about her ability to do the job and the process used to do the job, to date;
- iii. to assess her own ability to do the work as outlined in her contract;
- iv. to assess the process around work i.e.: support systems and non-contract responsibilities she has taken on;
- v. a chance to rework contracts if needed;

Procedure:

A. General

- i. Employees and all those involved in the evaluation will fill out the evaluation form.
- ii. The person being evaluated may choose to have a support person present if they feel unsafe with the evaluation process.
- iii. Documentation of the evaluation will be included in each employees personnel file.

B. Grant/Temporary Workers

- i. upon hiring, the employee will be given a written evaluation form so they know what is expected of them;
- ii. the evaluation will occur 4 weeks after hiring;
- iii. a week prior to the 4 week period an evaluation date will be set;
- iv. the evaluation meeting will be approximately 1.5 hours;
- v. the evaluation team will consist of one person from the committee which the employee directly works with plus 2 women they work with daily. The employee has the option of choosing one of these women.
- vi. if the evaluation proves satisfactory another evaluation will happen after 3 months and then every three months thereafter;

C. UIC grant workers

process is the same as A;

D. Permanent workers

process is the same as A with the exception that:

- i. skills development will be part of the time line.

E. Challenge workers

- i. will have an evaluation after one month and then again at the end of their work period.

F. Volunteers

- i. The volunteer committee will be responsible for arranging the evaluation of the volunteers at 6 month intervals.
- ii. The evaluation committee will consist of a member from the volunteer committee, another collective member and a person of their choice within the collective.

V. Unsatisfactory Performance Policy

A. Paid Work/Volunteer Performance

- i. If an evaluation proves unsatisfactory a collaborative outline will be developed (in writing) which will constitute a strategy for improvement. Another evaluation will then take place one month later which will focus on the problems that were discovered in the first evaluation.
- ii. If the second evaluation is unsatisfactory and no improvement has been made as outlined in the strategy for improvement then the employee/volunteer will be let go.
- iii. The evaluation committee will be responsible for making a recommendation to the collective regarding an individual's status. The final decision must be ratified by the collective and given priority at the next collective meeting.

B. Sensitivity and action around issues of privilege

- i. The collective has the right to call into question any activities that jeopardize the well being of the collective. Included are racism, classism, homophobia, criminal activity, threats or intimidation, emotional, physical, sexual, or psychological abuse or harassment.
- ii. The collective will act in a pro-active fashion and work toward educating collective members around these issues.
- iii. Women who refuse to help promote an environment safe from these discriminations and abuses of power and who therefore, continue to exercise their privilege over others will be asked to leave.
- iv. In a reactive situation where an individual is behaving in a manner offensive to others, it will be the responsibility of that individual to educate themselves. Failure for the individual to change the

offending behavior will result in their being asked to leave the collective.

Procedure:

see Conflict Resolution Policy

VI. Conflict Resolution Policy

We recognize that the opinions and experiences among members, will differ and be influenced by personal realities, and political, cultural and social factors. This policy applies to conflicts between staff, between staff and volunteers, and between volunteers.

Procedure

A. Pro-active

- i. A structure will be provided to enable individuals and groups within the collective to safely address issues of conflict.
- ii. The collective will provide members with workshops/training in assertiveness and conflict resolution.
- iii. Efforts will be made to practice/utilize problem solving strategies and clear communication at all levels of exchange.

B. Process

1. Member(s) experiencing a personal or collective related problem with another member; that cannot be resolved directly and/or because members feel unsafe addressing issue because of power dynamics, fear or for other reasons, may request any of the following:
 - i. the presence of a support person to accompany them into a meeting. This is available to all parties;
 - ii. that the meeting be taped to maintain an accurate record of what was discussed;
 - iii. a third party observer to keep a written record;
 - iv. an intermediary to provide assistance and support to both parties in clarity of communication, paraphrasing, and maintaining a focus on the issue;
 - v. If the situation cannot be resolved at this level members may request mediation:

2. Conflict resolution that proceeds to mediation involving any parties, will be brought forward at the first possible collective meeting. Collective members are to be informed as to why conflict resolution is necessary, the people involved, the process used or being used, and the results.
 - i. Internal Mediation
All efforts should be made to utilize mediators from within the collective, but where our members lack skills and knowledge or where there exists a conflict of interest between the mediator and any involved parties, an external mediator may be sought.
 - ii. External Mediation
When all efforts have been made to resolve the dispute internally, but when internal mediation is not appropriate, a mediator from the larger community may be sought.
 - iii. In such a case as there exists a conflict between collective members and users please refer to Section III Incident Reports. i

VII. Employment Policy

A. General

- i. All health collective employees will draw up a project/job letter of agreement to be re negotiated yearly or as needed.
- ii. This letter of agreement will include the following; specific dates of employment; an outline of policies directly affecting employee's benefits with pro-rated amounts outlined; a job description; hours/week and amount of pay and a timeline for specific projects.
- iii. All hours of paid work, overtime, sick leave, approved overtime and health practitioner time off are to be recorded the time sheet supplied.
- iv. All paid workers will be paid bi-weekly.

