



This Agenda must be brought to the Annual General Meeting

Country Women's Association of New South Wales

AGENDA

Eighty Eighth Annual General Meeting

Friday 14th to Monday 17th May, 2010

PANTHERS, PORT MACQUARIE

Official Opening

10.30am Friday 14th May, 2010

Business Sessions

9.00am

Saturday 15th, Sunday 16th & Monday 17th May 2010

INSTRUCTIONS FOR SPEAKERS:

Proposers: **three** minutes only. Seconders: **two** minutes only.
Ordinary speakers: **two** minutes only.

NOTE - If three speakers have spoken in favour of a motion and no-one against, the question will be put.

Delegates are asked to speak into the microphone and give their name, membership number and branch before commencing their argument.

ASSOCIATION ACTIVITIES

Notes

1(a). PENRITH BRANCH (Blue Mountains Group):

WOOLI-MINNIE WATER BRANCH (North Coast Group):

"That the specific Health Research Fund Annual Project for the year 2010-2011 be Crohn's Disease."

1(b). IVANHOE, MENINDEE & TIBOOBURRA BRANCHES (Darling River Group):

GLOUCESTER EVENING BRANCH (Mid North Coast Group):

BARELLAN, BENEREMBAH, HILLSTON, TULLIBIGEAL &

WARRAWIDGEE BRANCHES (Murrumbidgee-Lachlan Group):

"That the specific Health Research Fund Annual Project for the year 2010-2011 be Prostate Cancer."

1(c). KINGSCLIFF BRANCH (Far North Coast Group):

GRENFELL BRANCH (South West Group):

"That the specific Health Research Fund Annual Project for the year 2010-2011 be Macular Degeneration."

2. ROWENA BRANCH (Barwon Group):

"That CWA of NSW introduces postal voting for the election of all State Officers."

Supporting information

Rule XVI states that "every member shall have one vote. Votes must be given personally".

Regulation 29A states "The election of all State Office Bearers and of all other members of the State Executive Committee...shall be by secret ballot. In each case, the person elected to the position shall be the person receiving the highest number of votes according to the simple majority...system of voting."

At present each branch of the Association may elect two members who act as delegates to State Conference. The delegates are charged with the responsibility of representing the wishes of the other members of their branch. Therefore does each branch hold a mini, pre-election secret ballot to ascertain who the delegates should vote for? And if they do, who decides which candidate to vote for if there is more than one member standing for the position of State President? (Remembering that voting does not commence until the candidates for that position have been allowed to address the delegates at Conference).

And what of the votes of those members whose branch has not been able, for whatever reason, to send a delegate to Conference? What if your vote is different to other members of your branch but the same as 50% of members in other branches? If "...the person elected to the position shall be the person receiving the highest number of votes..." then each member's vote counts – doesn't it?

If each member has a vote, which must be given personally and by secret ballot – why do we not already have postal voting?

Individual voting papers (including return envelopes) could be included with the edition of *The Country Woman* containing the CVs of those nominating for State Office Bearer positions. Each member would complete the documentation and return their vote to Head Office, in the envelopes provided (similar to the method used by the LHPA in their recent elections). Votes can then be counted by a returning officer prior to Conference or, alternatively, counted during Conference when all other votes (medical research) are counted.

3. TOTTENHAM BRANCH (Oxley Group):

"That CWA of NSW creates a position of State Publicity Officer."

Supporting information

Our branch feels that our State Executive would communicate with the media and members better if there was a new position made available on the State Executive. This position would eliminate some stress for the State President, especially at State Conference time when she would organise media interviews as well as press releases to the media and to branches. The Publicity Officer would promote CWA and all the good things it does apart from cooking and handicrafts.

The following examples will explain our motion:

1. The State President is the head of our organisation, but she needs someone to assist in organising media interviews, press releases, assist with promoting our organisation and coordinate various functions. A Publicity Officer would not be taking any attention away from the State President but would add attention to our organisation.
2. A State Publicity Officer would liaise with branch/group publicity officers to assist with their branch promotions.
3. Motions have come to Conference wanting to pay an organisation to attract more members to CWA. This would be the role of a State Publicity Officer – an unpaid position – leaving our hard-earned funds for more appropriate recipients.
4. At our State Conference this year there was no photo taken when Tarcutta Textiles, for the first time sponsoring the Wool Award, presented the Wool Award to the winning branch. If CWA of NSW is to expect continuing sponsorship they must give that sponsor encouragement and acknowledge their generous sponsorship, or they won't put their hands up again.

