

# OBSTACLES OBSTACLES OBSTACLES OBSTACLES



CANADA  
HOUSE OF COMMONS

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## REPORT OF THE SPECIAL COMMITTEE ON THE DISABLED AND THE HANDICAPPED

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DAVID SMITH  
CHAIRMAN

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FEBRUARY 1981

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# OBSTACLES

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## SPECIAL COMMITTEE ON THE DISABLED AND THE HANDICAPPED

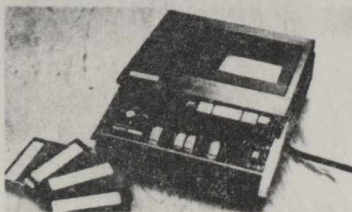
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FIRST SESSION, THIRTY-SECOND PARLIAMENT, 1980-81

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### THE THIRD REPORT

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**Richard Rumas**  
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# INTRODUCTION

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David Smith, Chairman of the Special Committee  
addressing a public hearing in Toronto.

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*The purpose of this Report is to identify the key obstacles faced by disabled persons in Canada, and to outline practical actions which will help to overcome these obstacles. The recommendations made by the Special Committee call for legislative, fiscal and organizational initiatives on the part of the Federal Government. Some of these new policies and practices will have immediate impact, while others may take several years before any real progress can be seen. Regardless of the time that will be required, the community of disabled persons in Canada will persist with their demands for just and cooperative treatment from the rest of society. They have shown remarkable self-determination, both collectively and as individuals. Disabled persons are not asking the Federal Government for a hand out, but for a hand up, so that they can build for themselves lives of independent choice and action. Ottawa must do certain things before this can happen. Disabled persons will do the rest.*

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# MEMBERS OF THE SPECIAL COMMITTEE



**DAVID SMITH, CHAIRMAN, DON VALLEY EAST**

*"When you read this report you'll realize our recommendations will cost money and you may ask why improving the lifestyles of disabled Canadians should be given a high spending priority. When you read the interviews we've included with a cross-section of disabled Canadians and begin to understand life from their perspective, it is our hope you'll agree that we, as a society, simply have to provide the money to allow disabled Canadians the fullest lives possible."*

\* \* \* \* \*



**WALTER DINSDALE, VICE-CHAIRMAN, BRANDON-SOURIS**

*"I always believed the situation was bad but I didn't realize how bad. When it comes to the multi-disabled they fall between all the cracks . . . There are hundreds of Terry Foxes out there with the same desire and determination and the same emphasis on ability instead of disability . . . The message we received loud and clear during the hearings was independent living for disabled persons. Get us out of institutions and into the mainstream of life was the cry . . . Governments sometimes spend money foolishly. But this is an area of real need that should have the highest priority."*

\* \* \* \* \*



**THÉRÈSE KILLENS, VICE-CHAIRMAN, SAINT-MICHEL**

*"I am not the same person I was ten months ago . . . before I began to work on this committee. I have been deeply touched by beautiful people whose wealth of love and knowledge is left dormant because society has been negligent and insensitive to their needs and capacities. I hope this report will awaken the consciences of other Canadians as it has mine. Although 1981 has been declared "The International Year of Disabled Persons," we need more than a year to change attitudes and to implement these recommendations."*

\* \* \* \* \*

***"The message received loud and clear during the hearing was independent living for disabled persons. Get us out of the institutions and into the mainstream of life:"***



**BRUCE HALLIDAY, OXFORD**

*"The determination of the 2,000,000 disabled and handicapped Canadians to be independent and self-reliant was an inspiration to the Committee. The challenge lies with us healthy and fit Canadians to rearrange our spending priorities in our social programs so that we can offer our disabled brothers and sisters the necessary help, with goods and services, to raise them to that basic level of opportunity, in areas such as housing, employment and mobility, which the rest of us take for granted as being universal. Are we willing to make that sacrifice?"*

\* \* \* \* \*



**PETER LANG, KITCHENER**

*"Helping others help themselves is what this report is all about. The obstacles that prevent the full participation of the disabled in Canadian society must be removed. During the committee hearings, we learned just how much is at stake in human terms. The disabled have far too much to offer us in terms of talent, enthusiasm and individual courage for us to turn our backs on them. Acting on the Committee's recommendations is a moral imperative because how we address the concerns of the disabled reflects deeply on us as a society."*

\* \* \* \* \*



**NEIL YOUNG, BEACHES**

*"The work of the Special Committee must lead to legislation that will help to normalize the lives of the disabled. The myth that disabled Canadians are sick must be dispelled. Canadians with disabilities must be recognized for their abilities—not their disabilities."*

\* \* \* \* \*



**J. RAYMOND CHÉNIER, TIMMINS-CHAPLEAU**

*"Our eyes have been opened during our hearings to a world which has been ignored for a tragically long time. If Canadians believe in equality for all citizens, the recommendations in this report must be acted upon to ensure our handicapped and disabled no longer suffer the additional hardship of public ignorance."*

# PRINCIPLES AND OBJECTIVES



This Report deals with two major kinds of obstacles faced every day by more than two million Canadians. One kind results from the fact that many men, women and children are deprived of good health, or have disabilities which deprive them from using their feet, legs, arms, hands, voices, ears, eyes and minds in a way that other Canadians take for granted. The other kind of obstacle results from the attitudes of non-disabled Canadians, who tend to disregard the needs of disabled persons when planning Canada's protection of human and civil rights, health care services, employment opportunities, and the various facilities and systems of housing, shopping, education, recreation, communication and transportation.

## PRINCIPLES

The Members of the Special Committee, after examining these obstacles in detail, are unanimously agreed that the following principles should be embraced by all Canadians:

- **Participation:** Disabled Canadians must have the same opportunity to participate fully in all of the educational, employment, consumer, recreational, community and domestic activities which characterize everyday Canadian society.
- **Responsibility:** All Canadians are responsible for the necessary changes which will give disabled persons the same choice of participation that are enjoyed by those who are not disabled.
- **Self-Help:** Disabled Canadians are often best able to help themselves through their own service and advocacy organizations.

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## OBJECTIVES

Using these principles as a foundation, the Members of the Special Committee have made recommendations in this Report which are designed to achieve the following objectives for disabled persons:

- Achievement of adequate income.
- Support for promotion of self-help efforts.
- Provision of technical aids, and community support services such as attendant care and intervenor services.
- Equal benefits and protection under the law.
- Equal opportunity of access to public buildings, facilities and programs.
- Equal access to a full range of opportunities in
  - Employment
  - Housing
  - Education
  - Transportation
  - Recreation
  - Communication and Information.
- Provision of community support services to reduce or eliminate the need for institutional care.
- Improved quality of life for disabled persons who live in institutions.

\* \* \* \* \*

## JURISDICTION

In presenting this Report, the Members realize that the recommendations will call for greater cooperation between the Federal and Provincial Governments. Throughout the hearings, witnesses repeatedly stated that jurisdictional boundaries were no excuse for avoiding necessary actions. The Members have seen their task as pointing out the scope of existing problems, so that the ultimate responsibility for solving them can be speedily recognized and assumed.

\* \* \* \* \*

## RECOGNITION

In 1981, The International Year of Disabled Persons, the community of disabled persons in Canada is striving for self-determination, and the Members of the Special Committee are in full support of these efforts. At the same time, it must be recognized that much of the progress that has been achieved on behalf of disabled persons over the past fifty years has come through the work of voluntary organizations. Without these pioneers, and the network of services they have created in every province, the prospects for self-help among disabled persons would be greatly diminished.

