

transition

BC COALITION OF PEOPLE WITH DISABILITIES

OCTOBER 1997

NO-FAULT INSURANCE:



In This Issue:

Critique of Traffic Safety Bill

Mediation: Where is it Going?

Nader Gives Kudos to Coalition

Individualized Funding Conference Report

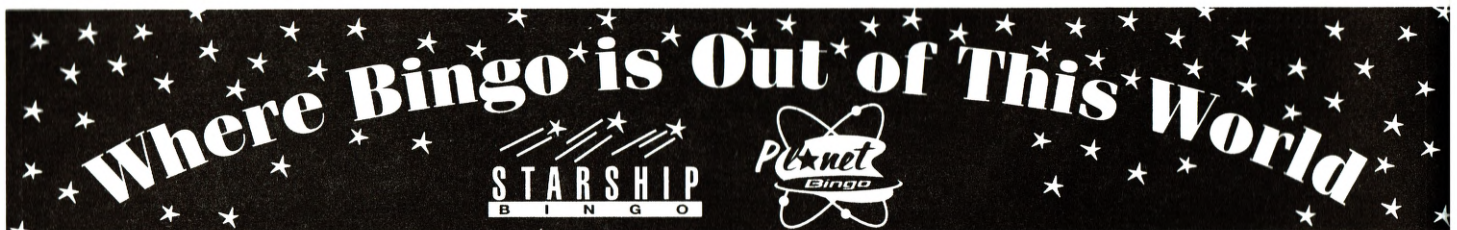


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in this issue

Letters to the Editor	2
Editorial by Edward P. Good	3

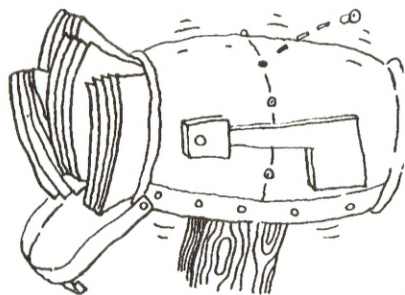
F e a t u r e s

Traffic Legislation Passed	6
Critique of Traffic Safety Bill by Peter Maarsman	7
Mediation: Where is it Going by Faith Hayman	12
The Etiology and Treatment of Childhood: Part Two by Jordan W. Smoller	14
Individualized Funding Conference Report	18
Tetra Vital Signs are Strong by James Scanlan	20
Nader Gives Kudos to Coalition	22
Anniversary of Tracy Latimer's Death	24
Rehab: To Merge or Not to Merge? by Mary Margaret Lambert	26

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

International News	10
Introducing the Chairmate	11
Accessibility Complaint Against Air Carriers	16
INFACT Canada	23
BCCPD Publication Catalogue	27
Sterilization Scandal Spreads to France	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.



letters

DEAR EDITOR:

WIC is the Western International Communication, a.k.a. CKNW Radio and its affiliated stations, and BCTV.

For over fifty years, CKNW has been pounding the airwaves to ask its many listeners to help with their Orphan's Fund. This began in the late 40s with children in an orphanage in New Westminster.

Since those days, the term "orphan" has expanded to include a larger proportion of the "underprivileged" children, i.e., children of single parent families and the sick children of our community.

My question is, why isn't the disabled adult able to get more without being robbed at the welfare end?

In my day, it was great to hear my name on a radio request program. But that

was fifty years ago. I will be sixty next week. Now that I'm that old and on GAIN/LOSE, I have to "eat cake" and show my gratefulness.

There's no rest for the good guy.

YOURS TRULY,
C.R. CROCKER
VANCOUVER, BC

DEAR EDITOR:

The Benchers of the Law Society of British Columbia have established a new Disability Advisory Committee. The Law Society of BC is the first in Canada to formally address the additional hurdles faced by lawyers and individuals with disabilities who wish to enter the profession, practice law or access legal services.

The mandate of the new Committee is to identify systemic and attitudinal barriers within the legal

system and to make recommendations for change. The work fits with the Society's commitment to equality in the justice system.

The Committee would like to hear about factors which prevent individuals with disabilities from being provided equal access and service in the justice system. Any individuals who have had problems or difficulties as a result of their disability are asked to share their story with the Disability Advisory Committee.

Information can be sent to me or Paul Winn, the Committee's staff liaison, at the Law Society of British Columbia, 845 Cambie Street, 6th Floor, Vancouver, BC, V6B 4Z9.

SINCERELY,
HALLDOR BJARNASSON, CHAIR
DISABILITY ADVISORY COMMITTEE
LAW SOCIETY OF BC
VANCOUVER, BC ≈

by Edward P. Good

editorial

As a lawyer, I have long appreciated that BCCPD has embodied an essential consumer tenet—advocacy is important and self-advocacy is absolutely important.

The BCCPD mission statement says, in part, that the purposes of the Coalition are “to use education, advocacy and special projects to work toward the dissolution of ... barriers in our society, ...to provide a strong coherent voice, ...and to carry out our mission and projects within a self-help model.”

I have had long friendships with some BCCPD members and directors. In my view, this organization has survived and excelled because its members and employees have always taken very seriously the roles of watchdog and advocate.

I was invited to write the editorial to this issue, which

is dedicated to no-fault insurance topics, because of my own involvement in the recent no-fault automobile insurance campaign. Given the space limitations, I will restrict myself to making three simple points.

First, BCCPD's central involvement in the no-fault battle over the past year was essential to our success in defeating no-fault. Everyone involved knows what a splendid job Margaret Birrell performed with the Coalition Against No-Fault in BC.

The fact is that Ms. Birrell was guided by principles. She understands the critical need for self-advocacy by people with disabilities. She recognized the very negative effects which the ICBC proposals would have had on her constituency. She did not retreat from the fight. She worked with energy and determination against the odds. Without her assistance and good

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(Editorial, cont'd from previous page)

counsel, the Coalition Against No-Fault in BC may well have failed.