AGRICULTURAL/ENVIRONMENTAL

4. ROWENA BRANCH (Barwon Group):

"That CWA of NSW objects to any legislation surrounding Climate Change that adversely affects the agricultural industry."

Supporting information

Louise Burge, Chairman of the NSW Farmers Association's Conservation and Resource Management Committee states, in an article titled "Carbon Calamity" (*The Land*, 23/7/09):

"As the Kyoto rules stand, trees grown since 1990 would be the only form of sequestration recognised – crops, pastures and renewable energy generated on farms like solar power and biofuels are all now excluded.

If agriculture is included, its emissions would be calculated on the back of very poor data. Methane emissions, for example, will be based on research from northern hemisphere cattle operations.

While there is some research in Australia in the area of soil carbon, none of it is long-term nor is it extensive across all land types. To make matters worse, agriculture's biological system, or the life-cycle of farming, is not recognised in any present greenhouse calculations.

Everything that is good about agriculture in terms of the environment is virtually ignored, while its emissions from livestock and cropping, for example, will be counted and farmers penalised.

Under this scenario, agriculture has few options to offset or reduce its emissions – other than drop production volumes.

And doesn't it seem strange that biological systems producing food will be treated by this government in the same manner as a coal mine?

There is simply no alternative to producing food, but unless the full life-cycle of farming is acknowledged, the flow-on effect will be more imports, resulting in a loss of Australian jobs and farm communities."

The April 2009 edition of the Australian Farm Institute (AFI) newsletter, in a report on the updated climate change modelling done by ABARE, states that "...of all the nations in the world, only Australia and New Zealand have foreshadowed policies that would result in agriculture incurring a direct cost for the emissions estimate to arise from the sector."

The newsletter also provides a summary of the Agriculture, Greenhouse and Emissions Trading Conference 2009. In his closing address to the Conference, Mick Keogh, Executive Director of AFI, noted that while many attending the Conference felt somewhat overwhelmed by the complexity of the issues as they apply to agriculture, it is important that leaders of the agriculture sector develop a more complete understanding of the issues as quickly as possible. Developing mitigation options for agriculture is a priority.

**5. ROWENA BRANCH (Barwon Group):
WILLOW TREE BRANCH (Namoi Group):**

"That CWA of NSW opposes mining on agricultural land and requests that the State and Federal Governments develop legislation that protects prime agricultural land from mining activities that could impact on agricultural food production, and ground and surface water systems."

Supporting information

CWA of NSW has protested against mining in the Hunter Valley and more recently at Caroon on the Liverpool Plains. It is time we formalised our policy on this issue. Legislation must be changed to protect prime agricultural land.

The defeat, by just one vote, of the *Mining Amendment (Safeguarding Agricultural Land and Water) Bill 2009* proves that the NSW Government, Fred Nile and the Shooters Party are only interested in the short-term gains provided by the mining industry and not the long-term production of food and fibre.

It is necessary to develop legislation aimed at protecting the vital resources of our country which are so necessary for the survival of future generations. Areas such as the Liverpool Plains, with its fertile soil and intricate water systems, are now under imminent threat from mining. The location of the Liverpool Plains at the head of a tributary which feeds into the Murray Darling River system means that problems arising from mining may have a negative effect on the whole system.

To allow any activity to occur without first assessing the risk involved is negligent. There must be processes put in place to protect these sensitive areas which feed our ever-increasing global population. Water is fast becoming a scarce commodity and we should protect what we have. If aquifers are cracked or damaged there is the possibility of either contamination or loss of our water supply. The impact of mining on our soils has also been well-documented. Once we lose fertile top soils through mining it can never be returned to pre-mining fertility. Exploration licences should not be granted on such areas until prior risk assessment has been performed.

We are at a stage when important decisions must be made and policies put in place to protect prime agricultural land and our river and aquifer systems for the sustainability of future generations. Mining should not be allowed on prime agricultural areas or near river systems, and mining companies should be made accountable for their actions as are every other section of the community.

