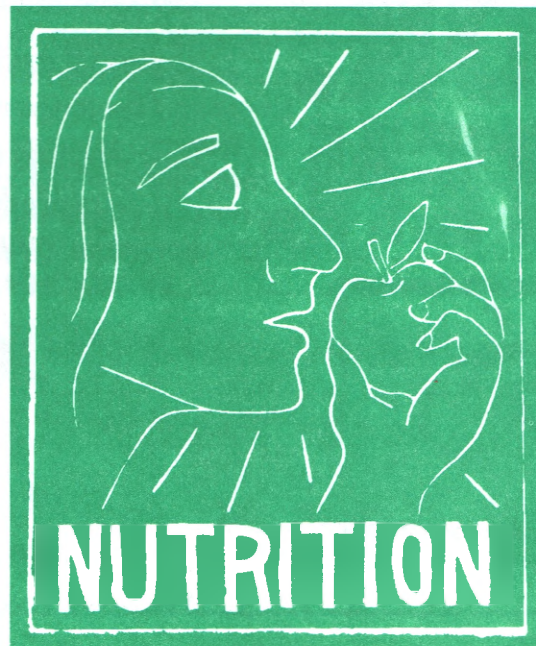
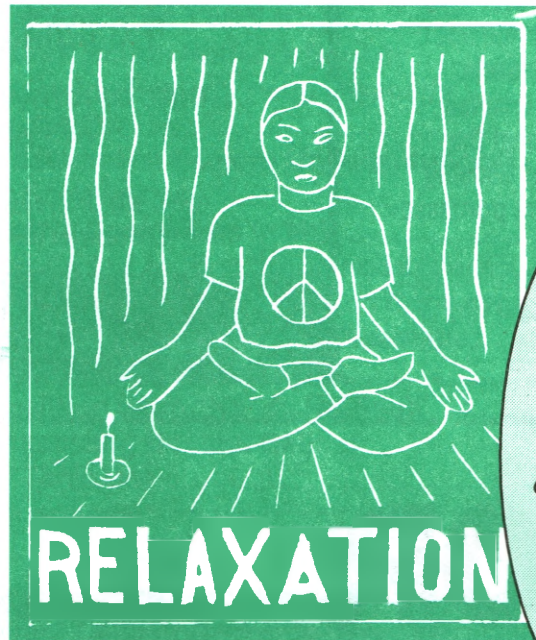


transition

BC COALITION OF PEOPLE WITH DISABILITIES

JAN./FEBRUARY 1997

Healthy Living



Calling
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We'll need some
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tasty 20th
fundraiser for
Transition!
See page 6 for
details!



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CCEC Credit Union has won the organization award for the Distinguished Cooperator in BC. The awards recognize and honour BC cooperators for outstanding achievement and service to the cooperative/credit union movement.

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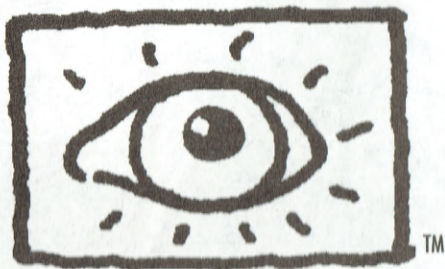
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is published eight times per year by
the TRANSITION Publication Society.

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Partial funding for Transition is
provided by Human Resources
Development Canada.

We welcome articles, graphics,
creative writing, et al (maximum
length for articles should be 1000
words). The editors reserve the
right to edit material.

Please send material to:
Transition Publication Society
c/o BC Coalition of People with
Disabilities

204-456 W. Broadway
Vancouver, BC V5Y 1R3
875-0188 • TTY 875-8835
Fax 875-9227

Canadian Publications Mail
Product Sales Agreement No. 0507148

in this issue

Letters to the Editor	2
Editorial by Margo Massie	3

F e a t u r e s

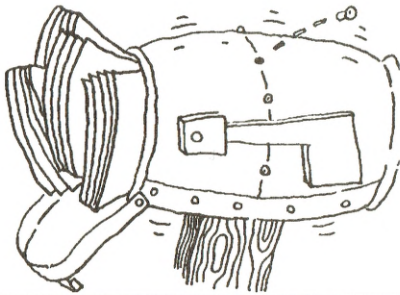
You Are What You Eat	5
Health Action Network Society	7
Exploring Sexuality and Disability by Jennifer Horgos	8
Treatment of Seniors Unconstitutional by Scott Adams	9
Centre Specializes in MS	11
The End of an Era: Woodlands Closes	14
Woman's Fight for "Justice" Continues	17
A Way Out: Women with Disabilities and Smoking	18
Coalition Says "No" to No-Fault	22
Organizing Beyond Beijing by Tanis Doe.	23
	26

N e w s & N o t i c e s

Community Living Advocacy Project	4
Direct Deposit Option for Benefits	6
Signers' Network Launches New Web Site	7
Arts Centres Improve Access	13
International News	15
Guide Book Launched	21
Computer Comfort	22
An Open Letter from CCD: Latimer Case	24
Community Resource Network	28
New Employment Equity Act	29
CMHC Grants	29

Editorial Note: The views and opinions expressed within the pages of Transition are not necessarily those held by the total membership or Board of Directors of the B.C. Coalition of People with Disabilities. The material presented herein is meant to be thought-provoking and to promote dialogue. Transition is your opportunity to share information and to introduce issues which you feel should be brought to the attention of the disabled community and the general public. It is also an opportunity for disabled individuals to display creative talent.

January/February 1997



letters

DEAR EDITOR:

I have read several issues of your publication and after each one I get even more annoyed! For some reason, you seem to think you speak for all the disabled people in the country, but you are very wrong. You constantly criticize fundraising organizations, especially telethons.

Where do you think funds would come from if not charities? Thousands of volunteers give their time to raise money for organizations they believe in, but your publication makes it appear that administration costs greatly outweigh the money that goes directly to help disabled citizens. It's publications like yours that will cause harm to organizations that work extremely hard to raise much-needed funds.

I personally have a handicapped mother in a wheelchair and she totally supports all fundraising campaigns and, in 30 years,

has not whined or complained as some of your writers do constantly.

I suggest that perhaps you should get out into the real world for a change and be thankful that charitable organizations exist to help the less fortunate citizens and people with disabilities, instead of constantly using the written word to slander genuine people who want to help our society.

(LETTER UNSIGNED)

DEAR MR. TROUSDELL,
PRESIDENT AND CEO, BC
TRANSIT:

Yesterday, I tried to reserve a HandyDART for an evening of wheelchair square dancing practice. I was told that Surrey has cut back two more buses due to budget restraint, and that activities such as wheelchair square dancing are considered a type of "social gathering." Because of these new guidelines, our club, The Wheeling Eights, did not have enough members present to form a dancing square.

Virtually all our members who use HandyDART are too weak or financially unable to use other means of transportation. Ironically, medical and rehabilitation personnel are always encouraging wheelchair users to get involved in different community activities, yet when we get enough courage and self-esteem to try to do so, we cannot get past

our doorstep. Transportation is the first requirement to get anywhere, and Taxi Savers are too expensive.

For many in our club, wheelchair square dancing is one of the few activities open to us. It provides an opportunity to get out of our homes, make new friends, put on demos to entertain others with our precision moves, and helps us use the abilities we still have, instead of dwelling on those that are gone.

Joining this club has opened many doors to me that I did not know existed. Wheelchair square dancing is not a mere social function—it is a skill which takes a while to develop and much rehearsing to maintain. Please don't force our club to disband because of lack of affordable transportation.

Would all the able-bodied politicians give up their limos, free plane trips, expensive dinner parties, etc., to set an example of true restraint, and start using their taken-for-granted healthy limbs, whenever possible, use cheaper transportation, or entertain with tasty casseroles like most citizens have learned to do, so there could be some extra dollars to fund a HandyDART or two, for those who cannot walk at all? I doubt it.