Margaret Birrell was not the only BCCPD contribution to the campaign. Your organization has a wealth of energy and talent. Although numerous members of BCCPD also worked on this issue, I want to single out Mary Williams and Mary Margaret Lambert for recog-

members worked well beyond their normal hours and demands in order to accommodate the massive amount of researching, organizing and communicating required by this intense campaign.

Second, you must appreciate that the people who promoted no-fault will not give up despite the recent government decision to

money and power. ICBC wishes to exercise as complete authority as possible over premium payers, injury claimants and service providers. And this is no benevolent dictator. The bottom line to ICBC is the financial bottom line. ICBC's degree of control is already unprecedented within North America. Large amounts of money and human resources, paid for by British Columbians, will continue to be diverted to the same old strategies, including expensive corporate image-polishing.

Third, I urge your organization to continue to be involved with auto insurance lobbying. This issue deserves your attention as watchdog and advocate. Despite the corporation's expensive public relations campaign suggesting that ICBC had slipped into serious financial distress, no senior managers have been relieved of their duties. The blame has been directed to everyone and everything else - geography, weather, roads, lawyers, dishonest claimants. There has been no acceptance of responsibility for any lack of vision or

...you must appreciate that the people who promoted no-fault will not give up despite the recent government decision to focus on accident prevention instead of product change.

inition. These board members of BCCPD are two more fine examples of how effectively your organization rose to this public policy challenge. Ms. Williams and Ms. Lambert also understood the threats posed to people with disabilities and they made a huge difference through their opposition efforts. They met directly with and influenced senior members of the provincial government and the civil service. Finally, you should be aware that many staff

focus on accident prevention instead of product change. The promoters will have learned from their efforts and mistakes. They may change their strategies. They may re-state their public positions and rely on different spokespeople. They may try to dress up fundamental change by relying on American anti-consumer strategies, i.e. call it "consumer choice" or some other misnomer.

But their real objectives will remain the same -

effective administration at ICBC. Without your continued scrutiny and public comment about the people's insurer, those in control of the ICBC machine will be responsive only to their own goals.

The Coalition Against No-Fault in BC showed leadership to the whole province. It is unfortunate that it took such an intense

Accountability will only be achieved by understanding the auto insurance system, monitoring ICBC's activities and speaking publicly in order to keep the corporation honest.

public struggle before ICBC and the government acknowledged that appropriate resources should be effectively dedicated to safety initiatives. Accountability will only be achieved by understanding the auto insurance system, monitoring ICBC's activities and speaking publicly in order to

keep the corporation honest.

The Coalition Against No-Fault in BC succeeded because of the tremendous efforts of its members. BC-CPD was a charter member of that coalition. In true synergistic fashion, the partnership achieved far more than its members could have done by acting individually. BCCPD members risk being disenfranchised by variations of product change which ICBC may promote in future. I encourage the BCCPD to continue in its active leadership role on this issue. A victory has been won, but the price of that victory includes your eternal vigilance.

Ed Good has practiced as a trial lawyer in Vancouver for the past 14 years and has assisted the disability community on many issues. Long before ICBC's current focus on safety, he worked with the B.C. Brain Injury Association in agitating for bike safety education for children and mandatory bicycle helmet legislation. ~

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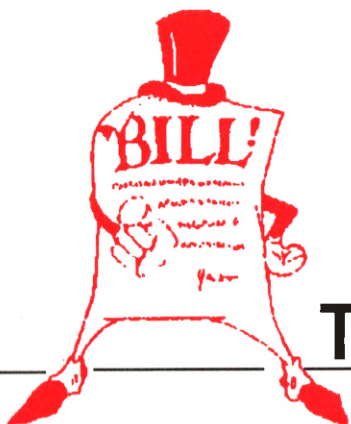
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Traffic Legislation Passed

The Traffic Safety Statutes Amendment Act (Bill 41) was passed on July 24, 1997, marking the end of a successful, year-long effort to oppose the dismantling of the tort system in British Columbia.

As indicated in the last issue of *Transition*, the Act was far from satisfactory at the time of First Reading on June 17. The Coalition Against No-Fault in BC immediately lobbied for changes.

Members of the coalition's steering committee met with Finance Minister Andrew Petter, the minister responsible for ICBC, on July 21 to outline their concerns. This exchange was held one day prior to the Second Reading of Bill 41. The coalition followed up with a letter, signed by Gordon Adair and Margaret Birrell, to Minister Petter.

The act proceeded to Third (and final) Reading the following day.

We are extremely pleased to report that as a result of the coalition's efforts, significant clauses of concern were positively altered, including sections pertaining to mediation, structured settlements and net income.

Mediation

The government met the coalition's request that the existing privilege of lawyer-client confidentiality will not be impaired by new regulations. The government also agreed to consult with the coalition and others while drafting the regulations. All regulations with regard to mediation will be coordinated through the Attorney-General's Ministry. It is unclear when regulations will be drafted or finalized.

Structured Settlements

In order to ensure that a plaintiff's best interests would be paramount while applying these sections of the legislation, Minister Petter was urged to publicly clarify some references. He acquiesced by declaring on the floor of the legislature that the intention of this amended section is to follow the *Wilson v. Martinello* case from Ontario. That case favoured the plaintiff's best interests. The reference within Bill 41 to periodic payments mirrors ICBC's current practice regarding structured settlements.

Net Income

A plaintiff's gross income will continue to be defined by the courts. Without the actions and concerns of the coalition, Bill 41 would have led to a person's gross income being defined by regulation.