\* \* \* \* \*

## PERSPECTIVE

In comparison with the efforts being made in other countries, Canada shows poor progress in assisting disabled persons in the areas of employment opportunities, income security, community support services, and technical aids. The Members can find little reason for this situation other than lack of direction and coordination on the part of government, institutional, and community leaders who have the power to make changes. There are no insurmountable obstacles to prevent Canada from taking a world leadership role in providing disabled persons with the practical means for greater independence.

\* \* \* \* \*

## FUNDING

The implementation, in their entirety, of the recommendations in this Report is of prime concern to the Special Committee. While many of the recommendations will have only small dollar figures in times of financial restraint, we appreciate the difficulty in expecting to find adequate sums of new money for innovative programs, some of which will cost significant amounts.

Recognizing the expressed desire of the Government and others "to help those who need it most" and, acknowledging the conviction of many that the concept of universality should prevail, it behooves us to realize that some 2,000,000 Canadians, disadvantaged by reason of disability and who need help the most, are at the same time denied the benefits of universality as applied to opportunities for accessibility, employment, housing, human rights, mobility, etc.

It follows then, that in order to find adequate funds for the disadvantaged, the Government and Canadians should reassess their spending priorities and thereby find monies which are currently being spent on programs which are directed to those who are neither physically, mentally nor financially handicapped. Such an approach would be similar to that followed in other countries, such as Sweden, where they are more progressive than Canada in their assistance to the disabled and handicapped. Without increasing public spending, Canadians have an opportunity to meet the needs of our disabled citizens, and thus join the ranks of those countries who can be proud of the way they recognize the human potential of everyone.

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**THERE ARE NO  
INSURMOUNTABLE OBSTACLES  
TO PREVENT CANADA  
FROM TAKING  
A WORLD LEADERSHIP ROLE  
IN PROVIDING DISABLED PERSONS  
WITH THE PRACTICAL MEANS  
FOR GREATER INDEPENDENCE**

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**“The strangest thing about disabled people is that we usually think, feel and react like ‘normal’ people, yet people expect us to react differently.”**

**Joan Green**

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# PROFILES OF TWELVE CANADIANS



**JOAN GREEN**  
St. John  
New Brunswick



**JULIUS HAGER**  
Pelly Crossing  
Yukon



**DENISE BEAUDRY**  
Montreal, Quebec



**CRAIG OSTOPOVICH**  
Toronto, Ontario



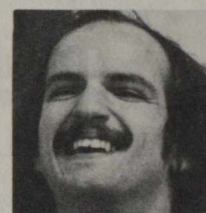
**BILL SELKIRK**  
Ottawa, Ontario



**MELANIE WISE**  
Toronto, Ontario



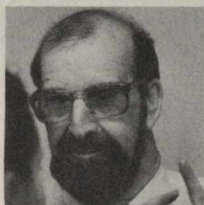
**JENNIFER MYERS**  
Lethbridge, Alberta



**SERGE LEBLANC**  
Chicoutimi  
Quebec



**IAN PARKER**  
Toronto, Ontario



**SHAUN McCORMICK**  
Halifax  
Nova Scotia



**BARB GOODE**  
North Vancouver  
British Columbia



**LEN SEABY**  
Edmonton, Alberta

\* \* \* \* \*

Disabled persons each have particular obstacles to overcome which are mental or physical in origin. For many, these are the least of their problems. More serious are the obstacles they face which are caused by other people's attitudes. Disabled persons are deprived both of rights and opportunities because of the myth that they are "strange", that they lead lives which "normal" people cannot comprehend. This leads to the belief, widely held, that they are not motivated by the same needs for love, participation, opportunity, expertise, achievement, appreciation and self-esteem that govern the lives of other Canadians. The Special Committee met with many disabled men, women and children who spoke about their daily struggles to cope in a society which frequently ignores, misunderstands, or opposes their attempts to help themselves. Eleven of these disabled Canadians agreed to share some of their experiences and insights with the readers of this Report. A twelfth, Melanie Wise, was spoken for by her father. The Members of the Special Committee feel that these twelve profiles, which start on the next page, need no commentary.

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# JOAN GREEN

Saint John, New Brunswick

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**“Disabled people are constantly adjusting to difficulties that many people face only in a crisis.”**

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I was afflicted with rheumatoid arthritis when I was three years old. Now, I'm 36. This is a very painful disease, and most of the time it feels like there's a furnace inside of me. I give off so much heat that I keep my room like an iceberg most of the time. The heat is worst at my joints, and most of them are now fused together. My elbows don't bend, my knees don't bend, one ankle and one wrist don't bend, and my neck is now partially fused. My jaws are partially locked and my spine is extremely inflexible.



The disease is progressive, which means that the fusing will get worse as I get older. Eventually my neck will completely fuse. When that happens I will have to find another way to read and write. That bothers me a bit, but I'll come to grips with it when it happens.

**“I believe in God, and I believe that He has created me for some purpose.”**

I've usually been alone when the pain has been worst, so that I've learned how to deal with it on my own. You just go through the pain and you learn to cope the best way you can. I didn't realize what I was doing during all those years, especially when I was little, but I definitely have developed a skill. I think that is one of the reasons why I have such a high tolerance now.

I keep the reality of my physical condition before me all the time. That way I can remain at peace with what is going on inside. Nothing is going to take me by surprise to the point where I can't handle it.

I believe in God and I believe that He has created me for some purpose. I am on earth to fulfill that purpose, whatever it may be. I am

part of the Kingdom and I have a task to do. If I don't do it, then there will be something missing in the Kingdom. God is what keeps me going, He's my strength and I know that nothing can overcome me. I know where my heart is and where my priorities lie.

I find that people have some very funny myths about disabled people. For one thing, they think that we are fragile. I find just the opposite, that most disabled people are healthier than the general population. If we neglect our health, then we have nothing to fight back with. We have to have a very strong constitution just to be able to deal with our disability.

**“Most disabled people are healthier than the general population.”**

The other myth is that disabled people are emotionally fragile, and, therefore, they must be protected from the harsh realities of life. But that doesn't make sense. Disabled people are constantly adjusting on a daily basis to difficulties that many people face only in a crisis. So who are the sheltered people in our society? I'm accustomed to a certain



## “What’s ‘normal’?”

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amount of pain and suffering because it’s a constant part of my life, but there are times when adjustment and acceptance of that pain seem to be an hourly task. Death is just a normal part of my thinking. None of these things disturb me greatly because I’ve been adjusting to them every day of my life.

When I cry, people get very upset, and some of them even try to stop me from doing it. What they don’t realize is that crying is one of the few ways I have to get rid of physical and emotional tension. Because of my severe limited movement, strenuous exercise is impossible. My only relief is to cry.

It serves the same purpose for me as does swimming or running for other people.

The strangest thing about disabled people, no doubt you have found, is that we usually think, feel, and react along the lines of normal people, yet people expect us to react differently. It’s funny too because I’ve never considered myself a disabled person. I hate the word and I am considering haunting the guy who invented the words “handicapped” and “disabled”. Normal? What’s “normal”? Tell me what’s normal. On my scale from 1 to 10 the fact that I have so many disabilities doesn’t even fall within the top five slots of what it is to be normal.