YOURS TRULY,
MRS. NANCY BRIGGS
SURREY, BC ≈



by Margo Massie

Disability

At the end of 1996, I found myself, along with many others, making New Year's resolutions. As well as resolving to stop letting the cat out three times in the night, filling the gas tank before the warning light was solid amber, and, never buying another off-white raincoat, I resolved to adopt a healthier lifestyle. Specifically, I aimed to get more exercise, eat less fatty food and be on time! This fit very well with Transition's request that I write the editorial for this healthy living issue.

Many people might still say, "But how can a person with a disability (particularly, as in my case, Multiple Sclerosis) have a healthy life?—they're sick." Surprisingly, this is a common myth. And as people with disabilities, many of us easily buy or fall into the medical model—one which treats us as though we are in ill health. Though I don't profess to lead the healthiest lifestyle (I'll get around to those resolutions later), I am not sick. My disability merely causes my body to function (and not function) differently from people who do not have a disability. Plus, I believe it's as important or even more important for me and others with disabilities to aim for opti-

mum health in the things we do everyday.

When I acquired MS in the early eighties, I was fortunate to know and meet many people with disabilities who helped me realize that disability does not equate with sickness. These people were living independent, active, healthy lives, contributing to society, and fighting for disability rights with the BCCPD, and definitely not tied to the medical model.

Through these friends and a positive outlook which I inherited, I soon realized the importance of continuing with yoga. I had already been practicing it regularly for four or five years. Cuts to physiotherapy coverage at that time did not allow me to access regular treatment, so I took exercises and stretches from physiotherapy and included them in my daily routine at home. Through a relative, I was able to benefit a great deal from access to hyperbaric oxygen treatment (this is a procedure where a person breathes pure oxygen in a pressurized chamber. Sounds healthy, eh?). The medical community has endorsed its use for burns, joint injuries and more, but unfortunately it is not a recognized treatment for MS.

(continued on next page)

(Editorial, cont'd from previous page)

When I found my job to be too physically draining (coordinating volunteer activities at the Coalition!), I enrolled in the Pearson Computer Centre training program in hopes of acquiring a more sedentary job.

All of these healthy elements became part of my lifestyle within two years of accepting my disability. Today, I am very thankful for this early introduction to wellness. Though medically-speaking I have a disease, I have never considered myself to be sick because of it. I have also realized how much more difficult it is for a person with a disability to adopt a healthy lifestyle than someone who is "not yet disabled."

In 1997, the healthy components of my life include:

- a comfortable accessible apartment,
- very supportive parents,

- a delightfully understanding bunch of friends,
- an eleven-year association with the people who are the BCCPD,
- a racy scooter and an even racier tricycle, and
- work I truly enjoy.

I consider myself truly fortunate to have all of these things which are so essential to good health. However, those healthy resolutions I mentioned will need a bit more effort to realize. First, the tricycle isn't very healthy parked in the storage room. A regular swim routine, daily exercise activity and a healthy, low-fat diet will require a healthy dose of self-discipline in order to become real parts of my lifestyle.

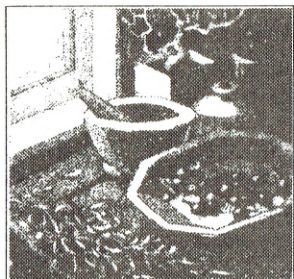
I'm sure these resolutions are similar to those of many other people, disabled and otherwise. However, those of us with disabilities must try a bit harder to meet our resolve—to find the energy, the adapted equipment, the accessible facility or program, the money and the strength to overcome the mistaken attitudes.

Here's to a happy, healthy 1997! ≈

Community Living Advocacy Project

The Community Living Advocacy Project, sponsored by the BCCPD, is now up and running. This one-year project will provide information and referral, planning and support to individuals and family members who are currently receiving individualized dollars from the Ministry of Human Resources. The project is working in partnership with the Community Family Link Society of BC.

A profile of the project will appear in the next edition of Transition. In the meantime, you can reach the project at (604) 525-0701 or fax (604) 526-2266.



You Are What You Eat

This article was published in the September 1990 Transition. It is still a good "primer" on healthy eating.

Dr. Paulette Roscoe believes in that worn out cliché "you are what you eat". She talked to Transition about the physical and mental healing powers that a good balanced diet can provide. Dr. Roscoe is a Vancouver naturopath who practices homeopathy and provides health counselling. She hands out to her patients, who say they don't know how to eat, suggested menus for each meal.

Dr. Roscoe finds it peculiar that people actually do not believe that a poor diet can make them sick. There are many things in people's lives, like unhappy homes, relationships and jobs, as well as a lack of exercise and a healthy diet, that cause illness. She says that nutrition can make up for many of the problems caused by stress in people's lives. She suggests to her patients how to manage their stress loads by eliminating such stressors to the body as junk food and stimulants like coffee, alco-

hol, and sometimes dairy products and red meat.

Many people with disabilities are unable to exercise. A remedy for this is good nutrition and learning how to minimize stress.

Some of Dr. Roscoe's golden rules are: have three ounces of protein three times a day, eat 50% natural fruits and vegetables each day, some raw and some steamed, eat three meals a day, don't go for long periods without eating, and remove stimulants. She says that the further away people get from the natural state of products, the more processed food is, the less "vitality" it has. For those of us who cannot afford to buy organic products, Roscoe says we just have to buy regular food and take out all the bad stress related items. She tells Transition, "people on minimal incomes can eat better. They can eat fruit and vegetables and whole grain bread; they can eliminate pasta and junk food. This culture is addicted to sweets."

Roscoe does put her patients, who live in the city and don't eat organic, on

minimal doses of multivitamins because she feels today's food is de-vitalized with pesticides and preservatives.

"The body has a tremendous amount of healing energy," Roscoe tells Transition, "and can heal many things. But when people put various kinds of stressors in their bodies, the healing energy goes into just taking care of those stressors, and sometimes the stressors become greater than the natural healing energy. That's when disease develops."

Learning to eat properly is an educational process. It takes a little work researching the multitude of literature on the subject. Dr. Roscoe recommends people set a goal of about one year at which time they will be eating properly. She says there are good books available in libraries and book stores, like Banyen, on rules for basic nutrition.

Dr. Roscoe's main message is that people make the connection between food and their health because "we are what we eat!"

(by Richard A. Watson) ~

our *taasty*
TWENTIETH!
Anniversary Dessert Event



We'll be
Celebrating 20 years
of advocacy progress at our
fundraising event for Transition magazine

Saturday, April 12th, 1997

—at the new Roundhouse Community Centre!

There'll be **desserts, entertainment, raffles ... and more!**

Your help is important!

We need volunteers, and donations of desserts and raffle prizes.

If you have donation ideas or want to volunteer, contact May at 875-0188.

If you want **ticket information**, ask for Margaret at the same number.

Direct Deposit Option for Benefits

Some people find it inconvenient to receive their Disability Benefits cheque by mail, or to pick it up from the local ministry office. You may worry about mail arriving late, or cheques being lost or stolen. Your circumstances may make it difficult for you to travel to your bank, credit union or trust company.

The Ministry of Human Resources is offering a new payment method of direct deposit. It is a pilot project that will be made available throughout British Columbia for clients with disabili-

ties. This service is your choice. If you want to continue getting your cheque in the usual way, you can do so.

If you wish, we will deposit your benefits directly into your personal account at the bank, credit union or trust company of your choice. You will still receive a monthly statement from our office in the mail, along with your Request for Continued Assistance card.

There is no charge by the ministry for this service, though your bank, credit union or trust company may

charge a fee. This depends on what type of account you hold. Check with your financial institution first, if this is a concern.

Please note that if you have any outstanding garnishments or court orders against you, funds can be taken from your account once the money is deposited.