B. Benefits

A full week of work is considered the four work days from Monday to Thursday and all employee benefits will be pro-rated over a four day cycle irregardless of how the hours are actually worked.

1. Statutory holidays that paid workers receive

month	holiday	# of day
March	IWD (floating)	1

April	Easter	2
May	Victoria Day	1
July	Canada day	1
Aug	BC Day	1
Sept	Labour Day	1
Oct	Thanksgiving	1
Nov	Remembrance Day	1
Dec/Jan	xmas & new years	5
Birthday	floating	1

- i. IWD can be taken whenever a woman wants to as we only close the office on the closest Saturday.
- ii. Good Friday can be taken as a floating statutory holiday if Friday is not usually a working day.
- iii. Jewish high Holy days and other religious holidays can be taken off in exchange for other "christian" holidays or can be made up.

2. Vacation:

- i. We can each take 4 paid weeks vacation for every year we work. This applies equally to part and full time. i.e.: time off with pay is 4 weeks and pay is for usual number of hours worked.
- ii. The 4 weeks can be taken within the first year of work if the commitment is to work for a year but must be after six months have been worked (negotiable under special circumstances).
- iii. IF a woman has taken her 4 weeks vacation and then is going to leave before she has worked one year, she will owe the health collective time (depending on how many weeks she worked).
- iv. Workers on grants or contracts of less than one year can take 1 week's holiday for every 13 weeks worked.
- v. Vacation must be taken as time off. There will be no vacation pay when someone who has not taken the time off due her, leaves.
- vi. Holiday time cannot be accumulated from year to year.
- vii. Unpaid time off can be negotiated.
- viii. Holiday time should always be negotiated so that not too many women are away at the same time.
- ix. Holiday time should be taken as not to interfere with other collective member's work load.
- x. Vacations should be negotiated if possible at the time the letter of agreement is negotiated or re-negotiated.

3. Sick time

- i. We can each take 1 personal work day per month for sick time. This time can be accumulated form year to year.
- ii. Sick time can be taken as half days.
- iii. Women with dependents can take 1 personal work day per month to care for sick dependent. This time can be accumulated within one year but cannot be added to adult sick time.

4. Health Practitioner Time

- i. Those working 18 hours or more per week are eligible for a maximum of 12 hours per year of health practitioner time when appointments and travel time fall within usual work hours.
- ii. Those working less than 18 hours per week are eligible for a maximum of 6 hours per year.
- iii. Health Practitioner time for dependents is to be included in adult time.

5. Child care

- i. Women with children in day care can take up to 2 personal work days per year per child to orient children to new settings. In special circumstances more time can be negotiated.
- ii. Women with school age children can count the time for 2 parents/teacher conferences if they fall within usual working hours.

6. Moving Time

- i. We can take 1 personal work day per year to move (non-cumulative).

7. Compassionate Leave

- i. We can take 1 week with pay per family member. More time can be negotiated as vacation time, accumulated sick time or unpaid time off.

8. Maternity leave

- i. The health collective will top up a women's 15 weeks UI maternity benefits to her usual salary level
- ii. 37 weeks of unpaid maternity leave is allowed after the 15 week ui top up period.

- iii. This applies only if she is committed to returning to her job. If she chooses not to return after her leave she will owe the collective the amount of top up paid.
- iv. This policy does not apply to women on short term grants and contracts.

9. Transportation

- i. When workers use their vehicles for health collective business they are entitled to claim 32 cents per km.
- ii. If workers use the bus or taxis for health collective business, they will be re-imbursed.

10. Un-negotiated Paid Hours

- i. Travel time to and from work isn't counted as work hours, but travel time to and from workshops and meetings during work hours or in the evening is counted.
- ii. Overtime is any paid work you do over and above your contracted hours.
- iii. Over time will be taken as time and one half off.
- iv. Overtime must be taken as time and one half off within two months.
- v. Under usual circumstances you are allowed to accumulate a maximum of 8 hours overtime per month to be taken as time off.
- vi. If you chose to accumulate hours for specific time off this must be pre-negotiated. This time off is to a maximum of one week of your contract hours.
- vii. Chronic overtime indicates a need for contract re-negotiation.