6. COLEAMBALLY-ARGOON BRANCH (Sturt Group):

“That CWA of NSW protests against the action of the State and Federal Governments in the Water Buy Back Schemes. We therefore urge the Government to include Water for Food and Water for Fibre in their planning, so that there will be an equitable share of water resources for all.”

Supporting information

The results of the Sturt Group Social Impact Study and other studies have reinforced the message that the Government Water Buy Back has no evidence that the environment has been saved, but there is plenty of evidence that country towns and their communities have continued to suffer.

The Murray Darling Authority has the mandate to do a study on the stress (to the environment?) as a result of past water over-allocation and emerging climate change with strategies of how to adapt to these phenomena. The people working on this study are well-qualified and well-intentioned but its recommendation will not be published until 2011.

Terry Hogan’s WATER4FOOD has now hit the headlines; and Rice Growers and the irrigation companies are involved in strategies to grow food with less water.

We wish to stress to the governments, both State and Federal, that farms should be included in the “environment” and to stress that not only cities and towns need water for survival but country communities and farmers need their share, too. Water for Food and Water for Fibre should be part of the planning and there is no planning for them at present.

We therefore urge this Conference to pass the motion to become a resolution. After all, the mandate of our Association is the welfare of women and children and everyone in all communities.

HEALTH/SOCIAL SECURITY

7. ROWENA BRANCH (Barwon Group):

“That CWA of NSW encourages open debate on Physician Assisted Dying (PAD).”

Supporting information

Dying With Dignity Victoria is an active law reform and “self help” organisation pursuing public policies and laws in the state of Victoria that enhance self-determination and dignity at the end of life.

Their website (www.dwdv.org.au) gives details of their Legislative Charter and suggests a detailed process for Physician-Assisted Dying (PAD). It is a multi-stepped process and involves psychiatric assessment by several doctors, ensuring the patient is fully informed about diagnosis, prognosis, treatments, risks, palliative care and then a cooling off period. The process would be impossible to access for anyone other than the fully cognisant patient. In other words it takes away the argument that sufferers could be taken advantage of by those with a vested interest in their death.

Another misconception is to mistake access with use. The assumption here is that anyone granted access and given the prescription by their doctor immediately goes on to use it. In 1997 the state of Oregon, USA passed the Death with Dignity Act which allows terminally ill Oregonians to end their lives through the voluntary self-administration of lethal medications, expressly prescribed, by a physician, for that purpose. The Act requires the Oregon Department of Human Services to collect information about the patients and physicians who participate in the process, and publish an annual statistical report. Those statistics show that almost one third of those who actually receive the prescription never use it, which shows restraint and careful consideration.

According to *Dying With Dignity Victoria*, people who obtain access to the prescription feel a profound relief at having regained control over the end of life, but do not feel compelled in any way to end it immediately. It is this control that in itself provides good palliative care, and helps relieve some of the very significant existential suffering.

8. CANBERRA EVENING BRANCH (Monaro Group):

“That CWA of NSW urges the Federal Minister for Housing, Community Services and Indigenous Affairs to include walking sticks as medical aids in the proposed National Disability Parking Permit Scheme.”

Supporting information

Because the disability parking schemes in each state and territory vary widely from each other, the Federal Government has proposed a national disability parking permit scheme to apply in all states and territories. It is proposed to introduce this national scheme in late 2010.

While we welcome such a scheme, we are greatly disturbed at the proposed exclusion of the use of walking sticks as medical aids from the eligibility criteria for obtaining both permanent and temporary disability parking permits.

Criterion 2 for obtaining a permanent disability parking permit states:

“Your ability to walk is permanently and severely restricted and you sometimes require the use of a mobility or medical aid. This does not include a walking stick, shopping trolley or pram.”

Criterion 1 for obtaining a temporary disability parking permit states: “Your ability to walk is significantly restricted on a temporary (rather than permanent) basis and you sometimes require the use of a mobility or medical aid. This does not include a walking stick, shopping trolley or pram.”

There are many people who rely on a walking stick to assist them in their everyday activities e.g. the frail elderly, those waiting on long elective surgery lists for joint replacement surgery as well as those recovering from such surgery, accident victims and sufferers of debilitating illness such as heart disease, arthritis and MS.

