



VANCOUVER WOMEN'S HEALTH COLLECTIVE

ANNUAL REPORT 2022-2023

We acknowledge that we work on the traditional, unceded ancestral lands of the Coast Salish peoples.

We must remember that systemic oppression operates when we allow the status quo to function. Decolonization requires disruption but first, it is our responsibility to recognize the system at work and take it apart.

We also believe that it is important to situate our work in the rich history of the women's movement in the Downtown Eastside.

IN 2023, THE VWHC MOVED INTO ITS 50TH ANNIVERSARY YEAR. This year brought in a period of reflection on the Collective's past and we began to consider how the Collective would move forward into the future.

Much like the Collective itself, the 2022-2023 board evolved, with previous members stepping down and new interim members stepping up to meet the demands of an ever evolving and growing organization. This year's board was comprised of Claire Fergusson, Pixie Lay, Sarah Sheikh, AJ Simmons, Sophia Tabrizi, with Emily Van Halem joining us in February 2023.

The pandemic challenged and called for innovation in order to continue to provide the resources and programming the Collective has become known for. Now, as we transition from pandemic to endemic, we have also transitioned into a period of growth and transformation for the programming and organizational capacity for the Collective.

The VWHC has reached unprecedented levels of organizational growth including growing the team of peer inreach support staff, hiring part-time operations staff members and moving closer to the 2021-2022 overarching goal of 'disruption' through beginning the process of onboarding a new Executive Director, Shay Baylis. The term of 'disruption' was born out of the Kairos blanket exercise and recommendations that we (as individuals and as a group) ask ourselves regularly: "What is one way we could commit to disruption in the interest of 'unfolding a small corner of the blanket' (systemic change)?" As a result of this focus, much of our energy as a board was oriented towards succession planning: assessing and stewarding structures and protocols to enable this important transition to occur in a supported and conscious way. Unfortunately due to unforeseen circumstances, this onboarding process has been delayed and the board and the Collective are in a space of transition once more as we reconsider our Collective framework and leadership structure heading into 2023-2024.

Throughout all of this, the Collective's core staff Casey Vickers, Katie Hocking, Rhian Oldale, Lonnes Leloup, Darcey Sedgewick, Sara Ahmady and Bobbie-Raechelle Ross have shown up with steadiness, availability, generosity and dedication to continuing programming and providing critical resources and respite services for the community and clients.

In addition we express much gratitude to outgoing executive director France-Emmanuelle Joly who has continued to make herself available as a valuable resource to the staff, board and the affiliate organizations and partners that contribute to the services that VWHC provides.

As we look forward to the next 50 years and the continued growth and evolution of the VWHC, we see hope, affirmation and resilience in the valuable community members who continue to access our services; the dedicated volunteers who share their energy and time; the invaluable staff and peers who work tirelessly to keep the Collective's doors open; and the members past, present and future who will continue to shape the evolution of the VWHC.

AJ Simmons on behalf of the board of directors

I SEEM TO HAVE "JINXED IT", last year, by stating my confidence that the goal of having a successor was near, and I shall refrain from expressing any further wishes or opinions. (I'll secretly keep my fingers crossed).

It remains an honour for me to have worked alongside the VWHC team and to display in the following pages of this annual report a summary of the collective successes. I am grateful as always to community partners, funders and donors for supporting the steady journey toward systemic change and health equity VWHC has embarked on in the past decade.



France-Emmanuelle Joly

THE FOCUS OF SERVICES offered by the Vancouver Women's Health Collective is our Drop-in centre, a safer, secure, women and gender-queer-only space located in the heart of the Downtown Eastside (DTES) of Vancouver. Services are free of charge. We welcome all who identify as women, non-binary and gender non-conforming, and our clients reflect the diverse nature of Vancouver. We do not keep records of age, ethnicity, primary language, occupation or socioeconomic status, to avoid profiling women who use the space, and informal feedback tells us that women appreciate not having to disclose their history in order to access the space and services. For 2022-2023, the number of women who used the space averaged 47 per day,

VOLUNTEER-RUN DROP-IN RESOURCE CENTRE

Our Drop-in Resource Centre hours vary between 40 to 35 hours per week (weekdays, daytime) and offers:

- Computer access to 2 refurbished computers with Internet connectivity and printing
- Yoga classes resumed in person and online
- Wellness Counselling + Health and wellness workshops
- Indigenous cultural connections
- Naturopathic clinic
- Free baked goods and breads, donated by community business partners (average 7,075 items); hot meals (2,160 items) and groceries
- Free hygiene products (body/hair/feminine/dental) and distribution of donated make-up, costume jewellery, clothing, and linen & blankets.
- Self-care space: showers and washrooms, make-up counters, respite beds

Volunteers maintain all services. Drop-in volunteer hours averaged 3,451 hours per year, a steady and extraordinary commitment that is essential to the delivery of all the Collective programs. Our 7 Board members, 14 counsellors, and 12 naturopathic interns also generously volunteered their time, offering an additional 1,657 hours of counselling and 753 hours of naturopathic treatments. In all, volunteers donated 6,128 hours of service (compared to 4,159 in 21-22). Our group of drop-in volunteers consisted of 36 volunteers, with 5 long-term volunteers. Practicum opportunities were also provided to another 25 students.

NURSE PRACTITIONER (NP) COMMUNITY CLINIC

The NP clinic that the Vancouver Women's Health Collective usually hosts thanks to a partnership with BC Women's Hospital (BCWH) remains on hold as the team of NPs was redeployed to support healthcare services during the pandemic and ensuing health emergencies such as respiratory illnesses in children last winter.

Virtual meetings with BC Women's Hospital are ongoing to discuss return of the team of the NP community clinic hosted at VWHC.

NATUROPATHIC CLINICS

The Boucher Institute (now called the Canadian College of Naturopathic Medicine (CCNM)-Boucher Campus since a merger in 2022) provides naturopathic clinics at VWHC on Wednesday evenings and Friday all day, since July 2020. On each of those days, three 4th-year students are on site with a supervisor, and offer 1:1 consultations and treatments, including acupuncture.

We initiated Joint team meetings with CCNM-Boucher supervisors, to discuss logistics and advocate for trauma-informed training to take place earlier in students' curriculum. Due to the recent merger, the CCNM is in the process of assessing/adjusting their curriculum for the next 2 years, to move toward a 'case-based' type of curriculum. We recommended the report *In plain sight* and facilitated two 1.5 hr training workshops on *Trauma-informed care for vulnerable genders*. Both supervisors and students found it "incredibly valuable" and wrote testimonials to that effect.

RECLAIMING OUR SPIRIT - ROS 2 (SEE PAGES 4-7)

The VWHC received funding through the Federal Ministry of Women and Gender Equality (WAGE) to develop and implement, based on promising best practices, a health promotion program for Indigenous women who have experienced gender-based violence (GBV). This program is an expansion of the Aboriginal Women's Intervention (AWI), a nursing intervention designed by Colleen Varcoe, Annette Brown and colleagues which is based on the Intervention for Health Enhancement And Living (iHEAL)



Insights from Reclaiming Our Spirits 2 (ROS 2)



For organizations interested in offering a health promotion program for Indigenous women who have experienced violence.

About the Program

The ROS 2 program is a health promotion program for Indigenous women who have experienced violence and is offered by Kilala Lelum, a health and healing cooperative located in the Downtown Eastside in Vancouver, BC. The program was funded by the Federal Government's Ministry of Women and Gender Equality (WAGE) through the Vancouver Women's Health Collective (VWHC).

The ROS 2 program expands on the Aboriginal Women's Intervention (AWI), an intervention which adapted iHEAL (Intervention for Health Enhancement and Living), a validated trauma and violence informed health promotion intervention for women who have experienced intimate partner violence, for the specific health and wellness needs of Indigenous women.

The program was developed in 2019, launched in 2020, and has served 27 women over the past 3 years.

Allow ample time to network, learn, build relationships and assess the needs of the population / community to be served and what barriers to expect.