Ultimate Goal

There is no compelling evidence to support a conclusion that ICBC management has given up on its objective to further control the auto-insurance system and reducing payments to claimants. Those whose vested interests favour no-fault are not going to abandon their objectives. Proponents of no-fault schemes in B.C. merely view the current state of affairs as a waiting period. Meanwhile, they will continue to mount and finance their campaign.

(From the No-Fault News, Trial Lawyers Association of BC, August 25, 1997). ≈

Critique of Traffic Safety Bill

by Peter Maarsman

It has been a hard fought battle, but the Coalition Against No Fault in BC won some major changes in the legislation to bring in traffic safety initiatives in Bill 41. The following are some of the positive changes:

- Creating classes of driver's licenses with various limits for inexperienced drivers. Also the driver's record from other provinces and the United States follows them and doesn't allow a bad driver to start with a clean slate in BC. (s.1)
- Permitting a person holding a learner's license to be charged with a driving offense even though he/she is uninsured. (s.3)
- Imposing a condition on a driver's license that prohibits the holder from operating a motor vehicle while the holder has alcohol in his/her body. (s.4)
- Requiring drivers with bad driving records to undergo a driver retraining course or prescribed remedial program for drug and alcohol addiction at their expense. (s.5)
- ICBC (Motor Vehicle Branch) can now refuse to issue drivers' auto licenses, permits, etc. where the applicant has outstanding debts and fines (this will help ICBC recover their mounting debt from delinquent drivers). (s.6)
- Drivers licenses can now be cancelled by registered mail. Notification of cancellation by a peace officer, sheriff or other person authorized by ICBC will be charged to the driver/owner. (s.7)

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on next
page)*



SUBMIT**TO****TRANSITION...****ANECDOTES****ANSWERS****ARTICLES****CARTOONS****COMPLAINTS****LETTERS****MUSINGS****POEMS****PONDERINGS****QUESTIONS****RECITALS****SOLILOQUYS****SURPRISES...***(Critique, cont'd from previous page)*

- Providing for the use of speed monitoring devices or traffic light cameras (this will cut down on people running red lights causing accidents and death at high accident intersections).
- Enabling significant fines to be given where a driver is exceeding the speed limit by over 40 km/h (a deterrent for speeding drivers). (s.28-30)
- Young offenders guilty of Criminal Code offenses can lose their license for one year on a first offense, three years on second offense and permanently for the third offense (a good deterrent to drinking and driving or auto theft). (s.5)
- For driving while license suspended: first conviction, a fine of not less than \$300 to \$2,000 and imprisonment for not less than seven days to six months; second conviction, \$300 to \$2,000 fine and not less than 14 days to one year imprisonment.

There is some concern about s.20. It appears that the owner of a vehicle which is stolen must pay an impound fee to retrieve the vehicle. This fee should not be levied against the owner.

We would also like to see additions to Bill 41 such as:

- Get tougher with those driving at excessive speed causing accidents or death.
- Penalties against young offenders who are joy riding in stolen cars and do not have drivers' licenses.
- Sanctions (including loss of license) against drivers who repeatedly violate the rules of the Road.
- Additional measures to curb auto theft such as the Texas model.

The Coalition is also concerned that there is no assurance from the government that revenue collected by ICBC from traffic safety initiatives will be used to cover ICBC's traffic safety costs. To do otherwise, will punish good drivers by making them pay the costs of catching bad drivers.

We are also concerned that the BC Traffic Safety Commission is not given a higher priority by the government. We have noticed in the past that many proposals, such as graduated licenses for youth and photo radar, took many years to come into force after being proposed. We need a strong body to look at these new regulations and other safety measures and force the government and ICBC to implement them in a timely fashion.≈

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)
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- ☐ **New Membership or**
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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).

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We thank you for your support.



In May, Disability Awareness in Action (DAA) reported the remarks of Bishop Javier Echevarria, head of the influential Catholic organization Opus Dei, who said that most disabled people are the offspring of "impure parents" who had sexual relations before marriage.

In July, Italian disability organizations protested to the Vatican about suggestions that people with disabilities should abstain from sex to ensure they did not "infect" partners or produce disabled children.

The uproar followed an article in *Medicine and Morality*, a journal of the University of the Sacred Heart in Rome. Maria Cristina Baldicci, a surgeon and "consultant in bioethics", said people with disabilities should "collabo-

rate with God to avoid creating further pain and sorrow" by sublimating their sexual urges into "friendship or something more transcendental." Dr. Baldicci said her report was "fully in line with the teachings of the Church." If people with disabilities were unable to abstain from sex, they should consider sterilization.

Over the years, governments and doctors have imposed abstinence through segregation and prevented pregnancy through sterilization. In many places, some people with disabilities still experience such repression, and many more are affected in their personal, emotional and sexual lives by the images of contagion and irresponsibility associated with our forming sexual partnerships and having

children. These eugenic attitudes deny that people with disabilities have anything to offer as partners and parents.

United Kingdom

Nikhil Nair, blind since the age of nine, became Cambridge University's first blind science student and has just gained the top first class honours degree in his subject and one of the highest firsts overall. Nikhil also scooped two university prizes and will now begin a research degree in quantum chemistry. . . . Department of Health statistics show what many survivors have been complaining off for some years: that compulsory admissions to hospital under the Mental Health Act have risen by 45 per cent over the five-year period 1991-1995.

United States

US National Organization on Disability Launches its Web Site: <http://www/nod.org> - Every image has a descriptive phrase, so those with visual impairments know what is on the screen. All icons used for navigating to other areas of the site also have optional text links as well. The site gives information about NOD's programs, and and links to NOD partner organizations.

Australia

At the end of June, a British family faced deportation from Australia because their daughter has cerebral palsy. Under the terms of the Migration Act, even though the girl was born in the country, she was classified as a migrant because her parents were applying to become permanent residents.