A lot of disabled people need to learn their limitations, where and when to expend their energy. We need to discover our capabilities and to identify our priorities. Once you get a firm grip on who you are, then it takes a lot to destroy that image. Your horizons suddenly take on a wider scope, you are open to change, new ideas, and you realize that there is a real joy in being responsible for yourself and in being accountable for your decisions. ●

**“There is a real joy in being responsible for yourself.”**

# JULIUS HAGER

Pelly Crossing, Yukon

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**“Most of the time  
I can’t even buy  
an ice cream cone.”**

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When I was almost 24 years old, back in 1953, I contracted polio. It was a real shock, a very bad experience at the time, because it happened suddenly and I didn't know anything about the disease. Now I'm 95% disabled, with only a little use of my right hand, and that's all.

**“I try my best to be  
happy most of the  
time.”**

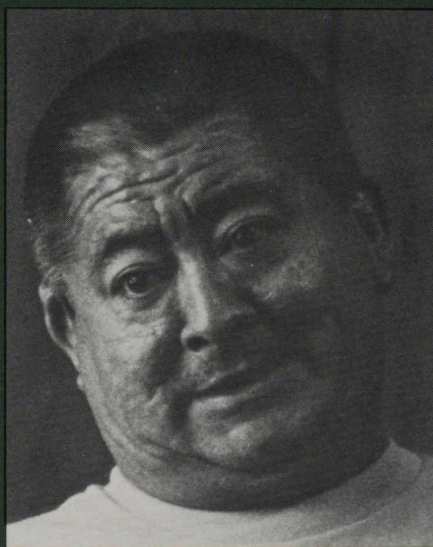
For a long time I was miserable about my condition, but now I'm getting used to it. I try my best to be happy all the time. Lately, I've tried to train myself to lead a normal life, but the lack of money makes things very difficult.

My wife does not work steady, so that our total income per month isn't very much more than \$550. That's not much when you've got five people at home. A pair of kid's running shoes here in the Yukon cost \$25. Bread is a dollar a loaf. A can of soup costs 49¢. It's so hard to get by. I can't even take my family out like ordinary people can. If the kids ask me for money I just have to say nothing. I can't afford it. Most of the time I can't even buy an ice cream cone. That really hurts me.

There are so many things I can't do because the money isn't there. I can't even afford a phone and I need one badly. I think that disabled people should all have phones because it's the only way that we can stay in touch with other people.

We can't go anywhere like normal people can. I'd like to have a fund for transportation, so that I could just ride around, just to get out of the house. Right now I just stay in year round. You can't ask people to take you some place because gas costs so much. I don't want to ask other people to pay for me.

I also need hired help. My wife has a man's work and a woman's work because I can't do either. I need someone to help me take a bath because I can't even wash and dry myself, I'm so handicapped.



**“My wife has a  
man's work and a  
woman's work  
because I can't do  
either.”**

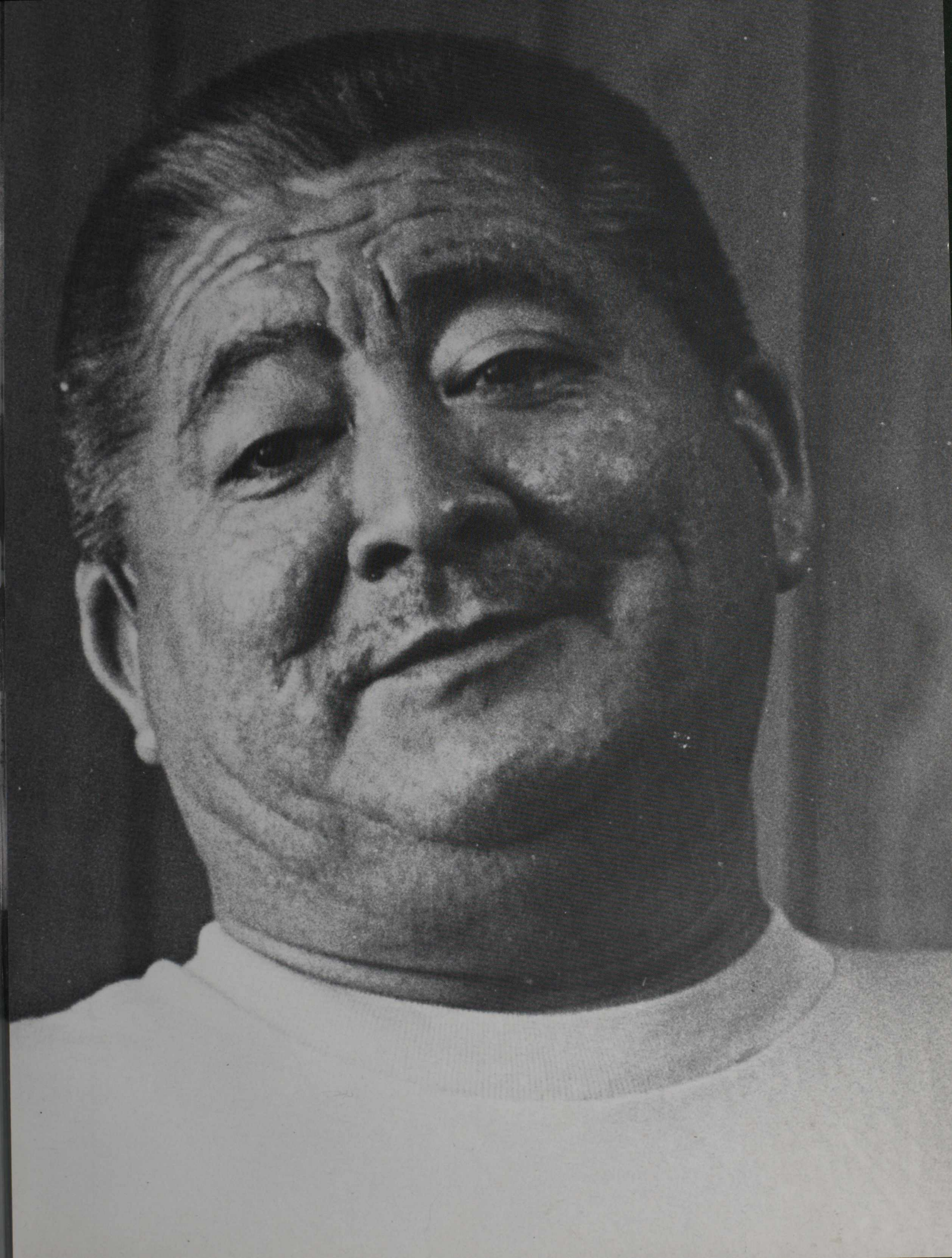
Here in the Yukon we should have a nursing home just for handicapped people. Maybe just 20 rooms. That way we could help each other. We could talk to each other and make it easier for ourself to accept the handicaps. Right now, we just go to the general hospital in Whitehorse, but that's not right for handicapped persons. Before they design another one, they should talk to handicapped people about their needs. The bathrooms are all built for skinny guys, you can't even get in there with a wheelchair.

**“I would love to  
stay in the Yukon. I  
grew up here, and I  
can't get away from  
it.”**

Over the years I've had a lot of help from people. It used to be that I couldn't get along with anybody. It's hard to suffer, especially when you think about it. But about twelve years ago I became a Christian, a reborn Christian, and that makes the big difference. Now I've changed for the best.

I would love to stay in the Yukon. I grew up here and I can't get away from it. I just can't go away, I don't know why. I know how difficult things are here for handicapped persons, but it's still my home. It's so beautiful here during the summertime. The couple of months that we have of summer makes up for the winter. ●







# DENISE BEAUDRY

Montreal, Quebec

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**“I would like parents to stop teaching children to pity people who are blind.”**

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I started to get glaucoma when I was nine, and at age twelve I lost the sight in one eye during an operation. The sight in the other eye has diminished since then.