Assessment

Learn about the community

- Network with existing community organizations / service providers
- Gather perspectives on needs / gaps to be addressed
- Ask for / incorporate feedback on program design / features

Learn about the population

- Leverage community relationships to gather input directly from the community / population to be served
- Gather perspectives on needs / gaps to be addressed
- Ask for and incorporate feedback on program design / features

Build relationships with key partners

- Identify and build relationships with key partners for delivering the program
- Gain approval from leadership (e.g., Elders)
- Refine program design / features with key partners
- Develop a common vision and timeline
- Develop governance structures and outline roles / responsibilities of key partners

Program Design

- One to one women-led nursing sessions
- Access to an Elder
- Access to counselling
- Access to social worker / navigator
- Access to Elder-led group activities / events
- Access to a follow-up program

Staffing Needs

- 3 registered nurses trained in iHEAL
- 1 counsellor
- 1 social worker / navigator
- 2 Elders
- Coordination / administrative support

Program Capacity

- ~12 participants per FT nurse (this will vary by community / context)
- 8 to 12 months per participant (includes 2-3 months to build relationship)

Physical Resources

- Access to a primary care facility
- Private space for one-on-one sessions
- Large space for group activities
- Access to a kitchen / ability to offer meals
- Access to a vehicle for group activities

Additional Resources

- Transportation supports (e.g., bus tickets, taxi vouchers)
- Childcare supports (on-site ideally)
- Access to resources in community (e.g., housing, food security, legal resources, harm reduction)

Build a foundation and structure for the program and expect adaptations; participants will decide what elements of the program are right for them.

Planning

About this Document

This document offers insights from interviews with ROS 2 program staff / advisors and Indigenous women served by the ROS 2 program ('participants'). Interviews were conducted by Reichert & Associates, an evaluation firm contracted by the VWHC to evaluate the ROS 2 program.

Insights are organized into 4 areas: **Assessment, Planning, Implementation, and Monitoring & Evaluation.**

Please note: Indigenous women in the Downtown Eastside have experienced extensive structural and interpersonal violence, have complex needs and have had negative experiences with health services; **these insights are specific to the ROS 2 program and may not be applicable to other settings.** Any program using iHEAL must be staffed by nurses trained in iHEAL. **To learn more about iHEAL visit:** <https://violencegenderandhealth.ca>

Monitoring & Evaluation

Utilize an approach of continual learning and improvement. Seek input from staff, partners and participants regularly and adapt as needed.

Program staff

- Regular weekly or bi-weekly check-ins with all team members to assess workload, share successes, troubleshoot issues, and plan group activities

Program partners

- Regular monthly or quarterly check-ins with key partners involved in governing and delivering the program to assess program needs, share successes, and troubleshoot issues

Program participants

- Program staff can informally ask for feedback on an ongoing basis throughout the program
- Feedback related to group activities would also be beneficial including feedback on facilitation / managing group dynamics
- It may be helpful to offer opportunities for participants to share feedback anonymously (e.g., by an external evaluation team)

"Like, it [the program] changes you forever. **It makes you whole.** It brings you closer to who you were before you started the program."

– ROS 2 participant on the impact of the program

Member considerations

Be prepared for a woman's **readiness to engage in the program to be fluid** and possibly change from day to day. Be mindful that while the program is focused on an individual, for the program to be successful it must be holistic. **Be prepared to support not just the individual, but their immediate and extended family and wider community.**

"When working with a woman, you're often also working with the rest of the family as well, or you will be involved in something that will have an impact on the family, such as food, or housing. You might also be supporting children or parents of the client...**you're not only going to be treating the one individual, you're looking at treating the community.**"

– ROS 2 Staff Interviewee on working with ROS 2 participants

Implementation

Involve key partners throughout program implementation. Be prepared to implement slowly, starting with a small number of participants.

Hiring

- Develop staff job descriptions / qualifications with input from key partners
- Ensure contracts include adequate vacation, sick leave, and benefits
- Include key partners in hiring decisions

Training / Orientation

- Cultural safety training plus orientation to the history, customs and culture of the population(s) served
- Training in violence prevention / crisis de-escalation
- Training in conflict resolution (e.g., for group activities)
- Training in harm reduction / supports
- Training in suicide assessment / management
- iHEAL / AWI orientation session(s) to all staff and partners involved, plus access to the iHEAL Practice Guide and iHEAL Woman's Guide

Processes / Procedures

- Determine roles / responsibilities for each staff / partner and have a master staff / partner contact list
- Define the structure, roles and responsibilities for group activities
- Have contingency / emergency plans (e.g., for when staff are on vacation, sick leave)
- Ensure all staff have access to a support system
- Develop participant referral process and criteria to assess participants' readiness to participate
- Develop an intro package for participants
- Develop a program manual and document what works and why

"...just by her [the Nurse] advocating for me the way she has and supporting me the way she has, **it has given me the opportunity to do the same for other women.**"

– ROS 2 participant on the impact of the program

Staff considerations

Working with program participants is incredibly rewarding, but **the nature of the work can be intense, unpredictable and it can be difficult to set boundaries.** Staff need adequate vacation time / sick leave and to feel confident that taking this time won't negatively impact program participants. **Conversations around setting boundaries, having access to a support system and contingency plans are essential.**

"The nature of the work is a little bit chaotic, unpredictable, and [can be] in a grey area outside of our training, ethical codes, professionalism."