If you have any questions about your individual case, please contact your financial assistance worker. If you have other questions about direct deposit, phone the ministry at our toll-free number: 1-888-232-0122. In Vancouver, call 602-5846.

*A message from the
Ministry of Human Resources. ~*

Health Action Network Society

The Health Action Network Society (HANS) is a non-profit, charitable society, registered provincially in 1984 for the purpose of promoting and protecting health and well-being. We now have 4700 members across Canada and the U.S., as well as many non-members, who use our services. Last year, we responded to over 14,000 requests for information. HANS has a head office in Burnaby, BC; an Alberta office in Calgary, and representatives in Winnipeg and Whitehorse.

HANS has dedicated committees, including many volunteers, who network globally with research institutions and individuals, to provide natural health and research information to members and non-members. Information packages are available to purchase on a wide variety of alternative health choices and environmental issues, as well as specific illnesses such as arthritis, heart disease, cancer, multiple sclerosis, and more. We publish a catalogue that describes all our materials and packages. HANS information packages are \$20 for HANS members; \$30 for non-members.

HANS honours all forms

of health care, but focuses its research in the areas of preventive and/or nutritional medicine. HANS also researches environmental factors which affect the health and well-being of individuals, e.g. pesticides-herbicides and fluoridation.

For information, contact the HANS at #202 - 5262 Rumble Street, Burnaby BC V5J 2B6, (604) 435-0512, fax (604) 435-1561, Order Desk 1-888-432-4267, local orders 435-0568, Email: hans@hans.org, Web Site: <http://www.hans.org/>



The Signers' Network Launches New Web Site

There's a new web site on the Internet for people who use American Sign Language (ASL) created by *The Signers' Network*, a Canadian publishing company.

"This site is one of the most detailed and comprehensive lists of Canadian resources related to deafness on the Internet today," said Carola Finch, Editor of *The Signers' Network* newsletter.

The URL is: <http://www.interlog.com/~signnet/>.

The information is targeted to the Deaf Community, families of the Deaf, agencies, professionals

who use ASL, interpreters, sign language students and anyone who uses or is interested in learning ASL. It contains lists of various Canadian service organizations, Deaf consumer groups, educational institutions and interpreter groups with links to their web sites.

Comments, suggestions and new listings are welcome at the address below.

The Signers' Network, 74 Mayfair Crescent, Brampton, ON L6S 3N4, (905) 792-9889 Voice/TTY/Fax (Voice Messages Only), E-mail: Signnet@interlog.com.



Exploring Sexuality and Disability

by Jennifer Horgos

"Love is a mutual confidence whose foundations no one knows. The one I love surpasses all the laws of nature in sureness. Love is capable of any wisdom."

- Walt Whitman

The words "sexuality and disability" seldom seem to evoke positive images for people. At the Sexual Health Resource Network, a lot of our requests for information focus on abuse or other dangers associated with sexuality. My favourite requests, however, are the ones where a parent or caregiver asks, "How can I help this individual with a disability develop a positive understanding of sexuality?" This attitude is so refreshing and it is also essential if people with disabilities are going to have the opportunity for a full life.

Searching for information about sexuality for people with disabilities, that is presented with a "sex-positive" attitude, is sometimes a bit of a challenge. While resources about preventing sexual abuse are necessary, it is also important for the pleasurable aspects of sexuality to be discussed. Developing a sexually-healthy lifestyle is more a matter of aiming for what is positive than simply avoiding the negative. In fact, discussing only the dangerous and negative aspects of sexuality can be

disempowering instead of preventive.

Two books have recently arrived at our resource network which highlight the possibilities, not the difficulties, of sexual and romantic relationships for people with disabilities. *Enabling Romance: A Guide to Love, Sex, and Relationships for the Disabled (and the People that Care About Them)* by Ken Kroll and Erica Levy Klein, and *Couples with Intellectual Disabilities Talk about Living and Loving* by Karin Melberg Schwier, provide information taken from the personal stories of people with disabilities. Each book provides a positive view of sexual and romantic relationships which is both eye-opening and empowering for the reader.

Enabling Romance is written by a couple who have experienced sexuality and disability first hand. The book acknowledges the barriers people with disabilities may face in forming intimate relationships, but encourages them to move past their fears and take risks. Sexuality is defined broadly in this book to

include feelings, physical needs, relationships and beliefs. It is an excellent resource for people with or without disabilities, and contains information for both couples and single people.

In part one of the book, the authors begin by saying that all of us need to challenge stereotypes which convey the idea that people with disabilities do not need sex or are not capable of having sex. According to Kroll and Levy Klein, these stereotypes prevent the general public from seeing people with disabilities as sexual and can be internalized by people with disabilities. The authors emphasize that strong self-esteem and an appreciation for one's own attractiveness are essential parts of healthy sexuality.

Enabling Romance does a good job of discussing the non-physical aspects of sexuality, but it does not shy away from a very detailed discussion of sexual activities. In part two, the authors discuss lovemaking techniques and positions with graphic, but tasteful, descriptions and pictures.

The chapters of this section are arranged by disability. Information is provided on sex and spinal cord injuries, polio, muscular dystrophy, cerebral palsy, blindness and more. The use of personal stories is effective in this section because it keeps the discussion of techniques

*A positive attitude
about sexuality is
essential to healthy
living because
sexuality is an
integral part of our
lives.*

from sounding too clinical. The descriptions also demonstrate how couples communicate and share feelings as a part of sex. As a result, a holistic view of sexuality is maintained throughout the book.

Couples with Intellectual Disabilities Talk about Living and Loving addresses issues which are often left out even when the issues of sexuality and disability are being discussed. Many people who have an intellec-

tual disability face even greater barriers in trying to express healthy sexuality. Often professionals or caregivers assume that people with mental disabilities are not only not sexual, but that they do not have the capability to understand their sexuality or cannot control their sexual feelings. The stories in Melberg Schwier's book strongly refute these myths.

The book begins with a touching introduction in which Melberg Schwier discusses her motivation as a parent and activist for writing the book. She then turns the book over to the voices of couples she interviewed about various aspects of sexual and romantic love.

A concern for many of the couples interviewed was the amount of control caregivers have been able to exert over their intimate relationships. Many of the people speak of their right to be together after years of being discouraged or punished for having intimate relationships. One person from Burnaby stated, "We all need to have somebody

(continued on next page)

(Sexuality, cont'd from previous page)

and, to make somebody be alone for their life, I just don't understand it.

Whether you're handicapped or not, doesn't mean you can't love somebody." By example, all the couples in this book prove that ability to build intimate relationships is not dependent upon IQ.

In fact, many of the stories reflect issues and concerns common to all relationships, despite the presence or absence of an intellectual disability. In the author's afterword, she states, "each (couple) is a celebrated connection, a freedom to be intimate with another person, a defense against loneliness, a chance to take care and be cared for." Each of these needs is a universal part of healthy

sexuality, not just an issue for those with an intellectual disability.

The need for people with disabilities to express themselves sexually and form intimate relationships is beautifully described in both these books. A positive attitude about sexuality is essential to healthy living because sexuality is an integral part of our lives. Positive examples of sexual expression are important for all people. They are especially necessary to battle myths which depict sexuality as negative or unnecessary for people with disabilities. I think such positive portrayals should become a standard part of any sexuality education program.

Both books were published by Woodbine House. These books and other materials on sexuality and disability can be borrowed from the Sexual Health Resource Network by calling 1-800-331-1533 or 434-1331 ext. 231 (in the Lower Mainland). Please contact the Network for more information about resources or services.

(Jennifer Horgos is a Health Educator with the Sexual Health Resource Network) ≈

It's Okay to Talk About Sex

It's Okay! is a quarterly magazine that offers profound insight and detailed information about living and coping with disability. From a unique, heart-felt perspective, we discuss the intimate realities of relationships and sexuality. Essentially, we open a window on self-discovery for people who happen to have disabilities. To receive a one year subscription, send a cheque or money order for \$23.95 to Sureen Publishing, Box 23102, 124 Welland Ave., St. Catharines, ON, L2R 7P6.