My biggest two obstacles as a result of the blindness are lack of job opportunities and a frequent difficulty in establishing personal relationships with sighted people. Both obstacles come, I think, from the difficulty that other people have in dealing with my blindness. Employers just automatically discount me because they can't believe that I can do a job. On the personal level, people exclude me from normal social activities because they don't think I can function.

I would like to work in the social services. I have already had experience there, first because my bachelor's degree qualifies me as a

social worker, and also because of contracts and projects I have completed. The people who have hired me so far feel that I have an ability to work with disabled persons, and I think that's true. I have a good understanding of what is needed. But so many employers don't give me the same chance that they extend to sighted people. That's all I ask, to be treated on the basis of my qualifications and ability. So many people think I am less capable. Where other job applicants start at zero, I start with a minus. And yet it takes so little adaptation of a workplace to make a job possible for a blind person.

My everyday contact with the public suffers because people think I can't take care of myself. I must constantly remind people of how capable I am. They think I need very special kinds of protection, when that isn't true at all. They see my white cane and all they can think about is that I need help constantly. But I have learned techniques which make me virtually independent.

**“Employers just automatically discount me because they can't believe that I can do the job.”**

It always surprises people to find out that I am a regular skier—cross country—and that I am involved in a theatre group. I've also done downhill skiing. Someone follows me as I go down a slope and tells me where to go by referring to the hours of a clock, for example, “two o'clock, or three o'clock”, or by the degrees of a circle.

So many sighted people think that unsighted people can't do anything. It's true that we need extra information, but once we have it, we can manage very well. I've started taking theatre arts courses. One thing that I like is to have people describe to me what they see—and then I act it out. This makes them very uncomfortable at first. They are not inclined to describe to someone else what they are doing. But I need this in order to participate in my own way.

They also have funny notions about what kind of lives blind people can lead. I have a male friend that I live with, and people find it difficult that I can have a male-female relationship just like anyone else. Many people assume that he is my brother. They hesitate to suggest activities to me for fear that I can't participate. They just don't know the many ways that I have of doing normal human activities.



**“Except for the fear that sighted people have in my presence, I would forget that I am blind.”**

Perhaps what I am saying is different from what another sightless person would tell you. I need to be autonomous, to learn on my own, to act on my own. Everyone is different among blind people, just as they are among sighted persons. But in my case, I would like people to stop thinking of my blindness as a hardship. I love life and I am very happy as I am.

Above all, I would like parents to stop teaching their children to pity people who are blind. They always make their children feel uncomfortable in the presence of blind persons, and that only creates more obstacles for us. Except for the fear that sighted people have in my presence, I would completely forget that I am blind.

We blind people face many problems, no doubt about it, and

they've been with us for a long time. The biggest problem is obtaining information about public activities. There is so little information that has been transferred onto audio-cassette and into braille. The blind people in Canada need a lot of assistance when it comes to information. But once we get the same kind of information that sighted people have, then we are able to lead normal lives. ●

# RECOMMENDATIONS

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HUMAN AND CIVIL RIGHTS  
EMPLOYMENT  
INCOME  
INFORMATION—COMMUNICATION  
HOUSING  
INDEPENDENT LIVING  
ACCESS TO PUBLIC BUILDINGS AND FACILITIES  
TRANSPORTATION  
SPORTS, RECREATION AND LEISURE  
EDUCATION  
AIDS AND DEVICES  
CONSUMERISM  
INSTITUTIONAL LIVING  
CHANGING ATTITUDES  
PREVENTION  
RESEARCH AND DEVELOPMENT  
DATA BASE DEVELOPMENT  
NATIVE POPULATION  
INTERNATIONAL PERSPECTIVE  
FUNDING AND IMPLEMENTATION

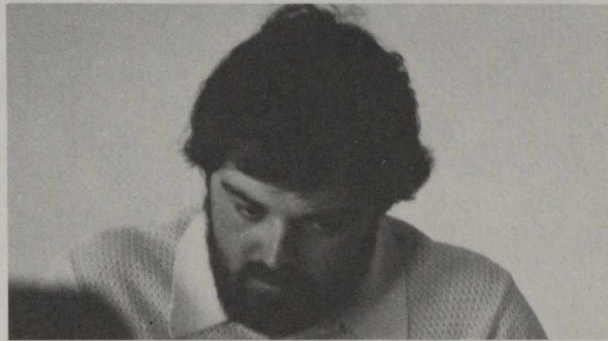
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# ONE

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## HUMAN AND CIVIL RIGHTS

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**“We do not want charity or special favours and privileges; only the same basic rights and freedoms as others. We wish to be treated as equal human beings—to be able to participate in the common life, to the extent of our capabilities, without having to face unnecessary barriers to our involvement. We have the same needs and desires as anyone else—to be self-sufficient—self-determining—to have a measure of dignity and self-respect—to be contributing and responsible members of society—to enjoy the same basic freedoms, rights and responsibilities as anyone else in this country.”**

**Action League for Physically Handicapped Adults of Kitchener-Waterloo**

**“We wish to live the same as the other person and expect to have to do our part for society. Why should we have to keep proving that we have a place in society when the normal person knows they have. We are all here for one reason or another; does this not mean that we should be treated as equals? But are we now? I think not, for we are laughed at, made fun of, or worse—we are pitied for pity’s sake and this is not what we want. We want to do our part to help society as a whole.”**

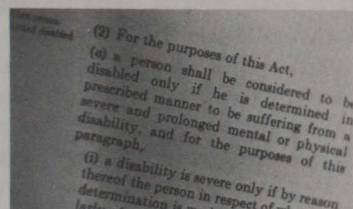
**People First (Vancouver)**

**“In a technological society such as ours, there is a real danger that the value placed on material progress over-rides the value of human potential and dignity.”**

**Canadian Association of the Mentally Retarded**

## 1

## AMEND THE HUMAN RIGHTS ACT TO PROTECT DISABLED PERSONS



### RECOMMENDATION:

That physical handicap be made a proscribed ground of discrimination for all discriminatory practices listed in the Canadian Human Rights Act, and not just for discriminatory employment practices.

That the Canadian Human Rights Act be further amended so that Tribunal orders can be made with respect to access to goods, services, facilities and accommodation, and that it include a qualification that the changes ordered by a Tribunal should not impose undue hardship on the respondent.

That mental handicaps (learning disabilities, retardation or mental illness) and a previous history of mental illness or a previous history of dependence on alcohol or other drugs be added to the proscribed grounds of discrimination under the Canadian Human Rights Act (CHRA).

**Clear Public Direction:** Canadians are no longer prepared to accept this form of discrimination in any area of society. By far the most repeated request that the Committee received in its hearings across Canada was for greater protection under the CHRA. In addition, these requests were supported by representations that have been made during the past two years to the Canadian Human Rights Commission, by samplings of public opinion, and by recent legislative developments in several provinces. They all clearly point to the need for improvement under the Canadian Human Rights Act.

**Invisible Disabilities:** Those Canadians who are mentally ill, or who have learning disabilities, are in special need of protection because their problems tend to be invisible. As a result, there is a general lack of public understanding about the needs, abilities and problems of these individuals. The mentally ill are occasionally considered to be dangerous lunatics. This attitude is reinforced through rumours, jokes and by stereotypes presented in films and television programs. The learning disabled are sometimes branded as lazy, as having a very weak or very low intelligence. Both groups experience discrimination in a variety of everyday situations—particularly when seeking employment. Legal protection, therefore, is needed to safeguard the rights of these individuals who have special needs.

