Co-Op Members For Fairness Virtual Town Hall Meeting
January 20, 2021, 19:00 hrs – 21:10 hrs (approx.)

Proposed Agenda:

- Approval of Chairperson
- Approval of Agenda
- Treasurer's Report
- Committee reports
    - Meeting with CEC
    - Memberships
    - Recruitment of board members
- Adjournment

Discussion:

1. Approval of Chairperson: Passed by acclamation

2. Approval of Agenda: New items added – report on developments at Community Clinic and report on Digital strategy.

3. Treasurer's Report:
    - Discussion on need to fundraise taken up in item #7 below.

4. Report on Saskatoon Community Clinic:
    a. A resolution for Medical Group and staff to enter mediation, passed at recent AGM, was ignored by Board. The subject matter requiring mediation undermines the co-operative values that have guided the Clinic since its inception in 1962. The Board's refusal to listen to the membership further undermines co-operative values.

5. Report on Digital strategy:
    a. Orientation notes on Google Docs and Wordpress underway. With these notes, more members will be able to contribute to CM4F's campaigns when needed.

6. Saskatoon Co-Op Board / Community Engagement Committee [CEC]:
    a. More needs to be made know about the governance structure and FCL-SCA jurisdiction lines of responsibility.
    b. CM4F's purpose is to restore the Co-Op to its base of co-operative principles
        i. Want information about how to be engaged.
        ii. Who sits on is the Community Engagement Committee? What is their work? How often do they meet? What is the motivation for the board in starting the Engagement committee? How was the CEC members appointed?

7. CM4F Membership renewal:
    a. Review of the last meetings requirements for an online membership & fundraising.
    b. Membership list has varied types of data because of merged lists.
    c. In person CM4F meeting passed a motion to have an annual membership.
    d. CM4F Button instead of a membership card. CM4F formally voted for a membership button rather than a card in a meeting about a year ago.
    e. For donations by cheque, our mailing address is: CM4F, 615 Main St, S7H 0J8
    f. Membership form for the website. Easy link to a donation button already exists.

8. Preparation for the May AGM:
    a. Graham Addley volunteered to review the resolutions to ensure the language is more appropriate.

9. Next Meeting
    a. 17 Feb 2021

10. Adjournment

ADDENDUM: **Submission to the Board of the Saskatoon Community Clinic**

Subject: Medical Group's Withdrawal of Services to Staff-patients.

Submitted by: Concerned Clinic Members

Date: January 18, 2021

Our Clinic was born out of the doctors' strike in 1962, one of many community clinics established to ensure that citizens had medical care when Saskatchewan doctors withdrew their services in objection to the government's plan for universal health care. If we at the Community Clinic are to claim such a noble lineage as our own, we can't allow physicians to once again withdraw services - not from any group of citizens, not from our very own Clinic staff.

Clinic staff are members and have been receiving their medical care from Clinic physicians for many years. If their medical care is withdrawn, staff will be faced with having to choose between their jobs and their health care. This is not how we want our Clinic to treat its staff, as clearly articulated in Clinic policy EL-2, "Treatment of Staff & Volunteers". Two of the speakers at the January 13 meeting rationalized their support for the physicians' withdrawal of services because it might only affect 1% of the membership. According to this logic, as a society we should revoke the rights of all minority groups. The number of affected individuals is irrelevant, it is the principle of the matter. This is precisely why Clinic policy EL-7, "Access to Services", refers to ***all*** CHSA clients.

There are numerous settings outside the Clinic in which physicians work with co-workers– hospitals, nursing homes, home care, etc. Are physicians in all these settings refusing to treat their co-workers? It is not clear that all the doctors at the Clinic endorse the withdrawal of services and in all its implications and ramifications. If there is even one Clinic physician who opposes the withdrawal, we would not want our Clinic administrators imposing a one-size-fits-all policy on all the physicians.