Excluding the use of walking sticks as a criterion for eligibility for a disability parking permit is to reduce the ability of many mobility impaired people to participate in such everyday activities as visiting their GP or shopping centre, let alone attending a concert or film. To exclude these people from eligibility for a disability parking permit amounts to discrimination against people who may be disabled.

9. CASTLE HILL BRANCH (Nepean Group):

"That the CWA of NSW requests the Federal Minister for Health to have the cost of prescribed compression garments, necessary in the effective management of Lymphoedema, covered by the Medicare rebate."

Supporting information

See supporting information following motion 10

10. CASTLE HILL BRANCH (Nepean Group):

"That the CWA of NSW urges the State and Federal Governments to establish treatment centres for Lymphoedema, with a central register of approved clinicians."

Supporting information (for motions 9 & 10)

Lymphoedema describes the swelling resulting from malfunction of the lymphatic system, classified as either Primary (congenital) or Secondary (commonly resulting from cancer or melanoma surgery with excision of lymph nodes). The effect is often worsened by radiation.

The lymphatic system transports excess fluid through nodes filtering lymph to return it to the deep veins in the neck. Its main function is to keep the body healthy.

Damage to the lymphatic system prevents normal drainage, resulting in tissue swelling. As time progresses, lymph stagnates causing protein concentration. The limb becomes dense and fibrotic, and worsening tissue changes as the limb increases in size can lead to infection and life threatening cellulitis requiring costly hospital admission and IV antibiotics. This has a devastating effect on the sufferer, who has undergone surgery, maybe radiation and chemotherapy, with a swollen limb often the last straw.

Statistics for Lymphoedema following surgery:

- Breast cancer – 20-30%
- Melanoma – 6-58%
- Prostate cancer – 25-30%
- Gynaecological cancer – 45%

An International Framework (UK) consensus document outlining Best Practice Guidelines released in 2007 recommends the treatment of choice to be Complex Lymphoedema Therapy (CLT). This treatment is also endorsed by the Australian Lymphology Association. It consists of:

1. Specific massage to establish an alternate healthy pathway
2. Skin care
3. Multilayer compression bandaging
4. Exercises

Following reduction a compression garment is prescribed. It is NOT appropriate to fit a garment on an untreated limb unless the swelling is minimal. Information/education about the condition and need for compliance is essential. A home maintenance program empowers patients to take responsibility for their ongoing management.

Early diagnosis, education, practical advice and early treatment may prevent years of suffering and major functional impairment leading to reliance on Social Services and perhaps costly hospital admissions.

A recent survey in NSW showed only 15% of trained therapists are able to treat Lymphoedema following Best Practice Guidelines. Reasons were: poor funding, insufficient staff, time restrictions, management constraints and medical ignorance. Country residents are severely disadvantaged with few treatment centres in regional NSW.

Prescribed compression garments, essential for control, receive little or no funding from government or private health funds. Patients need to rotate two garments and replace them six monthly. Many patients who are not standard size require custom-made garments. Costs range from \$100 (standard) to \$1,500 (custom-made).

With approximately 38,000 new cancer patients diagnosed each year, some 8,000 will develop Lymphoedema. The cost impact of NOT treating will become onerous to the hospital and social security system.

Lymphoedema should be regarded as an illness and managed as such. It is important that treatment centres be established throughout NSW for early diagnosis and management of the condition, with a central register of ALA approved clinicians available to all, and that financial assistance be increased to cover the cost of prescribed graduated compression garments.

11. KOOTINGAL BRANCH (Wanthella Group):

"That the Country Women's Association of NSW asks the Minister and the Minister assisting the Minister for Health (Mental Health and Cancer) to provide therapists for regional areas, whose training is in management of Lymphoedema."

Supporting information

See supporting information following motion 12

12. KOOTINGAL BRANCH (Wanthella Group):

"That the Country Women's Association of NSW asks the NSW Minister assisting the Minister for Health (Mental Health and Cancer) to have the NSW Cancer Registry keep statistics of people with Lymphoedema for the planning and development of services now and in the future."

Supporting information (for motions 11 & 12)

Kootingal Branch would like to bring to the attention of the members of the CWA the lack of services for people suffering from Lymphoedema in our area and regional areas in general.