**Existing Mechanism:** The United States prohibits discrimination on the basis of physical and mental disability in its Rehabilitation Act of 1973. In this country, the Canadian Human Rights Act is an existing mechanism which can be used to provide similar protection for Canadians.

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## 2

## DIRECT HUMAN RIGHTS COMMISSION TO PROVIDE DETAILED GUIDELINES



### RECOMMENDATION:

That The Canadian Human Rights Commission (CHRC), in consultation with appropriate consumer groups, develop and publish Guidelines to:

- Confirm and clarify their present administrative practice of hearing similar complaints simultaneously;
- Define methods of establishing "class" for beginning class action complaints to the Commission.

That the Canadian Human Rights Commission should develop precise Guidelines on the scope of "undue hardship" as an exemption from the Act; these Guidelines should be published when the Committee's suggested amendment to the Canadian Human Rights Act is passed.

**Immediate Need:** The Committee learned from its hearings that there is an immediate need to clarify certain legal terms used under the Canadian Human Rights Act, and to clarify procedures of "class action" as they relate to complaints made to the Human Rights Commission.

**Bona Fide Requirement:** "Bona Fide Occupational Requirement" means the essential education, skill or experience that is needed to do a job. Under the present provisions of the Canadian Human Rights Act, employers may use this term to discriminate against disabled persons. For example, the job description for an accounting job may list "using the telephone" as a requirement. This would automatically exclude a deaf person with accounting skills and experience. The question, then, is whether using the telephone is a bona fide requirement. An examination of the situation may show that it is incidental—and that a deaf person with the requisite accounting skills can do the job perfectly well.

The Canadian Human Rights Commission, therefore, should establish a Guideline under the Canadian Human Rights Act to make this term more precise and predictable. This Guideline should make it clear that certain practices will not qualify as a "Bona Fide Occupational Requirement".

**Undue Hardship:** In its First Report, the Committee dealt with possible exemptions under the Canadian Human Rights Act. It recommended that a person could be exempted from having to provide goods, services, facilities, and accommodation to a disabled person if he or she could show that this would cause "undue hardship". For example, a small regional airline would not likely be expected to retrofit or renovate its existing fleet to make all equipment accessible, following the

complaint of a wheelchair user. Interim arrangements—such as pre-arranged boarding assistance—might be accepted in this case. The airline, however, would be expected to make full changes when new aircraft were purchased, or major renovations were undertaken. Each "undue hardship" exemption would be examined carefully, in light of the Guideline. Only real cases of hardship could provide a justification for discrimination.

**Avoid Controversy:** Both the Canadian Human Rights Act and this exemption for "undue hardship" have the potential for creating controversies and legal haggling. There will obviously be cases where a claim of "undue hardship" is simply an attempt to avoid legal responsibilities. At the same time, there will be cases where disabled persons make unreasonable demands, charging discrimination in situations where the demand for goods, services, facilities and accommodation is clearly unrealistic.

In order to avoid such controversies, the Canadian Human Rights Commission should develop and publish precise Guidelines on the scope of "undue hardship".

**Group Complaints:** Complaints made to the Canadian Human Rights Commission are frequently similar to each other. Wherever possible, the Commission has followed the practice of joining them together. In addition, a group of people may bring their complaints to the Commission as a joint effort. A complaint can be made about an employment practice or policy which results in systematic discrimination.

**Class Actions:** A type of true "class action" is also required. In a class action, a person could make a com-

plaint on behalf of himself and others who have the same problem and who would benefit from the success of the case. In this situation, *each of the complainants must give personal authority* for the suit, and must be specifically named within the class. Any class action possible before the Commission must also be permissible in other court proceedings arising from the case; for example, an appeal.

**Efficient/Economical:** It is clear that both of these practices—group complaints and class actions—help to strengthen the force of the complaints, and to save costs for the complainants. Both practices must be publicized, and be more frequently used.

\* \* \* \* \*

## 3

### INTRODUCE SHIFTING ONUS INTO THE HUMAN RIGHTS ACT



#### RECOMMENDATION:

**That the Canadian Human Rights Act be amended to stipulate a shifting onus of proof so that once the**



complainant has made out a **prima facie** (reasonably believable/reasonably sound) case of discriminatory practice, the onus of proof shifts to the respondent to prove that discriminatory practices did not occur.

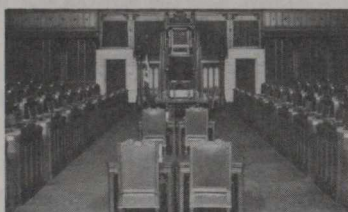
**Shifting Onus:** The principle of "shifting onus" means that once a complainant has made a reasonably believable and sound case of discrimination, the onus of proof immediately shifts to the respondent. He or she must then satisfy the Canadian Human Rights Commission (CHRC) that discrimination did not occur.

**Prima Facie:** This recommendation does not go as far as the Saskatchewan Human Rights Code, which places the entire burden of proof on the respondent. The complainant, under that code, does little more than lodge the complaint; the respondent must do everything else. The Committee's recommendation still requires that the complainant establish **prima facie** grounds before the onus of proof shifts to the respondent.

**Legal Right:** The administrative procedures of the CHRC already provide for a type of informal "shifting onus" in practice. However, a legal requirement of a shifting onus would make the practice a legal right for a complainant. It would also mean that a tribunal set up to inquire into a complaint must operate with a shifting onus of proof. Any court action would have to take this into account as well. Persons who make a complaint are frequently in a poor position to provide all of the evidence. The respondent, on the other hand, has the facts available to explain his or her actions. He or she should, therefore, be legally required to produce them, for adjudication of the issue.

# 4

## INCLUDE PRIMACY CLAUSE WITHIN THE HUMAN RIGHTS ACT



### RECOMMENDATION:

**That the Canadian Human Rights Act be amended to add a primacy clause stating that, as a matter of statutory interpretation, the Act shall be applied unless Parliament expressly exempts the legislation from the Canadian Human Rights Act.**

**Primacy Clause:** This clause would strengthen the CHRA, and bring greater scrutiny to any legislation which is discriminatory. The clause would state clearly, in the Act itself, that if there is any doubt arising in the interpretation of an existing law, such a doubt is to be resolved in favour of the CHRA. In this way, public servants who administer a law, Canadian Human Rights tribunals which decide on complaints, and the courts themselves, would be obliged to follow this rule. The clause would also require that Par-

liament, if it wished to pass new discriminatory legislation, to **expressly exempt** such legislation from the Act.

**Remove Doubts:** The primacy clause is not an authority to strike down inconsistent legislation. However, the wording of laws is often ambiguous, in which case the judges and lawyers follow laws of "statutory interpretation". This primacy clause would give clear, overriding direction that in any case of doubt, the interpretation which treats people in a non-discriminatory way is the proper one.

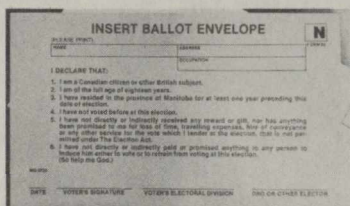
**Political Difficulty:** The primacy rule would require Parliament to state specifically that new inconsistent legislation must contain the words "notwithstanding the Canadian Human Rights Act". This required wording will make it politically difficult to enact any discriminatory legislation.

\* \* \* \* \*

**Persons who make a complaint are frequently in a poor position to provide all of the evidence. The respondent, on the other hand, has the facts available to explain his or her actions. He or she should, therefore, be legally required to produce them, for adjudication of the issue.**

# 5

## ESTABLISH POSTAL VOTE SYSTEM SIMILAR TO MANITOBA'S



### RECOMMENDATION:

That the Federal Government proceed in developing legislation, together with the appropriate machinery and programs, to establish a postal vote system similar to the one that is successfully in effect in Manitoba.