An Immigration Department spokesman said all migrants "need to meet certain medical requirements ...they have to be healthy and not have any conditions that will end up costing the taxpayers' money."

Public outrage and world-wide media coverage finally led to an exception being made. However, the law remains the same.

(Courtesy of Disability Awareness in Action, August 1997). ≈

Introducing the Chairmate

David Murphy's brother Chris broke his neck in 1981. David has come up with a device that, once connected to Chris's leg bag and the valve opened, can safely and discreetly drain the bag throughout the day. With this device, Chris doesn't need to find someone and somewhere to empty it.

It is called the Chairmate and attaches to the back of the wheelchair with a fine tube running to the bottom of the leg bag. Chris assures us it is completely discreet and efficient. He says, "With the Chairmate, my life changed

dramatically. I could be left at home alone for long periods—going out to places like pubs, cinemas, restaurants, live sporting events, shopping or simply for a drive are no longer a problem or an embarrassment."

David is currently having the device manufactured and would be interested to hear from anyone who feels they might benefit from it.

You can write to David Murphy at 45 Nursery Road, Sunbury-on-Thames, TW16 6LH. Tel: 01932 765160. David will respond to your letter within 24 hours.

Mrs. Hazel de Hoedt, Care Manager in a home for people with Cerebral Palsy.

"I can't tell you how much this device is going to help people who use wheelchairs and a leg bag. It will give so much more freedom to both the user and the careperson. I only wish it were around when I worked on the wards. There is a real need that is going unnoticed and the Chairmate corrects this. Well done David; every success in trying to get your device out onto the market. The Chairmate is a winner in every way."

Christopher Murphy, Inventor's Brother.

"Before the Chairmate, I was very limited in what I could do and where I could go because I had to rely on people to empty my bag. I felt if I stayed at home, I would keep my dignity which I felt lost whenever I went out. If the Chairmate can do this for me, it can do the same for anyone in a similar situation. The Chairmate is a fantastic addition to my wheelchair because it works so efficiently. Nobody knows it's there, but it is something I would never be without." ≈

MEDIATION

Where is it Going?

by Faith Hayman

Mediation is becoming the focus of considerable discussion in the legal profession, from the Chief Justice of the B.C. Supreme Court to the Attorney General's office.

What is it?

Before embarking on a quick review of recent developments in this field, it would be worthwhile to clarify exactly what is meant by "mediation." Mediation is a process of negotiating to settle a dispute with the assistance of a neutral third person, called a mediator or facilitator.

At the present time, if both sides to a dispute agree, they can choose to become involved in a mediation before starting a lawsuit or after it has started and before they get to trial. Once a decision is made to mediate, the parties will choose a mutually acceptable mediator, a date, a (usually neutral) place to hold a mediation and set aside an appropriate period for the mediation.

Why would someone choose to mediate a dispute rather than go to trial?

While our judicial system is designed to adjudicate disputes as fairly as possible, there are some aspects of a trial that may be considered less than ideal. For example, some cases which have gone to trial may end

up being appealed, thus delaying the parties' uncertainty for many years. Another criticism is that a trial usually results in one party "winning" and the other party "losing". Whatever the result, trials can be lengthy, time-consuming and expensive. Mediations offer an opportunity for both sides to negotiate a win/win solution

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and bring closure to the dispute.

What does it take for a mediation to be successful?

Both sides must want to settle their dispute, and they must be prepared with sufficient information and documentation to settle intelligently.

Are there dangers to mediation?

Mediators, although they are skilled in dispute resolution and usually know the area of law applicable to the dispute, do not assume any responsibility to ensure that a settlement between the parties is fair. This may come as a surprise to the parties, who expect the mediators to act as a safety net or quasi-judge. Where a person's whole life has been disrupted, possibly permanently, because of accident injuries, it becomes very important that they negotiate a fair compensation package. In general, the more complicated and the more important the issues in dispute, the more important it is to have professional assistance in negotiating the settlement.

What is happening with mediation in B.C.?

The provincial government has recently passed Bill 41, called the *Traffic Safety Statutes Amendment Act, 1997*. This legislation, following up on the government's decision to improve road safety, also introduced provisions to mediate the claims of accident victims. A general section enables Rules to be introduced in the Provincial and Supreme Court permitting or requiring mediation to be included as part of a proceeding and governing mediation procedures in all types of lawsuits.

Another section, relating specifically to personal injury claims, goes further. It authorizes the Lieutenant Governor in Council to make regulations directing:

- the forms that are to be used,
- the circumstances and manner in which a party may be exempted from mediation,
- costs and other sanctions which might be imposed if a party refuses to mediate,
- payment of the mediators' fees, and

- the qualifications of mediators.

A subcommittee of the Coalition Against No-fault in B.C. is currently examining the implications of these new mediation initiatives. We will soon set up a series of meetings with the Attorney General's office to provide direct input into the content of the new Regulations.

We see it as our mandate to ensure that the advantages of mediation are pursued on one hand and, on the other hand, appropriate safeguards are put in place to avoid mediations which might result in unfair settlements of the claims of innocent accident victims. ~

The Etiology & Treatment of
Childhood
Part Two



Part One of this tongue-in-cheek look at sociology gone astray appeared in the June/July '97 edition of Transition.

Efforts to treat childhood are as old as the syndrome itself. Only in modern times, however, have humane and systematic treatment protocols been applied. In part, this increased attention to the problem may be due to the sheer number of individuals suffering from childhood. Government statistics (DHHS) reveal that there are more children alive today than at any time in our history. To paraphrase P.T. Barnum: "There's a child born every minute."