The Clinic boasts of providing the best model of primary health care. It is difficult to understand why we would want to deny our staff access to this care. The Medical Group claims physicians

are prevented from caring for staff-patients by virtue of the College of Physicians & Surgeons' code of ethics. This is simply not true. There is nothing in the code of ethics that prohibits physicians providing care to co-workers. Recommendation #1.5 in the College's 2012 Guidelines[1] suggests that when physician and patient are co-workers, clear boundaries are to be established to ensure the doctor-patient relationship is not compromised. Clear boundaries would preclude 'hallway medicine' (i.e. staff approaching physicians in places other than their office, or in the office without appointments or requests for sick leave from physicians whom would not be considered their primary care physician). If the Medical Group, the administration, and staff sat down for a frank discussion, the boundaries recommended by the Code of Ethics could easily be established. Staff could be advised that when they have medical needs, they should act like any other regular patient. Physicians could be coached on how to say no when approached inappropriately. Administration, the union, and the Board should support the Medical Group and other staff in accomplishing the College's clear boundary recommendation.

The Medical Group's withdrawal of services cuts to very core values of the co-operative and therefore is a membership concern, not an operational decision. The Clinic policies are clear in this regard, specifically EL-1, "General Executive Constraint", and EL-7, "Access to Services". Furthermore, by disqualifying some members (namely staff) from accessing the medical services, the Clinic will be violating several fundamental values of co-operatives [2]:

a) The co-operative value of **equity**. The fair treatment of all members is a co-operative value that has been guiding the Clinic's practices and procedures for the past 58 years and is explicitly stated in Clinic Policy E-1, "Vision, Mission & Values".
b) Clinic bylaws allow for staff participation as board members. In this way, staff-patients are an important source of feedback and direction to the Clinic on patient care. Ending the staff's right to patient care will erode this channel for staff contribution to the governance of the clinic and in so doing violates the co-operative value of **democracy.**
c) Caring for the health and wellbeing of some, but not all of its members, breaches the values of **self-help and self-responsibility**.
d) Presently, there is a sense of connection between staff and the membership based on the shared experience of being patients of a co-operative Clinic. By considering the staff as a different type of member, the Medical Group's proposal undermines the sense of identity and togetherness, thereby infringing on the cooperative value of **solidarity**. Allowing different classes of members, some able and others unable to access services, is the first step to the erosion of any co-operative, as we have witnessed with the Wheat Pool.

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[1] https://www.cps.sk.ca/imis/CPSS/CPSS/Legislation__ByLaws__Policies_and_Guidelines/Legislation_Content/Policies_and_Guidelines_Content/Providing_Care_to_Employees_or_Co-workers.aspx)

[2] https://www.ica.coop/en/cooperatives/cooperative-identity "Cooperatives are based on the values of self-help, self-responsibility, democracy, equality, equity, and solidarity. In the tradition of their founders, cooperative members believe in the ethical values of honesty, openness, social responsibility and caring for others."

Because the withdrawal of physician services impinges on co-operative values, it is well within the purview of the Board and the membership to consider. And, if Clinic policies are to be living documents to guide the Board, and not simply nice sounding statements, they must be respected in practice.

The resolution put forward at the September AGM was voted on and approved by the membership. The resolution spoke to a process, not an outcome. It is quite possible that the prescribed mediation process would result in an outcome that accords with the Medical Group's concerns or one that accords with the staff-patients' wishes. It is also entirely possible the agreed-upon outcome would be a satisfactory and workable compromise. While the mediation process could result in a number of possible outcomes, there is only one possible set of outcomes stemming from the Board's decision not to respect the September resolution: a loss of members' confidence in the Board, leading to a loss of members' financial contributions to the Clinic Foundation and decreased member engagement in Clinic meetings, committees, and volunteer projects.

The proposed action of mediation was not acted on by the Board. At the January 13th membership meeting, Patrick Lapointe said these talks did not take place because the Board saw the motion passed at the September AGM as a recommendation, not as directive. Does the Board only follow the wishes of the membership when it suits the Board, the Administration, or the Medical Group? If that is the case, then what is the purpose of membership meetings and the resolutions passed at them? For a Board to abdicate their responsibility in listening to the membership is to erode the very foundation of a co-operative.

As Concerned Clinic Members, we urge the Board to implement the resolution passed at the September 29th 2020 AGM.