**Poor Accessibility:** Throughout its hearings, the Committee heard complaints that the voting system throughout Canada makes it difficult for many disabled Canadians to travel to polls on election day. The one exception to these complaints was the Province of Manitoba, which has made provisions for a postal vote system for provincial elections.

**Ten Days Prior:** Under the Manitoba Elections Act, the Returning Officer receives an application by mail at least ten days before the polling day, and then returns an ini-

tialled ballot to the voter at least seven days before the polling day. This ballot is then marked and sealed in a plain envelope, which is placed into another special envelope that is printed in the form of a certificate.

**Certification:** On the certificate envelope, two people must be identified: the voter, plus another voter who is authorized to vote in the same electoral division. This second person must certify that the first person's information is correct. The voter can then send the ballot and the certificate to the Chief Electoral Officer by any means before the close of the polls. In the case of postal disruptions, the ballots may be picked up by the Division Returning Officer, or be dropped off by friends or family.

**Track Record:** In the last Manitoba provincial election, 900 mail-in votes were received (total cast: 488,821) and were mostly from urban voters. Manitoba's Chief Electoral Officer advertised the details of the postal vote, and felt that the subsequent results were very satisfactory.

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Throughout its hearings, the Committee heard complaints that the voting system throughout Canada makes it difficult for many disabled Canadians to travel to polls on election day.

# 6

## CEASE THE POLICY OF CENTRALIZING POLLING PLACES



### RECOMMENDATION:

That the Chief Electoral Officer be directed to immediately cease the present policy of centralizing polls and to accommodate, as fully as is reasonably possible, the mobility problems of disabled persons, including persons with disabilities due to aging.

That the Canada Elections Act be reviewed and amended to reflect the fundamental principle that elections are conducted for the convenience of all voters, including the disabled and aging; amendments should include provision for special polls at hospitals and nursing homes, the location of polls in apartment buildings, and should remove the discretionary power to centralize polls, contained in Section 33(6).

**High Price:** The present policy of centralizing polling places serves the needs of the Office of the Chief

Electoral Officer, but it ignores many of the needs of the voting public, especially those Canadian citizens who are disabled. Centralization makes it easier for electoral officers to organize the vote count, but it makes it more difficult for many voters to reach the polling place. Centralization may cut the Office of the Chief Electoral Officer's costs of running a national electoral organization, but at the price of depriving many Canadians of their votes. It is totally contradictory for the Federal Government to espouse a policy of maximum voter participation, on the one hand, and a policy of restricted access to polling places, on the other. This centralization policy must cease immediately.

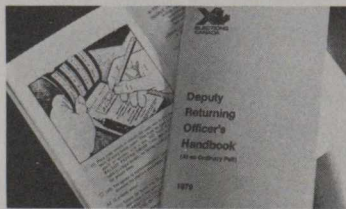
**Community Considerations:** A practice that makes more sense is to locate polling places for the convenience of sick and elderly persons, this means in their hospitals and nursing homes. For hundreds of thousands of other Canadians, this means in their apartment buildings. Whatever policy is followed, it should ensure that disabled persons are provided with maximum opportunity to cast their vote.

\* \* \* \* \*

**It is totally contradictory for the Federal Government to espouse a policy of maximum voter participation, on the one hand, and a policy of restricted access to polling places, on the other.**

# 7

## ESTABLISH ORIENTATION SESSIONS FOR POLLING PLACE PERSONNEL ON THE NEEDS OF DISABLED VOTERS



### RECOMMENDATION:

**That the Chief Electoral Officer be directed to arrange, in consultation with disabled persons and their organizations, orientation sessions on the needs of disabled persons for Deputy Returning Officers and their staffs.**

**Little Cost and Time:** Many of the problems that disabled voters encounter at polling places can be solved by educating the people who are responsible for these facilities. This includes the Deputy Returning Officers and their staffs. If these individuals become familiar with the needs of the disabled voter at the very outset of an election period, then many potential conflicts and

problems of accessibility can be eliminated. Since these polling place personnel must go through an orientation session as a requirement for their jobs, this additional information regarding disabled voters will entail very little extra cost and time.

\* \* \* \* \*

# 8

## REFER QUESTIONS REGARDING ACCESSIBILITY FOR DISABLED VOTERS TO STANDING COMMITTEE



### RECOMMENDATION:

**That the question of accessibility to polling stations, voting booths, and the offices of Returning Officers and Deputy Returning Officers be referred to the Standing Committee on Privileges and Elections.**

**Problems Uncovered:** The office of the Chief Electoral Officer made a submission, and then sent repre-

sentatives to appear before the Committee at a public hearing. While the submission did not indicate that there were any problems of accessibility regarding disabled voters, the subsequent testimony at the hearing clearly revealed that such problems do exist.

**Manitoba Example:** In Manitoba, the Elections Act has been amended to help provide accessibility to disabled voters. In the first instance, the returning officer is instructed to "locate polling places in premises to which the voters have access from the street without going up or down stairs".

**Temporary Change:** The Manitoba Elections Act also states that in the case of a disabled person who cannot enter the existing polling place without difficulty, the returning officer should remove the ballot box, along with all ballots and documents in the polling place, and take it to a place in close proximity where it is accessible to the person, such as an automobile outside the polling station.

**Standing Committee:** The Special Committee cites this Manitoba experience as a possible model for federal legislation. In the meantime, it recommends that all questions related to accessibility should be referred to the Standing Committee on Privileges and Elections.

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**In Manitoba, the Elections Act has been amended to help provide accessibility to disabled voters.**

# 9

## AMEND ELECTIONS ACT TO REDUCE DISQUALIFICATIONS BECAUSE OF "MENTAL DISEASE"



### RECOMMENDATION:

**That the Federal Government amend the Canada Elections Act to reduce the number of people disqualified from voting by reason of "mental disease", by providing clear criteria for determining the specific cases where exclusion from the democratic process is absolutely justified.**

**Cannot Vote:** At the present time, some Canadian citizens are denied their rights vote in Federal elections because of a prohibition under Section 14(4) of the Canada Elections Act, which states that "every person who is restrained of his liberty of movement or deprived of the management of his property by reason of mental disease" does not have the right to vote. Some of these

individuals are residents of psychiatric institutions or "homes of special care" and there is a great deal of confusion, and difference of opinion, regarding their democratic rights.

**No Distinctions Made:** This confusion is a natural consequence of the general wording of the Act. What is "mental disease"? The Act does not elaborate. There are no distinctions made between different kinds of psychiatric facilities, and no distinctions made between the different situations and conditions of the persons who reside in them. For example, Section 14(4) does not distinguish between a person who is a resident on a voluntary basis from another person who entered the facility involuntarily. Nor does it make any provisions for those persons who are preparing to return to a normal life in the community.

**Show Good Cause:** The right to vote is basic to the democratic fabric of Canada. The onus should be placed on showing why someone should not be allowed to exercise the right. The present wording of Section 14(4) is not adequate. It is, therefore, important to review this section of the Canada Elections Act and amend the wording so that the number of disqualifications because of "mental disease" are reduced. Clear criteria should be established for determining cases where exclusion from the democratic process is deemed absolutely necessary.

**Not Uniform:** The office of Chief Electoral Officer has a policy to the effect that no one is deprived of the vote unless he or she is restrained under a court order. However, the law could be interpreted in other ways, and the policy itself has not been uniformly enforced across Canada.