Treatment of Seniors Unconstitutional

The following is from the book The Confinement and Extortion of Elderly Canadians by Scott Adams.

Alice Jackson and my very good friend John Sunisloe have both had their rights, money, freedom of movement and dignity taken away from them arbitrarily in contravention of our Charter of Rights and Freedoms Sections 7, 8, 9 and 10.

They and many other elderly people have been committed to an elderly persons' home where most will never leave (alive) and will spend their remaining days walking back and forth along the hallway from the dining room to their room.

This is an unbelievable situation and it is occurring daily. If a person is genuinely ill or mentally impaired then a home may be a suitable place for them, but the system is clearly being abused.

The official reason given for their confinement is that they have Alzheimer's Disease (apparently otherwise referred to as "dementia") and are incapable of remembering or of thinking clearly enough to care for themselves. This may be true for some people in homes, but, for others, it is a clear case

of trying to give an acceptable reason to deprive elderly Canadians of their earnings, homes and possessions, Old Age Pensions, Canada Pension, other benefits, and any savings they may have—as well as their liberty, sanity and very lives.

Patients' Property Act is Unconstitutional

Here in British Columbia, it is the Patients' Property Act (Chapter 313) which is the problem. Section 2 states that, 2.(1) the Attorney General, a near relative of a person or any person may apply to the court for an order declaring that a person is mentally incompetent. And upon hearing the testimony of just two psychiatrists or medical practitioners, the Supreme Court of British Columbia can declare any person mentally incompetent. Once this is done, the Office of the Public Trustee has the right to tell the person's bank to transfer all of his/her funds to the account of the Public Trustee. This designation also gives any care home the right to take that person's liberty away.

But this Act is unconstitutional. In Mr. Sunisloe's



John Sunisloe

case, Haro Park Centre, the Office of the Public Trustee, the West End Mental Health Team and our Supreme Court of B.C., have all acted in contravention of Sections 7, 8, 9 and 10 of the Charter of Rights and Freedoms.

Section 15 of our Charter of Rights and Freedoms states very clearly that all Canadians are equal before and under the law without discrimination—including discrimination based on age, or mental or physical disability. For this reason, confinement and extortion of any person, whether he or she is mentally or physically disabled, eighty years old or fifty, is unacceptable. Our elderly Canadians must

(continued on next page)

(Treatment of Seniors, cont'd from previous page)

have equal protection under the law and our Constitution and Charter.

A "Silent Conspiracy"

Now that I have had more than a year-and-a-half to evaluate Mr. Sunisloe's circumstances, including the statements and actions of Haro Park Centre and the Office of the Public Trustee, there is no doubt in my mind that the incarceration of Mr. Sunisloe is not an "isolated" case occurring as a result of "errors" or incompetence. His incarceration,

the removal of his money from his bank account, and the theft of his old age pension were a "routine" procedure developed over many years to incarcerate and defraud elderly Canadians.

Concerning Ms. Alice Jackson, for anyone interested enough to interview her or to spend a little time to get to know her, it would be immediately obvious that she should not be confined for the rest of her life.

I believe that the Action Plan for Representation Agreements of the Community Coalition for the Implementation of Adult Guardianship Legislation is the best way to go. However, with the existing Patients' Property Act, even a Representation Agreement will be of little or no help to most B.C. or Canadian citizens—the confinement and extortion will continue.

In the meantime, time is running out for John and Alice, and many others. In total confinement, no one can last for long. Fortunately, we do have our Charter of Rights and Freedoms which became a part of our Constitution in 1981-82 with the expressed purpose of protecting our rights and freedoms from autocratic governments—but our Charter and Constitution are not capable of standing up and defending

themselves. This must be done by us. If we don't demand that our government, government agencies and courts abide by the Charter and Constitution, then no one will, and they will become useless pieces of paper.

I am now organizing a Human Rights Campaign for Mr. Sunisloe and Ms. Jackson to have their rights and money returned to them, and to have the Patients' Property Act declared unconstitutional.

For more information, or if you would like to help, please contact me at 732-6019 (best between 11 a.m. and noon any day of the week) or write to Box 538 - 1027 Davie Street, Vancouver, BC V6E 4L2.

Scott Adams has been a Kitsilano resident since 1971. He is the author of five books on various social/economic/political issues, and an independent candidate in the last two Federal General Elections, Vancouver Centre, with his new Federal Political Party, Habitat Canada.

To order a copy of, The Confinement and Extortion of Elderly Canadians, please make your cheque or money-order payable to Habitat Canada (\$18.00 plus \$2.00 postage) and send to the Davie Street address above.

≈

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Arts Centres Improve Access

Vancouver Civic Theatres, the Department of the City of Vancouver that operates the Queen Elizabeth Theatre, Vancouver Playhouse and the Orpheum, is pleased to announce the completion of several upgrades which will improve accessibility for patrons attending the Queen Elizabeth Theatre and Vancouver Playhouse. These include two new elevators, parking for the disabled in the QET Parkade, and improved wheelchair seating in the Queen Elizabeth Theatre.

The first new elevator operates from the QET Parkade to the Plaza Level adjacent to the Hamilton Street entrance to the Queen Elizabeth Theatre. Wheelchair parking stalls have been designated near the elevator on both levels of the Parkade.

To ensure that parking in the QET Parkade is available for disabled patrons, reservations for parking will now be accepted for patrons with valid disabled parking permits who have booked wheelchair seats at the Q.E. Theatre or Vancouver Playhouse. To reserve, call 665-3072 during business hours

(Monday to Friday, 9 am to 4:30 pm) at least 24 hours in advance of the performance. Due to the provision of parking for the disabled in the QET Parkade, parking in the Fire Lane on Hamilton Street will be discontinued.

The second elevator is inside the Queen Elizabeth Theatre and operates between the Main Lobby and the Mezzanine and Balcony Levels. With the completion of this elevator, a new wheelchair area with nine

seats has been added on the Mezzanine Level.

Last but not least, new flexible seating called Equal Access has been installed in both the Orchestra and Mezzanine wheelchair areas of the Queen Elizabeth Theatre. This seating permits an able-bodied patron to sit in a comfortable theatre seat next to a companion who is in a wheelchair.

For more information, please call Andis Celms at 665-3021. ≈



Custom Wheelchair Home

2100 square foot, three-bedroom, two-bath home on 8700 square foot lot (1/5 acre) in central Richmond. Twenty years old with one-year-old roof, this home is 1/2 block from multi-service mall. Interior includes four-foot halls and three-foot pocket doors with adequate turnarounds for an electric chair. Low nap carpets, oversize bathrooms with centre drains and no burn water system. All living areas have telephone, cable, radio and call system, plus 24-hour monitored security for the house. Nine appliances, all drapes, etc. included. Exterior includes four-foot sidewalk with sliding doors off m/bedroom and kitchen, ground level patio, a large double carport for van with lift. This home was designed, built and appointed with wheelchairs in mind and there are many other features not listed. The home's lot size and location make it an excellent investment vehicle. Land was assessed at \$415,000; asking \$395,000. For more information or to view, please contact:

Dave Sherwood at 891-8193 (voice-mail).

Centre Specializes in MS

The idea of exercise for people with MS was developed by Jimmie Heuga, and this premise is the heart of the Heuga Center for the "Reanimation of the Physically Challenged."