– ROS 2 Staff interviewee on the experience of staff

COUNSELLING

For the 2022-2023 fiscal year, the VWHC counselling program had 1,657 hours donated by a combination of 4 to 8 volunteer counsellors and 6 to 11 practicum students - the equivalent to an additional FT paid position!

The program currently support 85+ participants. >60% identify as LGBT2S+

The counsellors on our team are invited to consider using an integrated approach to counselling while remaining client centered, trauma informed and practicing within the intersectional feminist framework leaning in to feminist therapy. Being able to hold space for a community member to acknowledge that “the problem is the problem, not the person” and to notice the other systems that are influencing and perpetuating the problem, can be an empowering moment for a community member.

Trauma Counsellors and Counselling Team-Leads Sara and Bobbie-Raechelle hold space not only for the community members they are working with, but also for the practicum students and volunteers that compose the team.

Our team has held space for a variety of presenting issues ranging from trauma, depression, anxiety, suicide ideation, grief, loss, domestic violence, gender & sexual identity and more. The counselling team is equipped with many skills ranging from active listening, empathic witnessing, providing resources & referrals, grounding & containment skills, crisis intervention, trauma processing and the list goes on.

Folks are invited to step into their agency and see what it would be like to feel empowered in the choices that they are making that are in alignment with their lived experience. An illustration of this approach is our anti-oppressive approach to suicide ideation, where the process of police/medical assessment is challenged with a slightly different approach that prefers to lean into resources other than police or healthcare, with which folks may have experienced trauma.

From individual comments, community members said they felt validated, seen, heard, understood, empowered, and that there was improvement in their presenting problems like feeling less hyper vigilant, their suicide ideation/self-harm was improved, their past no longer haunted them daily and their self-love/self-compassion had also improved.

The team was called safe, understanding, compassionate, knowledgeable, accessible and flexible.

She is the first ever counselor that I have worked with whose immediate response to suicidality and meltdowns is not to send me to an emergency room nor to call the police. Instead, she and I brainstorm other ways to get more grounded. To me, this shows that she deeply cares about the safety of her clients.

I really enjoy working with [Counsellor Name] partly because she understands why a mentally ill person may not want to seek “support” from larger institutions (ex. hospital, police, etc.) and does her best to work with her client from that position.

The accessibility of VWHC saved my life.

The Counselling team also runs the Mental Health Series of workshops with topics such as

The Polyvagal Theory

The Sympathetic Nervous System

Master Your Emotions

Burn Out (Volunteer Training)

Goal Setting

Radical Self Acceptance

Attachment Theory & Secure Connection

Self-Compassion

Window of Tolerance

Menstration 101

Self-Regulation & Co-Regulation

Waking Dream Therapy

Addictions

Intergenerational Trauma

Workshops are held via zoom and are open to the public.

GBV MAPPING PROJECT:

The ‘GBV Mapping Project’ (in full: Identifying Accountability to Drive Systemic Change (IADSC) Project) is a federally funded gender-based violence prevention project that will be implemented over the course of 30 months (2.5 years). It focuses on the development and implementation of Elder and peer led recommendations for addressing gender-based violence in the Vancouver Downtown Eastside (DTES). The GBV Mapping Project stems from an informal Community of Practice that operated for a year and a half up until early 2021.

The project is implemented by a Community Advisory Committee (CAC) of peers who received community-based research & interviewing trainings, supported by 2 Elders, a Knowledge keeper, a counsellor and a project coordinator. In 2022-2023, 3 new CAC peers joined the committee and one left to pursue full time employment, bringing the CAC to a total of 8 peers. The project coordinator also routinely meets 1 -1 with CAC members to ensure their needs are met and they feel supported; Counsellor and Elders supported the CAC with the transition between project coordinators Rhian Oldale and Lonnes Leloup, mid February 2023.