The overwhelming number of children has made government intervention inevitable. The nineteenth century saw the institution of what remains the largest single program for the treatment of childhood—so-called "public schools". Under this colossal program, individuals are placed into treatment

groups based on the severity of their condition. For example, those most severely afflicted may be placed in a "kindergarten" program. Patients at this level are typically short, unruly, emotionally immature, and intellectually deficient. Given this type of individual, therapy is of necessity very basic. The strategy is essentially one of patient management and of helping the child master basic skills (e.g., finger-painting).

Unfortunately, the "school" system has been largely ineffective. Not only is the program a massive tax burden, but it has failed even to slow down the rising incidence of childhood.

Faced with this failure and the growing epidemic of childhood, mental health professionals are devoting increasing attention to the treatment of childhood. Given a theoretical frame-

work by Freud's landmark treatises on childhood, child psychiatrists and psychologists claimed great successes in their clinical interventions.

By the 1950s, however, the clinicians' optimism had waned. Even after years of costly analysis, many victims remained children. The following case (taken from Gumbie & Pokey, 1957) is typical.

Billy J., age 8, was brought to treatment by his parents. Billy's affliction was painfully obvious. He stood only 4'3" high and weighed a scant 70 pounds, despite the fact that he ate voraciously. Billy presented a variety of troubling symptoms. His voice was noticeably high for a man and, according to his parents, he often refused to bathe. His intellectual functioning was also below normal—he had little general knowledge and

could barely write a structured sentence. Social skills were also deficient. He often spoke inappropriately and exhibited "whining behaviour". His sexual experience was non-existent. Indeed, Billy considered women "icky."

His parents reported that his condition had been present from birth, improving gradually after he was placed in a school at age 5. The diagnosis was "primary childhood". After years of

hood may not be all gloom. A critical review by Fudd (1972) noted that studies of the childhood syndrome tend to lack careful follow-up. Acting on this observation, Moe, Larrie, and Kirly (1974) began a large-scale longitudinal study. These investigators studied two groups. The first group comprised 34 children currently engaged in a long-term conventional treatment program. The second was a group of 42 children receiv-

Billy presented a variety of troubling symptoms. His voice was noticeably high for a man and, according to his parents, he often refused to bathe. . . . His sexual experience was non-existent. Indeed, Billy considered women "icky."

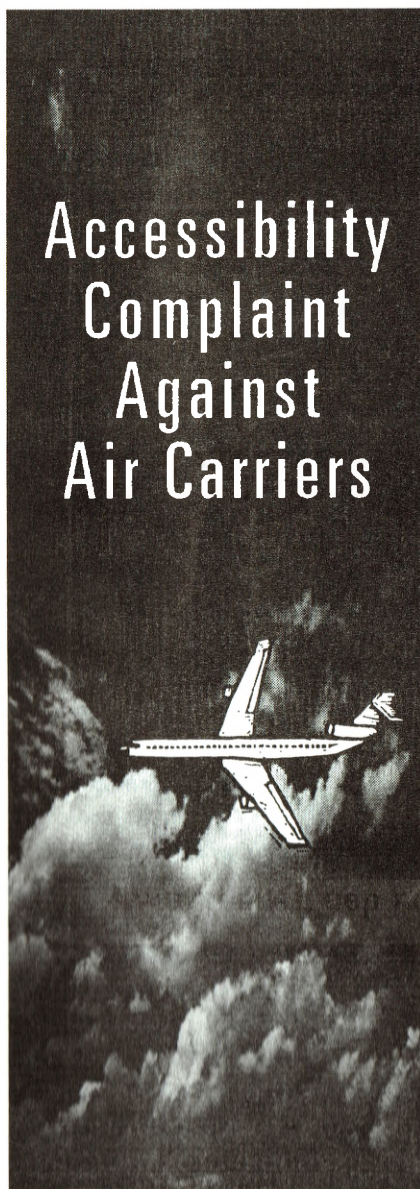
painstaking treatment, Billy improved gradually. At age 11, his height and weight have increased, his social skills are broader, and he is now functional enough to hold down a "paper route".

After years of this kind of frustration, startling new evidence has come to light which suggests that the prognosis in cases of child-

ing no treatment. All subjects had been diagnosed as children at least four years previously, with a mean duration of childhood of 6.4 years.

At the end of one year, the results confirmed the clinical wisdom that childhood is a refractory disorder—virtually all symptoms
(continued on page 17)

Accessibility Complaint Against Air Carriers



The Canadian Transportation Agency (CTA) has issued a decision on a complaint filed by Ms. Lucie Lemieux-Brassard of Montreal against Air Atlantic, Air BC, Air Canada, Air Nova, Canadian Airlines International, First Air and NWT Air.

Ms. Lemieux-Brassard, a wheelchair user, was travelling cross-country as an observer on the Federal Task Force on Disability Issues in August 1996 when the incidents that lead to her complaint occurred.

She said that she encountered obstacles on 14 of the 17 flights she took over an 18-day period, and that the airlines did not meet the requirements set out in the federal *Air Transportation Regulations* and the *Personnel Training for the Assistance of Persons with Disabilities Regulations*.

Based on her experience, Ms. Lemieux-Brassard claims that the training of

airline personnel is inadequate.

After its investigation, the Agency found that on ten of those flights, there were seven contraventions of the *Air Transportation Regulations* and 15 undue obstacles to Ms. Lemieux-Brassard's mobility. Accordingly, the Agency ordered appropriate corrective measures.

The Agency also concluded that the many incidents in this case may imply a lack of effectiveness of the employee training programs provided by Air Canada, Air Nova and Canadian Airlines International. It will therefore hold hearings in Montreal to assess what additional measures may be required. The carriers have been asked to address these additional measures at the hearing.

For more information, contact Monique Bovin at the CTA (819) 997-0345. ≈

(Childhood, cont'd from p. 15)

persisted and the treatment group was only slightly better off than the controls.