Six years after winning the 1964 Olympic slalom bronze medal, Jimmie was diagnosed with MS which

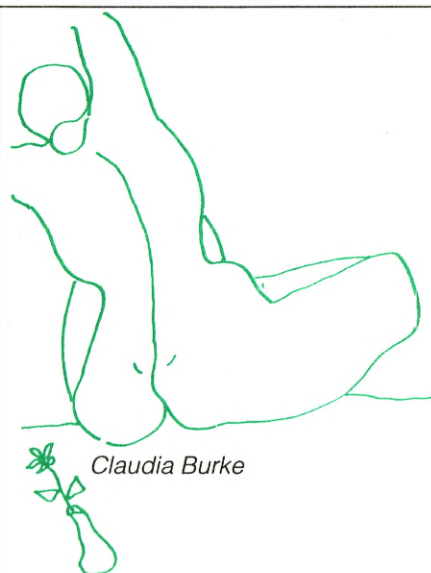
ended his professional skiing career. At that time, he followed the advice of his doctors and, for several years, remained active and sedentary. Finally, his athlete's body rebelled and he designed his own exercise program and "reanimated" himself.

In 1984, with the help of the Vail Valley community, he founded the Jimmie Heuga Center for the "Reanimation of the Physically Challenged." Jimmie's philosophy of the wellness approach to MS, which focuses on what can be

done rather than what cannot, is now accepted by the medical community.

The Center has helped over 1,000 people with MS. Measured in terms of "getting lives back on track", the JHC program has been a great success. Almost every participant has stories to tell about how it changed their life.

Contact the Jimmie Heuga Center at P.O. Box 5919 Avon, Colorado 81620, (970) 949-7172, (800) 367-33101. The Center offers scholarships to those in financial need. ≈



Readings • Signings

SLOW DANCE: A STORY OF STROKE, LOVE AND DISABILITY

by
Bonnie Sherr Klein

in collaboration with
Persimmon Blackbridge

Sunday, February 23, 2 p.m.

Vancouver Public Library, Main Branch, 350 W. Georgia Street

Alma VanDusen and Peter Kaye Rooms

Women In View Reading Writers Series

Wheelchair Accessible • ASL Interpretation.

All Welcome • No Charge.

A Huega Testimonial

Margo Massie, BCCPD Past-President, participated in the JHC program in Vermont in 1994. She prefers to call it a wellness program. It combines workshops by medical professionals, one-on-one assessment and discussion sessions with physical therapists, occupational therapists and nutritionists, balanced nutritious meals, and an emphasis on the importance of a positive attitude.

Margo highly recommends the program and still hopes Jimmie will succeed in establishing a program in B.C.



The European Doctors' Union (EDU) calls on the British Government to reject the European Convention on Human Rights and Bio-medicine now being discussed by ambassadors of the 39 countries of the Council of Europe.

The Convention has been drafted behind closed doors by civil servants and selected scientific advisers. Instead of protecting individuals from dehumanizing and unethical scientific experiments, the Convention does the opposite: it would serve to protect the growing international biotechnology industry from the interference of ordinary citizens and their elected representatives.

Doctors at the German Medical congress of June 1996 rejected the view of

present-day believers in "life unworthy of life" and the concept of human beings without human rights; they declared that such attitudes were deservedly condemned at the Nuremberg trials.

The philosophy behind the proposed Convention is most clearly revealed in a key provision in Article 17 which has been defended against all attempts to remove it. This permits medical experiments for the benefit of others on people, including children, who are unable to give informed consent.

Sweden: Deaf Swedes can now report crimes to deaf staff at Sweden's first police station for the hard of hearing which opened in the

Stockholm suburb of Rinkeby.

"Many crimes against deaf people go unreported because of communication problems," police spokeswoman Bilger Ulug said, "If staff don't know sign language, deaf people must report incidents by writing. This can be difficult."

Administrative staff will answer calls from deaf people with special text telephones or communicate with them through sign language.

"If we receive a lot of calls, more police stations may also hire deaf personnel," she says.

(Courtesy of Disability Awareness in Action, November 1996) ≈

SOME PERSPECTIVE

If we could shrink the Earth's population to the equivalent of a village of 100 people, with all existing human ratios remaining the same, it would look like this:

- 57 Asians, 21 Europeans, 14 from North and South America, eight Africans.
- 70 non-white, 30 white.
- 50 per cent of the wealth would be in the hands of six people—all of these would be citizens of the U.S.
- 50 would suffer from malnutrition.
- 80 would live in substandard housing.
- 70 would be unable to read.
- 1 would have a university education.

(Stats Quo, The Sun, Dec. 14/96. Source: Independent Senior).

YOUR MEMBERSHIP IS VALUABLE

The B.C. Coalition of People with Disabilities is a province-wide, non-profit organization run by and for people with disabilities. We are an umbrella group representing all people with disabilities and our strength comes from membership support.

Will you join the Coalition today and help build the voice for people with disabilities?

As soon as you begin your membership, you'll enjoy a number of benefits:

- an organization that can lobby the government on behalf of people with disabilities—too many

helping agencies depend on government funding and fear funding cuts. They need an independent advocate like the Coalition to lobby for their interests.

- policy research and development on areas of concern to you.
- membership voting rights, if you are a person with a disability.

If you would like more information on BCCPD, please feel free to contact the office at the address below, or call (604) 875-0188.



Membership Acceptance Form

I accept your invitation to join the BC Coalition of People with Disabilities.

Membership Fee (groups and individuals)
\$10

☐ **New Membership or**

☐ **Renewal?**

All memberships are renewable annually from the date of application.

☐ **Voting Member or**
(self-help groups where at least 51% of members have disabilities or a person with a disability)

☐ **Non-Voting Member**
(all other groups and able-bodied members)

Voting and Non-Voting Members: All individuals and groups are welcome to become members of BCCPD. However, voting rights are limited to people who have a disability and groups composed of a majority of people with disabilities (i.e. Self-help groups).

Name _____

Address _____

City _____ Postal Code _____ Phone _____



Please return your cheque or money order, with this form, to
BCCPD, 204-456 W. Broadway, Vancouver, BC V5Y 1R3.
We thank you for your support.

The End of an Era

1878 - 1996

In the early afternoon of a rainy October day, the last two remaining residents of Woodlands institution moved to their new home in Vancouver's Lower Mainland.

It was a quiet departure. No speeches. No television cameras. No crowds of supporters to wish them a fond farewell. But despite the lack of fanfare associated with their final moments in an institution that had been "home" for more than 25 years, it was an event that marked the end of an era in B.C.'s history.

The institutionalization of people with developmental disabilities in B.C. began at Woodlands more than 100 years ago. Together with Tranquille in Kamloops (which opened in 1959) and Glendale in Victoria (which opened in 1971), Woodlands became the focus of a major initiative in the early 1980's to end the institutionalization of people with disabilities in B.C.

When downsizing began in 1981, approximately 1600 individuals were living in the three institutions.

Tranquille was the first to close its doors in 1985. Glendale followed early this spring. And with the closure of Woodlands in October, B.C. became the first province in Canada to make the full transition to community living.

"This is a truly historic occasion," said Penny Priddy, Minister for Children and Families.

"Community living helps to improve the quality of life of each individual", she said, adding that "the benefits don't stop with individuals. Diversity strengthens our communities."

Much of the success of the downsizing process has been attributed to the involvement of families in the planning and placement of their family members. In addition, attention was increasingly paid throughout the process to building a variety of crucial partnerships between ministry staff, service providers, community advocates and institutional staff. The result was an initiative that sought not only to close the institutions, but to ensure the supports needed by individuals would be made available to them in the community. The BC Association for Community Living (BCACL), which played an ongoing role in the downsizing process, will

continue to monitor and advocate for appropriate services where required.

"The future success of community living goes beyond closing the institutions," said BCACL President Anita Dadson. "Our job now is to make sure communities continue to have the resources they need to welcome and support people with developmental disabilities in their homes and in their neighbourhoods."

(Courtesy of Community Living News, Vol. 14, No. 13, Fall 1996) ≈

Watson/Colley Fund

Our sincere thanks to those of you who sent in donations to the Watson/Colley fund in response to our piece in the last Transition.

For those of you considering a donation to the fund, remember that your support will help a student with a disability to receive bursaries for post-secondary education. Please make your cheque or money order payable to: The "VanCity Community Foundation re: Watson/Colley Fund," and send it to the BCCPD office.