The main phases of the project include:

Knowledge Gathering (survey and map) - for which a template of questions were developed, and a soft launch took place in March 2023

Sharing Circles - slated for the fall of 2023, in collaboration with our Knowledge keeper, Elders and an external evaluation firm.

Developing a list of key decision-makers to call-in to the project.

Dissemination of findings - spring 2024.

Our program officer from the Federal Ministry of Women and Gender Equality (WAGE) visited VWHC mid-February to meet the GBV Mapping team, tour our drop-in space and get a better understanding of VWHC’s general programming.

Other Annual events

4th Pancake Breakfast (with fruit, whipped cream, homemade fruit sauces and coffee/tea/juice) - Served about 65 plates.

Galentine’s & Palentine’s Day chilli and bannock

INDIGENOUS CULTURAL PROGRAMMING

Facilitated by Darcey as Knowledge Keeper 3 times a week, the program focuses on bringing culture, traditional medicine and teachings and supporting community connections, within the space and as outreach, for participants, peers and volunteers like. This includes:

- * Medicine bundles of sweet grass, sage, lavender, tobacco and teaching people about these medicines and how they help center and heal;

- * Smudge the centre and people who want to be smudged

- * Co-facilitating an Art table, vision boards

- * Setting up a program around the medicine wheel, covering topics: such as culture & belonging, work with the medicines, healing and healthcare...

- * Working on a program about the 60’s scoop

- * Connecting with the elders in our community and Two-spirited and gender diverse folks

- * Support the volunteers and peers to de-escalate situations

- * Led VWHC volunteers & staff to the Murdered and missing women memorial march, attended the Murdered and Missing women forum

WOMEN’S TRANSITIONAL HOUSING PROGRAM - WTHP

Central City foundation (CCF) owns the building at 29-31 W Hastings (aka the ‘Cosmo’ – a 4 storey building with 40 SRA suites and a commercial ground floor unit occupied by the VWHC. CCF & partners have established a new transitional housing program for women at the Cosmopolitan supported by an active network of community-based service providers. The initial “steering committee” is representative of the core organizations that CCF hopes will both provide ongoing referrals and actively participate in program design and delivery. It is expected that as the program evolves, additional community organizations would be added to the service network. VWHC’s involvement is 3-fold: as a Steering committee member; Activities host (breakfast clubs, movie nights, individual/group counselling, life-skills facilitation) and supervisor to the WTPH program coordinator

Feminists Deliver - a grassroots collaboration of BC-based Two-Spirit people, non-binary folks, Indigiqueer, trans women, lesbian women, and cis women and girls, and the organizations that support them spanning disciplines and intersectional equality seeking efforts

CCRN - community coordinated response network which has shifted from pandemic-related matters to any matter impacting DTES residents

Feminists Deliver:

- Attended strategic planning activities - Amplified 'public' events/symposia on GBV, police reform and healthcare

CCRN - Municipal level:

- Signed Joint letter in opposition to Vancouver City Council motion for CCTV cameras
- Supported WISH in their calls for a women-centred response to Hastings decampment, and them being targeted by the VPD on social media. Amplifying their (+ BWSS, Atira, DEWC's) messaging
- Signed Joint letter in reaction to City motion, establishing that city grant recipients must communicate to/about/with city officials in a respectful manner and that city staff are to monitor public comments made by grantees.

CCRN - Provincial level

- Filled out survey re: DTES Provincial Advocacy (see sidebar) connecting the province's 4 point plan (engaged community, safe communities, Integrated Health and Social Services, Accessible Shelter and Housing Options)

PCPE (Patient & Community Partnership for Education, UBC)

Participated in video project, as part of a research project: Bringing Patients and Society Back into the Social Accountability of a Medical School. Focus groups took place in May 2022 (read the final report here: <https://meetingofexperts.org/wp-content/uploads/2022/08/Patient-Public-Consultations-Final-Report-August-2022.pdf>) The video addresses how medical education can implement each Guiding Principle (accountability, inclusion, reciprocity, co-production, 2-way communication, supports, different levels of engagement)

Langara College:

Participated in Langara's Social Services Worker external program review committee (as the only community organisation). Recommendations included: improved and balanced focus on reconciliation in programming, harm reduction training and crisis intervention education, and program application of intersectional-trauma-informed care principles for equity-deserving populations, etc.