The results, however, of a careful 10-year follow-up were startling. The investigators (Moe, Larrie, Kirly, & Shemp, 1984) assessed the original group on a variety of measures. General knowledge and emotional maturity were assessed with standard measures. Height was assessed by the "metric system" (see Ruler, 1923). Moe et al. found that subjects improved uniformly on all measures. Indeed, in most cases, the subjects appeared to be symptom-free. Moe et al. report a spontaneous remission rate of 95%, a finding which is certain to revolutionize the clinical approach to childhood.

These recent results suggest that the prognosis for victims of childhood may not be so bad as we have feared. We must not, however, become too complacent. Despite its apparently high spontaneous remission rate, childhood remains one of the most serious and rapidly growing disorders facing mental health professionals today. And, beyond the psychological pain it brings, childhood has recently been linked to a number of physical disorders. Twenty years ago, Howdi, Doodi and Beuzeau (1965) demonstrated a six-fold increased risk of

chicken pox, measles, and mumps among children as compared with normal controls. Later, Barby and Kenn (1971) linked childhood to an elevated risk of accidents—compared with normal adults, victims of childhood were much more likely to scrape their knees, lose their teeth and fall off their bikes.

Clearly, much more research is needed before we can give any real hope to the millions of victims wracked by this insidious disorder.

*(by Jordan W. Smoller,
University of Pennsylvania) ≈*

thanks to all the

transition readers

who responded to our request for "Accessible Recreation Tales".

We're also planning an edition on

Pain Management and would like to put the word out to readers. If you have discovered any therapies, or treatments, or ... that have been a help in managing pain, we'd appreciate hearing from you.

Send any material you have to the editor by December 15th.





On June 8th and 9th, the B.C. community of people with disabilities achieved another "first"—we held a conference to talk about individualized funding. While it brought together individual consumers, personal supporters, service providers, agencies, government representatives and unions, the conference was planned and organized from the perspective of consumers.

The organizers felt it was time to bring people together to share information about individualized

funding (IF) and, with these questions in mind, talk about ways to move IF forward:

- What is individualized funding?
- How does individualized funding affect our lives?
- What is our vision of how we want individualized funding to look in B.C.?
- What are some of the problems or obstacles we face?
- How can we work to make individualized funding a real option for anyone who wants it?

There were 300 participants through the two days of the conference—the largest gathering ever in B.C. devoted to individualized funding. It provided us with energy, ideas, confidence, mutual support, and the determination to carry on the struggle.

The conference was divided into two days. The first day was for individuals with disabilities, seniors, families, and personal supporters to share experiences and talk about what individualized funding means and how they see individu-

alized funding working best. The second day included representatives from government, unions, and community service agencies.

The conference provided a mix of information—from personal stories of how people's lives have changed with IF, to presentations that raised some of the broader social and political questions about implementing IF. There was also plenty of opportunity for small group discussions.

The conference report is both a record of this event and of the experiences of people who believe in the power of individualized funding to transform the client into the citizen. It is also a call to action with a detailed list of tasks that must be undertaken by consumers, families, personal supporters, government service providers, and unions if individualized funding is to work in B.C.≈

(Photos by Pat Feindel)

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For a copy of the conference report, contact Donna at the IF project,
BCCPD, 204 - 456 W. Broadway, Vancouver, BC, V5Y 1R3, Tel. (604) 875-0188
Fax: (604) 875-9227 • TDD: (604) 875-8835. The first copy is free;
there is a charge for additional copies.



Tetra Vital Signs Are Strong Thanks to Rehab Professionals

by James Scanlan

Michelle Baird is a mother of two who has dystonia, a neurological disorder that causes involuntary movement of her limbs and causes some muscles to contract. "My right foot turns in because the muscles are too tight. When I wanted to travel with my kids, I attached a baby pack to the back of my scooter and carried Davin on my lap. It was awkward and Jasmine was getting too big for the baby pack."

Michelle's Occupational Therapist, Lindsey McMitchell, assessed the problem and contacted the Tetra Society of North America, a non-profit group dedicated to improving the quality of life for people with disabilities. Says Lindsey, "I think Tetra is great. OTs don't have the resources to make stuff for our clients." Meeting with Tetra volunteer Harry Hardy, Michelle and Lindsey outlined what they wanted; a few weeks later Harry and volunteer Norm Birch had fashioned a carrier for the back of

Michelle's scooter. Says Michelle, "Harry was very nice and quite quick—the carrier is great."

This is just one example of the thousands of projects Tetra volunteers have completed since Tetra was started in 1987. The Tetra Society of North America is the direct result of founder Sam Sullivan's efforts to increase his independence. After a skiing accident left him a quadriplegic, Sam noted, "I couldn't get on the toilet. I couldn't butter bread. I'd decided to go out and grab life, but I couldn't even open my own door."

Sam wrote to the BC Professional Engineer magazine, detailing his problems and was visited by retired BC Hydro engineer Paul Cermak who found quick, inexpensive solutions that made a huge difference to the quality of Sam's life.

From that simple beginning, Tetra has expanded to ten chapters in BC and twenty chapters across Canada and the US—groups of technically skilled volun-

teers responding to requests from people with disabilities who need something that the marketplace cannot provide.

The Tetra chapter in Williams Lake demonstrates the benefits of a close working relationship between Tetra volunteers and Rehab professionals. According to Angela LaPrairie, an Occupational Therapist that volunteer Mickey Halsall jokingly calls "my boss," "In a small town where we don't have a medical supply outlet, Mickey is indispensable to me. The people he has helped have been so grateful to him. Tetra works so well in a small community where it's neighbour helping neighbour."

Mickey has designed and built dozens of assistive devices, from the modification of a weight machine so that it could be used from a wheelchair, to building a swing for children with disabilities for the Children Development Centre. Mickey sums up the attitude of Tetra volunteers when he

says, "My reward is the challenge of designing and building the projects and the satisfaction of helping others." After three years of helping others, Mickey has become an indispensable part of their health care system. Says Angela, "Mickey went away on vacation for six weeks. Until then I never realized how much we depend on him."