Thank you for your support.

Woman's Fight for "Justice" Continues

Readers of *The Georgia Straight* newspaper may have seen articles in 1996 about the case of Georgina Spilos. Her experiences filing a Canadian Human Rights Commission (CHRC) complaint against federal government departments read a bit like an *X Files* episode about government cover-ups.

Ms Spilos told Transition that her problems began soon after she was hired as a lawyer by the Department of Justice in May 1992. She had identified herself as a person with a disability on her application form — she has a fused lower spine that causes chronic pain. When she began work, she found that she needed some minor accommodations, for example, an appropriate chair and a cart for carrying books.

Ms Spilos approached her supervisor about obtaining a chair to relieve stress on her back, but was told there was no money in the budget. Eventually, she found out that money might be available through another avenue, but her su-

pervisor was reluctant to assist her. Over the next two years, Ms Spilos made other requests for accommodations and was always told to solve these situations herself.

In March 1994, Ms Spilos was called at home while she was on authorized sick leave and told that her employment would be terminated when her contract expired at the end of March because "we do not feel that you fit into our team concept."

Shortly thereafter, she applied for long term disability through the National Life Assurance Company (which insures federal public servants) on the basis of both clinical depression and back pain.

In November 1994, Ms Spilos filed complaints with the CHRC against Justice and Revenue Canada (who was her actual employer). The complaints stated that her employers harassed her, failed to accommodate her disability and discriminated against her by not extending her contract of employment.

After her complaints were filed, they were passed

around like a hot potato — one investigator had the files for a year, the next for a few months. The final investigator, Paul Leroux, started his investigation in February 1996.

From the beginning, Ms Spilos was concerned about Paul Leroux's handling of

...the issue became why Justice thought she was "personally unsuitable," rather than whether Ms Spilos' disability was reasonably accommodated.

the case. When she first met with him, he hadn't read most of the evidence already provided. Less than two weeks later, he told her he had completed his investigation and that his reports were almost finished. However, Ms Spilos learned that he had not interviewed key witnesses and had refused to accept documentary evidence offered by other

witnesses, including Paul Clemens, the chief of Revenue's Appeals Division at the time of Ms Spilos' employment there.

Ms Spilos was not really surprised when Mr. Leroux's reports recommended dismissal of her complaints. He concluded that "based on the evidence, the allegation of discrimination is unfounded."

When she received these reports, Ms Spilos called the CHRC and asked that the investigation be redone. She was told she would have to make another detailed submission to the CHRC outlining what was wrong with Mr. Leroux's reports. She felt this was an unreasonable burden to put on her, especially given that the CHRC already had binders and files of documentary evidence that were not even mentioned by Mr. Leroux.

The CHRC's handling of this case also contained the red herring that would come back to haunt Ms Spilos. Because of Ms Spilos' statements that her chronic back pain caused depression and sensitivity to stress, the CHRC worded her complaints to say "excessive stress had a negative impact on [her] emotional stability because [she] also suffers from chronic depression."

Subsequent reports fixated on these words like a pit bull to a bone. In Mr.

Leroux's reports, the issue became "her emotional instability" and the claim that she was "personally unsuitable," rather than whether Ms Spilos' disability was reasonably accommodated. Mr. Leroux concluded that her employers did not discriminate against her since suitability was a non-discriminatory reason for not renewing her contract.

Ms Spilos received long term disability benefits from June to the end of August

1994. At the end of August, her GP submitted a letter to National Life documenting that she was still unable to work due to ongoing back problems. This was confirmed by a letter from her orthopaedic surgeon (who had treated Ms Spilos since 1983), which stated that: "I feel strongly and am prepared to defend vehemently in any venue that she is unemployable....Certainly, a patient with these vulnerabilities, being sub-

(continued on next page)



For Sale-New Westminster

3 bdrms: 1 main flr., 2 dn • storm windows • covered deck/separate garage
security system • dishwasher, gas fireplace • on bus route • pleasant area

This house is set up for a person with a disability,
i.e. an elevator, a bedroom and bathroom hoist.

For more information, please call Earl Smith, HomeLife Benchmark Realty at 525-4663.

(Woman's Fight, cont'd from previous page)

jected to a predatory type of employer, represents a very dangerous situation....There is little question that she is chronically disabled and the chart reflects this for at least ten to twelve years."

However, her disability benefits were never reinstated. In November 1994, she was told over the phone by National Life that her benefits would not be continued because "our medical consultant says you should be able to work." After unsuccessful attempts to find out who this consultant was, Ms Spilos finally learned that he was a doctor in Toronto who had never met her.

The doctor stated in his report that: "...her orthopaedic problem is certainly secondary....Her major problem has been acknowledged to be anxiety-stress disorder and work place incompatibility....She is far too young to be entertaining notions of total disability. I suggest that whatever resources are available to the psychiatrist....be employed to motivate this young woman and resolve any work place disputes she may have."

Ms Spilos felt she had no choice but to sue National Life. Her lawyers filed affidavits from both her GP and her orthopaedic sur-

geon, as well as from a specialist in physical medicine and rehabilitation which outlined the history and nature of her disability.

National Life then changed its defence, alleging that Ms Spilos was not ever disabled, but rather was incapable of working due to her inability to perform her job.

From a disability rights perspective, some very simple questions seem to have gone unanswered in the complexities of this case: Why was a reasonable request for accommodation by a self-identified employee so difficult to meet? Why was the employee told that fulfilling her request was a financial burden and why was the responsibility put on her to find ways to meet her disability-related needs?

It appears that these questions, which were central to a complaint based on discrimination, were not investigated. As another lawyer said, the investigation quickly and inappropriately became focussed on Ms Spilos' personality, rather than on whether she had experienced discrimina-



Mar. 13-14, 1997
Westin Bayshore
Vancouver, BC

1997 B.C. Special Education Association Conference: "Crosscurrents"

This conference will address special education concerns of regular classroom teachers, paraprofessionals, special educators and parents.
Early bird fees: \$120 one day, \$160 two days, \$125 for T.A.'s and students.

Contact: Pearl Wong, Tel./Fax (604) 576-1528, for more information.

tion because of her disability.

Once this happened, the full weight of and power of the federal government and its insurance company were brought to bear on one woman with disabilities.

Ms Spilos is not under any illusions that this article, or others, will turn the tide. She hoped only that other people with disabilities might learn something from

her experience with the federal government and the CHRC.

We can also hope that, in future, the federal government will take more seriously its responsibility to accommodate employees who have disabilities. It would, after all, take a fraction of the effort and money that it has taken to entangle Ms Spilos in the courts these past few years. ≈

Guide Book Launched

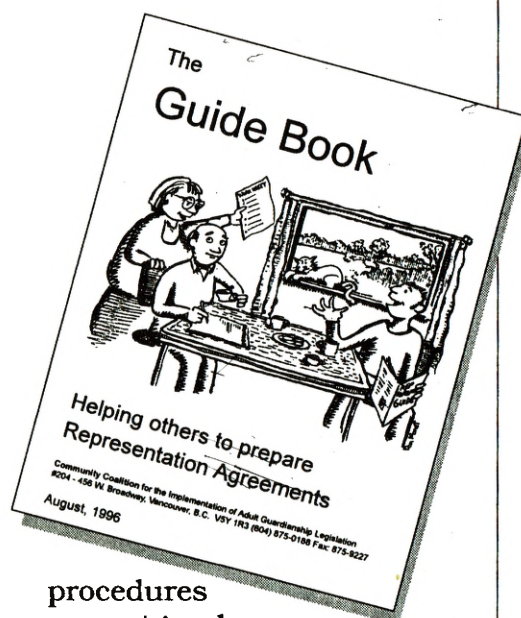
On October 30, seniors, people with disabilities, advocates, family members and four MLA's gathered at the Edmonds Community Centre in Burnaby to celebrate the publication of the *Guide Book on Representation Agreements*.