\* \* \* \* \*

## 10

## DEVELOP APPROPRIATE LEGAL TERMS RELATED TO MENTAL DISABILITY

### RECOMMENDATION:

That the Federal Government direct the Department of Justice to consult with medical authorities to develop appropriate legal terminology relating to mental disability for use in legislation.

**Offensive Terms:** Federal statutes—such as the Criminal Code, the Land Titles Act, and the National Defence Act—presently employ the terms “idiot”, “imbecile”, “lunatic” and “feeble-minded” to describe various types of mental disability. These are deemed by some people to be offensive, inaccurate and antiquated—and serve mainly to reinforce discriminatory attitudes and practices toward mentally disabled people in all areas of society. These terms should be replaced by currently used terminology which is related to modern psychiatric practice.

\* \* \* \* \*

## 11

## CHANGE THE CRIMINAL CODE PROVISIONS ON “INSANITY” AND “FITNESS TO STAND TRIAL”



### RECOMMENDATION:

That the Federal Government, through the Department of Justice, and in consultation with provincial health authorities, reform the Criminal Code provisions relating to mentally disabled persons, in order to:

- Develop and implement a new procedure to replace the Lieutenant-Governor’s Warrant, and provide special facilities and treatment of the mentally disabled who are sentenced by the courts;
- Define the rights before the law of mentally retarded and mentally ill persons;
- Establish fair and appropriate procedures for all stages of the criminal process when mentally disabled accused are involved; that is, arrest, bail, fitness to stand trial, the finding of criminal responsibility, and disposition.

**Deep Trouble:** A mentally disabled person who has the misfortune to be the accused within the criminal justice system of Canada is virtually denied the legal protection and the due process of law which applies to other Canadian citizens.

**Indefinite Confinement:** For example, a mentally retarded person may be declared unfit to stand trial and be held indefinitely “at the pleasure of the Lieutenant-Governor” without ever being tried for the crime. By the same token, the present system of confinement under one of these “Lieutenant-Governor’s Warrants” does not provide clearly for treatment of the disabled person. On top of these shortcomings, the practice of review boards dealing with the cases of confined persons varies from one province to another.

**Law Reform Commission:** In 1976, the Law Reform Commission of Canada studied these problems, and recommended that mentally disabled persons, in particular, be returned to the legal system. They should stand trial with lawyers and advocates to protect their interests. If found not guilty, they should be released. If found guilty, then the mental health of the individual would be taken into consideration when determining the penalty. Over the years, other proposals for reform have been made, sometimes conflicting with each other. The time has now come to reach a consensus in this matter, and to take action as soon as possible.

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**A mentally retarded person may be declared unfit to stand trial and be held indefinitely.**

## 12

## REVIEW THE OPERATION OF LIEUTENANT-GOVERNOR'S WARRANTS: THE INDEFINITE DETENTION OF MENTALLY DISABLED PERSONS



### RECOMMENDATION:

That, pending the replacement of the present legal system of Lieutenant-Governor's Warrants, the Federal Government request the Minister of Justice to meet with provincial authorities in order to review the operation of the warrants, with particular reference to:

- The functioning of review boards, particularly where cases of mentally retarded persons are being considered;

- The individual cases of persons presently being held in indefinite detention under Lieutenant-Governor's Warrants.

**834 Persons:** As of April 1980, there were 834 persons in Canada being detained indefinitely in psychiatric facilities—or under strict supervision—because they have been deemed “criminally insane”. This means that they are either “unfit to stand trial” or have been found to be legally “insane”. For some, this detention has already extended over many years. All of these individuals are being detained under Lieutenant-Governor's Warrants—which means that the person will stay in the psychiatric facility for as long as the particular provincial government desires.

**Only One Way Out:** The only way out of the institution for these people is through the recommendation of a government-appointed review board of doctors and lawyers. At present, the composition and the influence of these boards does not favour the detained person, especially if the person is considered mentally retarded. The latter should be assessed by specialists in the field of mental retardation, in addition to psychiatrists and lawyers. This review board has the power only to make recommendations, not to order the release of an individual. It must state that he or she has recovered from the mental disability, and can be released. But even with this statement, the provincial government can reject the recommendation and refuse to rescind the Warrant.

**No Obligations:** Under the Lieutenant Governor's Warrants, the particular provincial government is under no obligation to provide any form of treatment to the detained person. This further lack of protection means that the person has no

guarantee of being able to give evidence to the review board that he or she has recovered.

**Immediate Explanation:** Regarding the 834 individuals who are now being detained, the Committee recommends that an immediate examination be made of why a Warrant continues to be used in each person's case, instead of the “due process of law”.

\* \* \* \* \*

## 13

## ENCOURAGE PROVINCES TO KEEP MENTAL HEALTH ACTS UP TO DATE



### RECOMMENDATION:

That the Federal Government encourage the provinces to review their mental health acts at regular intervals with input from the public in order to reflect current thinking regarding rights of and treatment for mentally/emotionally disabled persons.

**Limited Protection:** The Federal Government is very limited in its ability to protect the rights of people

who are being treated for emotional/mental disabilities. The treatment of these persons falls entirely under the regulations of provincial legislation, over which the Federal Government has no jurisdiction. Some provinces are more forward-thinking in their mental health legislation than others. For example: There are significant differences in the time period that a person can be involuntarily detained from one province to another.

**Only Way:** The only way that the Federal Government can promote uniform and fair treatment for Canadians with emotional/mental disabilities—especially those who are institutionalized—is by encouraging the provinces to review their legislation at regular intervals. The respective acts should constantly be up-dated to reflect current national thinking about the rights and treatment of individuals. The Committee recommends that Federal Government officials who consult with the provinces on matters of mental health give a high priority to this review process.

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**The only way that the Federal Government can promote uniform and fair treatment for Canadians with emotional/mental disabilities is by encouraging the provinces to review their legislation at regular intervals.**

# 14

## ENCOURAGE PROVINCES TO INCLUDE EDUCATION AS A BASIC HUMAN RIGHT



### RECOMMENDATION:

**That the Federal Government encourage all provinces to include in their human rights legislation the right to an education that ensures disabled children the opportunity to reach and exercise their full potential.**

**Serious Inequity:** Throughout its hearings, the Committee received evidence that disabled children, especially those with learning disabilities, do not have equal opportunity to education. While provinces have total responsibility for matters of education, the Committee believes the Federal Government can exercise leadership in pointing out the scope and seriousness of an inequity that exists in many parts of Canada.

**No Privilege:** Canadians no longer see the education of children as a

privilege to be reserved only for those who can afford it. It is universally agreed that education is a basic right to which all Canadians are entitled, including disabled children. In the United States, this basic right is specified and protected by the Rehabilitation Act and by the Education for All Handicapped Children Act. In Canada, the provinces of Quebec and Saskatchewan have already enacted this fundamental right. Canadian citizens in every province deserve this same protection for their children.

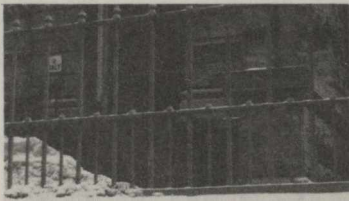
**Human Rights:** The Committee, recognizing again that this is entirely a provincial responsibility, nevertheless, recommends that the Federal Government encourage all provinces to make the right to an education part of their human rights legislation.