For more information on Tetra, or chapters in your area, contact:

Tetra Society of North America

Plaza of Nations, Suite 27

770 Pacific Blvd. S.

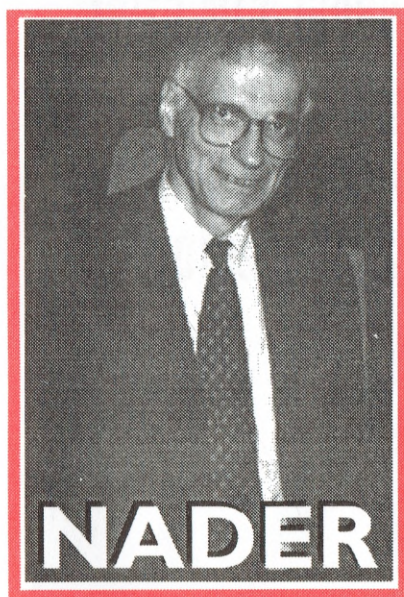
Vancouver, BC V6B 5E7

Phone: 604-688-6464 fax: 604-688-6463

tsna mindlink.bc.ca

<http://orcn.ahs.uwo.ca/TETRA>

Kudos to Coalition



According to Ralph Nader, the success of the Coalition Against No-Fault's efforts can be attributed to the hundreds of volunteers who refused to become discouraged. Speaking to an enthusiastic audience at the August 1 coalition party, the acclaimed consumer advocate applauded many of the people on hand for putting forth a persistent effort throughout the past year.

The coalition was successful, despite the immense resources of the government and its Crown

corporation, because it spoke with reason.

Mr. Nader initially helped the coalition's cause on December 4, 1996 by speaking at a luncheon and a dinner reception in Vancouver. He spoke of the effects of "tort deform" movements in the United States, and warned that no-fault "dehumanizes the human being" by treating people as if they were chattels. He assisted again on January 31 by meeting with the Doug Allen Review Team on Auto Insurance Reform and addressing the Vancouver Board of Trade.

Given Mr. Nader's unsailable integrity and experience, it is an honour to have him regard the Coalition Against No-Fault in BC as one of the most successful and broadest-based consumer-advocacy groups in North America.

(From the No-Fault News, Trial Lawyers Association of BC, August 25, 1997).



BC Coalition of People with Disabilities Mission Statement

The BC Coalition of People with Disabilities was founded upon the belief that:

- people with disabilities want and are entitled to equal opportunities in all the activities and privileges that other Canadians take for granted,
- full inclusion of people with disabilities within our communities is a fundamental necessity for a diverse, productive and economically vibrant social environment, and
- people with disabilities have the right to expect equality, fair treatment and respect.

Because of these beliefs, the purposes of the BC Coalition of People with Disabilities are:

- to use education, advocacy and special projects to work toward the dissolution of the physical, attitudinal and systemic barriers in our society that deny us equal opportunities,
- to provide a strong coherent voice for the cross-disability communities in B.C.,
- to share information with and support other self-help disability organizations with common goals, and
- to carry out our mission and projects within a self-help model.



INFACT Canada

The Infant Feeding Action Coalition (INFACT) provides both information and lobbying around the advantages of breastfeeding.

INFACT also examines the "politics" of breastfeeding, including the promotion of baby formulas in developing countries. Videos, booklets and other resources are available.

For more information, please contact INFACT Canada at:
6 Trinity Square
Toronto, ON M5G 1B1
(416) 595-9819 fax: (416) 591-9355
E-mail: infact@ftn.net - Web site: <http://www.infactcanada.ca>

The Friends of Tracy Latimer are organizing a public event in Toronto on the anniversary of her death. Other activities are also planned across the country. This article is from a piece by Eric Norman in the Latimer Watch published by the Council of Canadians with Disabilities.



October 23, 1997

LATIMER

What will CCD do if Robert Latimer is acquitted or given a minimal sentence?

Certainly, we won't be able to let it drop, especially if he is acquitted. There is not much we can do directly in the courts.

What we can do is continue to publish the Latimer Watch, follow up on other murders, pursue our media work, and do the necessary legal research. Through our Human Rights Committee, we will continue to advocate and to educate people who make decisions in Ottawa and in the provincial governments on the issue of appropriate and inappropriate responses to murder.

How do we address pro-Latimer feelings?

We have to be clear that we too feel a degree of empathy for Robert Latimer. We do understand that there are difficulties in families when there is a member who has a disability. There are troubles, rough times, traumatic

situations. Sometimes there is a desperation for which there is no answer. We do empathize and we do understand, but this does not justify in any way the classification of Latimer's actions as anything but murder.

Could there be real safeguards?

There was a time when we were more Pollyanna-ish and thought that, in this society, it would be possible to have absolute safeguards so that something like this could never happen again. Upon reflection, many of us have come to the conclusion that, no matter how well thought out the safeguards are and no matter how closely they are monitored, sooner or later someone with a disability who doesn't want to die is going to die at the hand of someone who has responsibility for that person. And that is not acceptable to CCD.

What is the impact of the Latimer case?

When I was doing an on-air question and answer show on CBC radio, I had a call from a woman who had a daughter with cerebral palsy. She told me that, although her daughter was not in very much pain, that caring for her had more or less ruined her marriage and her life. She said she had decided, having heard the Latimer story, that she too was going to, in effect, murder her daughter. This is a terrible thing to say on the air. She said that if she couldn't do it in Canada, she would go to Europe where she could. The curious thing was that the moderator didn't feel any responsibility to follow up on that particular threat.