Originally the inspiration of the Network of Burnaby Seniors (NOBS), the *Guide Book* was produced by volunteers from the Community Coalition for the Implementation of Adult Guardianship Legislation. It is aimed directly at community advocates, counsellors and others who help people to plan their affairs (representation agreements will allow people to plan for personal care, health care, legal and financial matters).

"This is about average people helping other average people," said Tom Klopp of NOBS, who worked on the project for two years. He stated that the *Guide Book* was written by community volunteers, not government, and is based on people's real life experiences.

"We want to make sure that representation agreements are simple, inexpensive and easy to make so that average people can use them," said Klopp.

Although the Representation Agreement Act is not yet law, people are already making and using representation agreements. The *Guide Book* provides detailed information on the Act and will be updated as regulations, policies and



procedures are put in place.

The *Guide Book* was published with a grant from the Law Foundation. Another grant from the Seniors Health Promotion Network will help cover postage.

The *Guide Book* is not for individuals making agreements themselves. Individuals who want information on representation agreements can get a free step-by-step guide entitled *Walking Through a Representation Agreement* from the People's Law School.

For more information, call the Guardianship Coalition at 875-0188. ≈



A Way Out: Women with Disabilities and Smoking

A recent survey by DAWN Canada: DisAbled Women's Network Canada found that women with disabilities are very much at risk for substance use, including tobacco. We also found that there is no information available tailored to women with disabilities to tell us about the risks of smoking and to help us cut back or quit.

Smoking is one of the most serious health issue facing women today. Smoking has been linked to heart disease, a variety of cancers, stroke, lung disease, impaired fetal development and breast cancer.

**COMPREHENSIVE
UNIVERSAL
DESIGN SERVICES**



Tel/TT: (604) 873-0066
Fax: (604) 873-3145

DAWN Canada has written a booklet to help women with disabilities who are thinking about taking that first step to quit. *A Way Out: Women with Disabilities and Smoking* is a unique workbook that looks at why women with disabilities smoke, and offers support and helpful hints for women who want to quit.

This easy to read and use coil-bound workbook is also available on tape and on disc (WP5.1 and MS Word/text only). A limited number of Braille copies are available, courtesy of the Council of Canadians with Disabilities.

We hope that *A Way Out* will help women with disabilities to make the choice to quit. It's the single most important health choice we can make.

For your copy of *A Way Out*, contact DAWN Canada, #408 - 3637 Cambie Street, Vancouver, BC V5Z 2X3, phone/fax (604) 873-1564, email: dawncan.@mortimer.com.

COMPUTER COMFORT

Computer Comfort is a computer training program for people with physical disabilities who are unable to participate in computer courses available elsewhere in the community, due to physical or financial barriers. Computer Comfort is intended to provide an informal and non-threatening environment for learning basic computer skills.

Each participant works one-to-one with a volunteer computer tutor on a self-identified computer goal, e.g. word processing, the Internet, etc. Computers are also made available in the Computer Comfort classroom for participants to practice newly-learned skills. Participants who do not own a computer may receive one on loan from our Computer Loan Pool.

Contact the Volunteer Coordinator for Computer Comfort, Angie Allard, at 473-9363 for more information.

Coalition Says "No" to No-Fault

Over the past few months, you have probably heard a lot about the provincial government's plans to overhaul ICBC—including the option of changing to a "no-fault" system. You are not alone if you are wondering what all the fuss is about or what it has to do with you. However, the prospect of a no-fault system has many community groups very worried and it has everything to do with you.

The BCCPD has been a very active player in the Coalition Against No-Fault because no-fault would be a disaster for people who become disabled or further disabled through a car accident.

Here are some of the main problems with no-fault:

- people who cause accidents are eligible for the same benefits as innocent victims.
- innocent victims are denied their day in court. ICBC has focused their rationale for no-fault around the assumption that it is lawyers who are causing the corporation's financial woes. However, when you are in an accident and are not being dealt with fairly, you will want to have the right to hire a lawyer to protect your rights. Under no-fault, you are denied this right.
- innocent victims cannot sue for pain and suffering.

No-fault has been tried in other jurisdictions and it is the current system in Saskatchewan and Ontario. The stories that we have heard since becoming involved with this issue are heart-rending. Innocent victims have to fight with insurance agents for every treatment or rehabilitation need; they are pushed to go back to work before they have fully recovered; they cannot get the technical or personal support they need to maintain them in their homes—

(continued on next page)

PICASSO SNAPS A BACKYARD PHOTO



CALLAHAN

"Okay, everybody...one eye over the other and an extra mouth!"

(No-Fault, cont'd from previous page)

the list of problems goes on and on.

A red flag goes up for advocates and people with disabilities when they understand that no-fault insurance will create a WCB-like system. WCB is notorious for its lack of accountability, the unchecked power of adjudicators and its unfair appeal system. We don't want to see innocent victims subjected to the same problems when they need care and compensation for injury from car accidents.

The experiences of other jurisdictions using no-fault

also show that it does not decrease costs over the long term. In addition, there are also very troubling statistics that indicate accident rates go up because bad drivers are not held accountable for their actions.

Members of the Coalition Against No-Fault are participating in the Allen Review of ICBC and we are urging the government to look at the many other cost-cutting possibilities, such as accident and fraud prevention. We feel that it is irresponsible for the government to be considering limiting compensation to

innocent victims, instead of instituting other cost-saving measures.

The BCCPD has prepared a brief on our concerns around no-fault. Please contact our office for a copy and write us a letter of support for our opposition to no-fault. ~



An Open Letter from CCD

The Latimer case signals grave danger for all people with disabilities. We must never lose sight of the responsibility which this danger invokes. If we are not all vigilant, more will be murdered like Tracy Latimer. Too many more will have to fight for their lives. Too many more voices will never be heard.

That is why the voice of the Council of Canadians with Disabilities and its member groups spoke with passion throughout the public furore around Robert Latimer's conviction, sentencing and appeals.

We, as people with disabilities, are afraid for our lives. We are afraid that others could be empowered to decide whether we live or die. We are afraid to be in a society which weighs the severity of a child's disability in its judgement of whether and how to judge the actions of her murderer.

People with disabilities, and our allies across Canada, have been touched on a very deep level by the murder of Tracy Latimer. We feel Tracy's vulnerability. And we feel our own vulnerability heightened as our neighbours and colleagues

suggest that there was something noble and human in what Robert Latimer did to his daughter. We grieve Tracy's senseless death. We are pained and horrified each time we see Tracy Latimer portrayed as a creature less than fully human. We are enraged by the insinuations that Tracy's life was not a life worth living.

CCD has been particularly appalled by the media portrayal of Tracy. The media continually focused upon her pain and portrayed her as less than human. In fact, Tracy at-

tended school each day, she laughed, responded to music, enjoyed watching hockey games and sitting around family bonfires. The real Tracy was never seen by the public because the media portrayal of her was so negative.

Canadians with disabilities came together in response to this case with feelings of fear, vulnerability, pain and anger. We want to affirm our humanity, our passion for life and our solidarity. The Council of Canadians with Disabilities seeks support for our position. We ask you to affirm that our lives are worth living. Taking our lives to spare us our pain and our struggles is a crime. A crime that must be met with the full force of the law.

CCD asks you to endorse the position statement on this page—we will make public your endorsement. We trust that you understand our position but would be most willing to talk with you further should you require clarification.

To help further promote the fundamental human rights of people with disabilities, you can also contribute to the Tracy Fund. (CCD, 926 - 294 Portage Avenue, Winnipeg MB, R3C 0B9.) The Latimer Watch is

also available on the World Wide Web (<http://www.pcs.mb.ca/~ccd>).