Rhodes Wellness College

Invited to participate in Rhodes Wellness College PAC for 2023/24 as participation in previous years was highlighted by Rhode's. President and the role we've played in the counselling practicum partnership with Rhodes was of considerable value to the school.

UVic

Participated in a research interview with Amy Cornish for a project regarding increasing player engagement and participation for the Vancouver Street Soccer League

** Funding support for trauma mental health/counselling services that respect and honour community members' agency and resiliency, especially women and other vulnerable genders reporting high rates of GBV, critically low resilience, and complex trauma*

** Strategy and coordinated implementation to ensure safer access to programs for women and gender-varying folks requiring in-person services. Several members have expressed they no longer access services in person because access leading to VWHC is unsafe for them. There feel safe inside, but not coming in or leaving*

** Commitment from provincial key decision-makers to create safe-r space for meaningful engagement from peers, by committing provincial organizational leadership to support women and people of marginalized genders to access meaningful positions of leadership and influence; in order to affect systemic policy change and address persistent harmful gender norms and attitudes, advance inclusive policies, and practices, encourage more equitable and effective sharing of resources and support positive distribution of authority, voices, and decision-making power.*

** Dedicated safe-r shelter space for trans folks*

VOLUNTEER & STAFF CAPACITY BUILDING

VWHC hired a part-time drop-in administrator, Katie, who, in the span of 7 months, worked with peers, volunteers, and practicum students to reorganize and streamline daily operations:

- revise the opening, on-shift, and closing checklists;
- organize workspaces, create a more functional donation sorting, storage and replenishing system, including signage (and video explanations for volunteers!)
- implement a new system for communicating daily information to volunteers and reduce gaps in service consistency (scheduling; participant service restrictions; activities...)

ongoing team meetings to strategize on rebuilding connection and community within the VWHC.

Other capacity building highlights:

- Ongoing interviewing and enrolling Drop-in volunteers;
- Managing, supervising and evaluating 25 practicum students (8 counselors from Rhodes, UVIC, Yorkville; 1 social service worker, 4 KPU nursing; 1 Langara; 2 UVIC BSW; 8 UBC Pharmacy; 1 Life Coaching (Rhodes); 1 Social Justice Worker from Adler)
- Providing references for 3 former volunteers applying to school or employment
- Supporting volunteers and peers in the space and having conversations with peers, practicum students, and volunteers about team dynamics and communications styles. Meeting with a restricted participant who requested their restricted access to the drop-in centre be lifted, and co-created a strategy to support this participant's return to accessing VWHC resources.
- Offering 2 Naloxone trainings (May & November 2022)
- Organizing trauma informed training for all current board, volunteers, and peers

COMMUNICATIONS

Calls for donations via social media to our 600+ followers resulted in a significant increase in one-time and regular in-kind clothing/beauty product donations.

- Advertised workshops
- 3 Newsletter Mail Outs
- Ad hoc website updates • Website updates, Twitter, Facebook and Instagram

FINANCIAL ACKNOWLEDGEMENTS

We acknowledge the financial assistance of

- the Province of British Columbia for our Resource Centre;
- BC Women's Hospital, an agency of PHSA, for the NP Clinic;
- Women and Gender Equality Canada for funding for Reclaiming Our Spirit 2
- Women and Gender Equality Canada for funding for the Gender-based violence Mapping and Accountability project
- City of Vancouver Organizational Capacity Building
- the Canadian Women's Foundation
- Slight Family Foundation Ending Gender-based Violence in Critical Communities (via the Canadian Women's Foundation).
- Wage subsidy through Fraser Works
- The Starbucks Foundation - Neighbourhood Grants program

We are very grateful to community partners who donate food, clothing, hygiene items, services (see next page) and to those who make individual donation or fundraise for us, such as Wargamers without Borders, Youth Philanthropy Initiative, Vancouver Men's Chorus, Forbidden Vancouver Walking Tours, The Starbucks Foundation - Neighbourhood Grants program. Thank you to Alessia who organized a Drag Show in August 2022! Those collective efforts raised close to \$29,000+ (\$21,000 in 21-22)

A special thank you goes to Central City Foundation for their support as landlord.



acknowledges the financial assistance and donations from



~ NELSON *The* SEAGULL ~