Since Robert Latimer killed his daughter, and the positive response to him has been made public across Canada, there have been more people who have taken similar action. If he is acquitted or given a minimum sentence, there will be more.

Comments from Paul Young, President of People First

We believe that Mr. Latimer should have been convicted of murder. Mr. Latimer made the argument that he couldn't do anything with Tracy and that she was in a lot of pain. It is a devaluing of people who appear to be not capable or severely handicapped. My question is: where were the governments? Why didn't they see that Latimer had the proper support for Tracy? Because she had a severe disability, this

shouldn't diminish her citizenship.

What scares me about the public reaction is that people see no value in someone who cannot communicate verbally or appears to be very disabled. They just write them off. People with disabilities are seen as child-like people who will never grow up.

I think Mr. Latimer should be convicted of murder. It would set an example. I believe in my heart, and most of our members do too, that he murdered his daughter. It wasn't a mercy killing. ≈

Rehab: To Merge or Not To Merge

by Mary Margaret Lambert

When the BCCPD first became involved in the Coalition Against No Fault, there was a rumour circulating in the disability community that there was a plan to merge the Rehabilitation Services from ICBC with the rehab of the Workers' Compensation Board (WCB). Representatives of the BCCPD looked for the source of the rumours and were told by ICBC that, "It is just an idea being tossed around. Don't worry." was the ICBC's response.

Hearing the horror stories about workers being unfairly treated by the new WCB system, the BCCPD was quite concerned about the prospect of people who had just endured an automobile accident being thrown into the same nightmare. Over the last few months, WCB has been under review due to a broad-based outcry for real change. Under the no-fault insurance system, a claims adjuster would have had complete control over the course of a person's rehab—which is basically how the

WCB system works. A person can be forced to undergo treatment that their own doctor disagrees with or face having their funds cut off by their claims adjuster. The sole reason the WCB system has been set up this way is to deny workers their right to fair compensation (including proper rehab) to keep the costs down and make the system look good financially. We hope the review of WCB will do what is fair and just for injured workers. Cost should not be the only factor in one's treatment, especially in a system where workers pay for insurance to get the help they need if ever they are hurt or become ill through job-related circumstances.

During the ongoing negotiations with the government and ICBC, members of the Coalition Against No Fault heard references to how the

rehab services should be merged. It is quite clear that some ideas never die. While the idea of off-loading expenses to other areas is still in great favour with the government and ICBC, this idea of merging rehabs will continue to be tossed about and, if we are not careful, it could become a reality. ≈



Mary Margaret Lambert



PUBLICATION CATALOGUE

BC Coalition of People with Disabilities Publication Catalogue lists all of the organization's position papers, educational materials, manuals and brochures.

This includes all of the self-help brochures produced by the Advocacy Access Program covering topics such as the comforts allowance, housing, CPP, transportation benefits, and more.

Contact the BCCPD office at 875-0188 for your copy.

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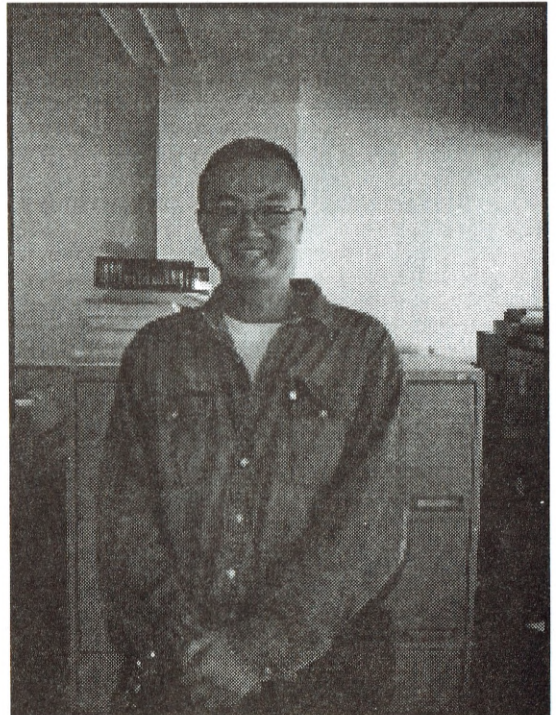


Carol Dixon



Val Stapleton

Steve Wong



Sterilization Scandal Spreads to France

Paris—About 15,000 mentally handicapped women under 45 have been sterilized without their knowledge while in the care of French institutions, a weekly magazine said yesterday.

The women, who include individuals with learning difficulties, below-average IQs or social adjustment problems, were sterilized at the request of their parents or on the initiative of supervising institutions.

Many of the victims were told at the time of the operation that they were being treated for appendicitis and are still unaware they can never have children.

One woman, Virginie, 42, was sterilized in her 20s, despite having only a very light mental handicap. "I wanted to have a baby, but they told me that, because of a hip operation, I couldn't have one—it would be paralyzed," she told Charlie Hebdo magazine.

"This was a pretext. They cut my tubes, telling me that they had to operate

again on my hip. My mother told me when I woke up. I started to cry. I didn't dare to tell the man I was going out with, I was frightened he'd leave me; he adored children."

Although national statistics are unknown, Nicole Diederich, an academic with France's Institute for Health and Medical Research, said that 30 per cent of the mentally handicapped women in the Gironde department had been sterilized.

"The institutions and the parents are responsible. They are the ones who asked for the girls to be

sterilized, saying they were incapable of bringing up children," she said.

Diederich said she has tried since 1991 to publicize the scandal, sending details to the ministry of justice, the ministry of social affairs and France's national ethics committee. No action has been taken.

The ethics committee published a report that failed to condemn forced sterilizations, providing that they were carried out at centres supervised by "the most competent" surgeons.

(Courtesy of Province, Sept. 11/97). ≈

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