*Sincerely,
Eric Norman, National
Chairperson
Council of Canadians with
Disabilities*

***Please return this article
to CCD, with your
signature in the box
below.***

I _____ support CCD's efforts
to ensure that the murder of people with disabilities
is treated the same as the murder of any other person.

Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Organizing Beyond Beijing

by Tanis Doe

This time last year, the dust had barely settled from the thousands of women who participated in the UN Women's Conference in Beijing, China. Women with disabilities were represented at the Non-Governmental Organizations (NGO) forum by only four or five official delegates, but they also held their own day-long symposium. One of the proudest achievements of the month was getting women with disabilities' issues into the Platform for Action. But, after the conference, there was not much mention of the accomplishments of the 200-plus women with disabilities who gathered in Beijing.

The report in MS. Magazine noted that the conference itself was horribly inaccessible, with women depending on people to carry them over mud and stairs. Interpreters for Deaf women were absent, with the exception of women who arranged for their own. Attitudes were reflective of the Chinese policy to abort disabled fetuses and to prohibit disabled mothers

from reproducing. An impressive story in the Canada Woman Studies journal reported the key achievements of the event and highlighted the fight to recognize lesbian rights, but didn't mention the inclusion of disability issues in the final platform.

As a result of extreme segregation and inaccessibility, most disabled women didn't get to interact much with the non-disabled women and or participate in "mainstream" activities.

Harilyn Russo of Disabilities Unlimited in New York said, "Still it was impressive that so many disabled women did come from all over the world. One got a real sense that disabled women wanted to be part of the women's community and to put their issues on the table as women's issues." The issues included access to education and employment, violence against disabled women, reproductive rights for disabled women and disability as a human rights issue for women.

The majority of statements include women with disabilities as part of a list identifying women particularly in need of attention. This was true for employment, education, violence and issues around the girl child. However, some unique language was presented in the category of health.

One proposal said that girls and women of all ages with any form of disability should receive supportive services and that diseases of aging and the interrelationship of aging and disability among women are also in need of particular attention. Granted, these still fall within the medical model of disability, but together with other mentions of disability these are a wonderful step toward recognition and equality.

Despite the success in getting some language around disability into the Platform for Action, the reports in most publications only mention the deplorable conditions and lack of access. They don't recognize

women with disabilities' issues. A major fundraising and organizing effort was undertaken internationally to get women with disabilities to this important event. The focus of the organizing effort was to bring women with disabilities together and this was achieved. If non-disabled women also gained and learned, this was an important "side-effect". Women with disabilities learned from each other and raised their awareness about the global community of women with disabilities.

Riding on the energy of Beijing, some of the women brought back documentation of the event and have produced a video. "Disabled Women: Visions and Voices from the Fourth World Conference on Women" is a short open-captioned video produced by Suzanne Levine and Patricia Chadwick, and is available by mail to individuals and groups (email WideVision@aol.com). The video documents the experiences and voices of the women with disabilities who participated in the event.

The next big gathering of women with disabilities is planned for mid-June, 1997, when the World Institute on Disability will host an international leadership forum for women with disabilities in Washington, D.C. (email to KATHY@wid.org). One of the goals of this event will be to ensure ad-

equate accessibility. Economic independence, violence and health cannot be addressed if meetings don't provide access for women with all types of disabilities.

Get involved! Think and act globally and locally!

(Tanis Doe is a researcher and educator living in Victoria). ≈



WHEELS

is a project in which voices are being recorded for musical compositions and soundscapes. This project includes people who have never sung before as well as professionals. Speaking and singing voices will be recorded at Vancouver Adapted Music Society; then sylvi macCormac (bachelor of music, literature & education) will create musical compositions of voice "choirs".

You can't sing? You aren't artistic? Poppycock!

The intent of WHEELS is to inspire, excite and empower people, encouraging individual creativity and collaborative projects. WHEELS is about the unique experiences, insights and voices of (dis)abled individuals in a larger context.

W H E E L S are turning. We hope you'll join us and make them spin!

email sylvi@mindlink.bc.ca

phone VAMS (604)734-1313 ext 535 (talk to Laura)

or write WHEELS c/o macCormac po box 48510 vancouver bc v7x 1a2 canada

Community Resource Network

In early 1995, a handful of organizations began the task of putting together a network that would improve the accessibility and effectiveness of existing information and services for people with disabilities. With help from Human Resources Development Canada, Industrial Adjustment Services and the BC Ministry of Education, Skills and Training, the Community Resource Network (CRN) was formed.

Today the CRN has more than a dozen volunteer

members on their steering committee with representation from consumers, community organizations, rehabilitation services, product designers, provincial and federal governments.

As a first step, CRN has developed a British Columbia Home page Directory of Web Sites of Resources for People with Disabilities. This directory is on the Internet and available to anyone who has access to the information highway.

CRN is encouraging advocates, non-profit or-

ganizations, consumer representatives, consultants, individuals and anyone who has something of interest to offer to open a web site and list it on our directory. If you already have a web site, we encourage you to let us know about it so we can link our directory up to it.

CRN has joined with a local web site Developer, Walk and Roll Services Inc., and is now able to offer any organization providing services to people with disabilities help to develop a basic single page home page and storage at bare bones rate. This is allowing many organizations the opportunity to list their services on the Internet at an affordable price.

The steering committee envisions that CRN will grow and will be able to provide a forum to examine how to coordinate resources.

For more information, contact Paul Gauthier, Project Coordinator, Community Resource Network, #103 - 1047 Barclay Street, Vancouver, BC V6E 4H2, (604) 681-1434 fax (604) 681-1439, email: paulnjoseph@mindlink.bc.ca <http://island.bluecrow.com/walkroll/crn/crnindex.htm>

Fitness Programs

Many community centres are now offering adapted programs for people with disabilities, as well as "buddies" to work with people with disabilities who want to participate in standard programs.

If you think you'd like to try a program, contact your local community centre to ask about fitness activities for people with disabilities.

New Employment Equity Act

The Canadian Human Rights Commission (CHRC) welcomes the federal government's announcement that the new Employment Equity Act is in force as of October 1996.

The Act replaces the Employment Equity Act which has been in effect since 1986. For the first time, it includes the federal public service. It also gives the CHRC the authority to conduct employment equity audits.

CHRC Chief commissioner Maxwell Yalden says the new Act will clarify employers' responsibilities to improve the representation of women, visible minorities, aboriginal peoples and persons with disabilities in their workforce.

While employers will have a year to prepare for the new process, the CHRC is already conducting voluntary audits with employers in both the public and private sectors.

"If our audit reveals a problem, we will work closely with the employer to come up with a solution," Mr. Yalden said. ≈

MHR Offices Closed



Margo Massie (with mic), Margaret Birrell and Derek Isobe at a Vancouver rally in December to protest the closing of 14 Ministry of Human Resources Offices.

CMHC Grants

Canada Mortgage and Housing Corporation (CMHC) provides for a forgivable loan of up to \$2,500 to help low-income seniors, or landlords with a senior occupant(s). The Home Adaptations for Independence Program will assist with minor adaptations that enhance the ability of the seniors to live independently in their home.

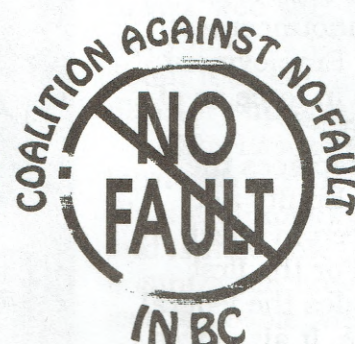
CMHC also offers funding for major home adaptations (e.g. installing an elevator in a home) through our Residential Rehabilitation Assistance Program (RRAP) for Disabled Persons. Funding is limited for the RRAP Program, and eligibility criteria does vary for both programs.

Call your local CMHC office for information. ≈



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Call Premier Clark at 387-1715

Call Andrew Petter at 387-3751

Call Doug Allen at 660-0874 Toll-free 1-800-723-7716

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