Lymphoedema is oedema or swelling that occurs when our lymph channels become blocked. Lymph is a fluid just under our skin that helps our body carry waste and fight infection. Lymph channels can become blocked because of surgery or radiotherapy. This is called Secondary Lymphoedema. Although Lymphoedema is usually found in a limb, it can also affect other parts of the body. Sometimes the lymphatic system does not form properly at birth - this is called Primary Lymphoedema.

Lymphoedema is not curable but can be managed with correct bandaging, specialised lymphatic massage called manual lymphatic drainage, laser treatment, wearing compression garments, exercise routines, hydrotherapy and good skin care. Mild to moderate swelling has the potential to increase and become complicated by recurrent infection. Complications from Lymphoedema can become life threatening.

In the northern part of the Hunter New England Health area, it is projected that there will be at least a thousand new cases of cancer in the next five years who will require services, some of whom may develop Lymphoedema. In an ageing population, the instances of cancer increase.

As the survival rate of cancer improves, it would appear that there are more people developing Lymphoedema as the condition can develop many years after cancer surgery. It would appear that health organisations have not taken this into account.

What we need is services within reasonable travelling distance because travelling long distances complicates their condition.

Tamworth, our regional centre, has no physiotherapist working in private practice that is able or willing to do lymphatic massage. There are four massage therapists who have some training which can help with the maintenance of Lymphoedema but if they do not have medical training they cannot deal with inter-concurrent medical conditions. Rebates from health insurance funds vary greatly for physio and massage therapy. There is no medical rebate under the enhanced primary care program for massage.

The dilemma for sufferers is that sometimes they are fitted for compression garments before the swelling is reduced through massage therapy. Some people can go undiagnosed but the earlier people are diagnosed and assessed, the better the outcome.

A limb that becomes swollen and changes in appearance alters body image and may impact on everyday activities and/or result in anxiety in some people.

What we need is a therapist who can diagnose, treat and manage Lymphoedema patients in the public system. It is no good having private centres if people cannot afford them. One may be able to access public services in Sydney or Newcastle. Usually there is up to six months waiting period and then there are time constraints placed on the service delivery. People who are eligible to access services in the public system have difficulty getting reimbursement through IPTAAS as physiotherapists are not classed as specialist doctors.

Our understanding is that most regional centres are experiencing the same problems as Tamworth. The Kootingal Branch has forty plus members, and we have three members who have acquired Lymphoedema.

TRANSPORT & TELECOMMUNICATIONS

13. BELLATA BRANCH (Namoi Group):

“That CWA of NSW approach the RTA and equivalent State and Territory authorities asking them to investigate the over-reflective glare by vehicle headlights from road signs, especially the large white signs, temporary signs on wheels and some guideposts.”

Supporting information

The reflected glare from these signs on all roads can be very dangerous at night as it can dazzle drivers and it certainly draws drivers’ attention from the road. There are numerous signs of this type even on our rural roads.

The moving neon-like signs on the highways are very disconcerting (the signs on wheels are the type like the temporary lights used for roadworks) and diverts drivers’ concentration from the road. We feel that any moving sign causes distraction. Could the paint used on these signs be of a non-reflective material?

MISCELLANEOUS

14. WALGETT BRANCH (Barwon Group):

"That CWA of NSW requests the NSW Government to challenge the legality of the action of the RSPCA in destroying animals which they consider drought affected or otherwise in distress, prior to notification to the owner and verification from a qualified independent veterinarian."

Supporting information

In the past, animals affected by drought have been destroyed without notifying the owner prior to the time and date, in time to enable them to obtain an independent review by a vet who is not employed by the RSPCA in some capacity. Farmers must be forewarned of any intention to kill their animals and thus be able to get a genuine independent vet's assessment and not be forestalled by using veterinarians supplied by the RSPCA with vested interest in the RSPCA.

In past cases, mothers have been destroyed without consideration for the management and upkeep of the baby animals. This is in violation of Section 26AA of the *Prevention of Cruelty to Animals Act 1979*.

In the Australian Veterinary Association's Code of Practice, section 4 part D it is stated:

- i) The veterinarian should obtain the owner's agreement for whatever procedure is to be followed
- ii) The veterinarian should have recently seen the animals and be acquainted with the keeping and care of them, by clinical or by medically appropriate visits.

On occasions, the owners have been prevented from discussing the condition of their animals with vets, vets had no case studies of the animals and no physical examination had been carried out.