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**Canadians no longer see the education of children as a privilege to be reserved only for those who can afford it. It is universally agreed that education is a basic right to which all Canadians are entitled, including disabled children.**

## 15

## IMPROVE ACCESS TO LEGAL SYSTEM FOR DISABLED PERSONS



### RECOMMENDATION:

**That the Federal Government, through the Department of Justice, in consultation with disabled consumer groups and provincial governments, develop plans and take effective steps to improve disabled persons' access to the legal system.**

**Judicial Barriers:** The daily routines of legal systems throughout Canada tend to ignore the special needs of disabled persons. For example, lawyers' offices, legal aid offices, and courtroom facilities are frequently inaccessible to persons in wheelchairs. Persons with visual and hearing disabilities have difficulty obtaining legal information in an understandable form. There is a lack of written information in braille, in large print, and on cassette. There are no translations of proceedings into sign language. Easy access to the legal system is a basic right of

all Canadians. At present, there are over one million disabled Canadians who would encounter difficulty in using the facilities and services of the legal system. The obstacles they face must be removed.

**Preliminary:** The Department of Justice has undertaken a preliminary study to solve these problems. These efforts should be given a high priority by the Department to ensure quick progress, and should include direct consultation with disabled persons and their organizations.

\* \* \* \* \*

## 16

## MAKE HUMAN RIGHTS COMPLAINTS AND COURT ACTIONS ELIGIBLE FOR LEGAL AID



### RECOMMENDATION:

**That the existing federal-provincial cost-sharing agreements for legal aid be expanded to include legitimate proceedings related to the**

### **Canadian Human Rights Act, brought before federal tribunals and courts.**

**No Money:** This extended eligibility for legal aid will help all low-income complainants, but especially those who are disabled. It is difficult, if not impossible, for many disabled persons to pursue justifiable actions under the Canadian Human Rights Act, because they have no money to pay for legal assistance.

**Cost-Sharing Precedent:** At present, legal aid is provided in appropriate criminal cases throughout Canada.

The Federal Government shares costs with the provinces because the cases come under the Criminal Code. The Canadian Human Rights Act, as a federal statute, the Act shouldn't be eligible for legal aid funding under this same cost-sharing agreement.

**Regulatory Bodies Also:** Complaints and court actions related to the Canadian Human Rights Act would also include cases before regulatory bodies such as the Canadian Radio-Television and Telecommunications Commission (CRTC), and the Canadian Transport Commission (CTC).

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**The daily routines of legal systems throughout Canada tend to ignore the special needs of disabled persons.**



## 17

**PROVIDE  
MINIMUM WAGE  
GUARANTEE  
FOR DISABLED  
PERSONS  
EMPLOYED  
UNDER FEDERAL  
JURISDICTION**

**RECOMMENDATION:**

**That the Federal Government phase in a system whereby disabled persons, employed in sheltered work settings or elsewhere, under federal jurisdiction, will be entitled to receive at least minimum wage under the Canada Labour Code.**

**That the provinces be encouraged to introduce similar measures, following the lead of Quebec.**

**That in all cases there be close co-ordination to ensure appropriate placement of persons either in sheltered work settings, or in adult activity centres (which are not subject to minimum wage requirements).**

**Same Protection:** Under federal law—and in all provinces except Quebec—disabled persons in some circumstances can be paid less than the minimum wage. The Committee feels that this practice should be phased out in all work settings that are under federal jurisdiction. This applies especially to “sheltered work settings” where products and services are sold competitively on the open market. The possibility of paying lower wages can be an open invitation to exploitation or a cover for bad employment practices. It is discriminatory; disabled persons in such circumstances have the same right to protection under the Canada Labour Code as non-disabled persons.

**Distinction:** Sheltered work settings must be distinguished from “adult activity centres”, which provide activities and skill training for those unable to function in a work setting. In these centres, disabled persons are frequently paid an allowance, or a small incentive, for attendance.

**Sensible Phase-in:** It is very important the attainment of this legal right not be gained at the price of people losing their present jobs, or activities. A transition period will be required in which careful attention is paid to the skills of the people concerned, and how they can be best employed.

**Note:** See also Recommendation 37

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**The possibility of paying lower wages can be an open invitation to exploitation or a cover for bad employment practices.**

## 18

**MONITOR  
ADULT  
OCCUPATIONAL  
CENTRES**

**RECOMMENDATION:**

**That, as a condition of cost-sharing under the Canada Assistance Plan, the Federal Government require each province, where it has not already done so, to establish a review mechanism for Adult Occupational Activity Centres which provide daytime activities, not subject to a minimum wage requirement, for those individuals who cannot function in a sheltered work setting.**

**Protection:** “Adult occupational activity centres” are designed to provide stimulation and occupational therapy for individuals who are incapable of gainful employment. There have been serious complaints in testimony presented to the Committee that some centres are not providing quality services to disabled persons. The Federal Government helps to fund these centres through the Canada Assistance Plan. All future funding should now be made contingent upon the provinces establishing mechanisms to monitor the quality of life in these centres.

**Note:** Persons who are dislocated by the implementation of minimum wage must be guaranteed the opportunity to participate in activity centres.

\* \* \* \* \*

# TWO

## EMPLOYMENT



**“Government must place a high priority on expanding meaningful employment opportunities for the disabled. Society can no longer tolerate the massive waste of human resources that is inherent in keeping the vast majority of disabled individuals on the unemployment lines.”**

Canadian Jewish Congress

**“The economic costs of having almost an entire class of citizens out of work are immense; the social costs are even higher. By social costs, I mean the direct cost to the society which must support the disabled individual and the cost to the individual who is denied the dignity of being able to support himself and to make his own contribution to society.”**

Canadian Coordinating Council on Deafness

**“It is generally held that work has a value far beyond the monetary gain and that work can enhance the individual’s self-image and meet a range of personal needs. For many people with special needs, self sufficiency through employment may not be possible but the likelihood of a more creative, fulfilled citizen is increased if work is available to these people.”**

Saskatchewan Coordinating Council on Social Planning.

**“A cultural norm and value of our society is that people work for a living. This is one of the ways people feel valuable; they have a sense of confidence in themselves and achieve a sense of dignity and worth.”**

Canadian Mental Health Association (Manitoba)

## 19

**EXPAND  
AFFIRMATIVE  
ACTION  
EMPLOYMENT  
PROGRAMS FOR  
DISABLED  
PERSONS IN  
THE FEDERAL  
GOVERNMENT**

**RECOMMENDATION:**

That the Federal Government require all Departments, Agencies and Crown Corporations to expand or implement Affirmative Action Employment Programs to include:

- Special orientation, recruiting, training and job advancement plans for disabled persons;
- A timetable for implementation;
- Ongoing review and updating of the Programs;
- Regular reporting to an Affirmative Action Compliance Board charged with the initial approval of the Programs;
- Annual public reports.

**Unacceptably High:** The rate of unemployment for employable disabled Canadians is extraordinarily, and unacceptably high. The precise figure is difficult to determine, but a former Minister of National Health and Welfare, the Honourable Marc Lalonde, estimated this figure to be approximately 50%. A recent publication of National Health and Welfare, stated that the figure was 80%. And COPOH, the Coalition of Provincial Organizations of the Handicapped, suggests that it may range as high as 90%. Whatever the exact figure, there is no doubt that the rate of unemployment for disabled persons is much higher than for the Canadian population as a whole.

**Highest Priority:** The solutions to many other problems faced by disabled persons can only be achieved when more jobs are provided. The Federal Government must make this the highest priority of all policies and programs for disabled persons, and take whatever action is needed to begin removing the obstacles which prevent employment.

**Other Countries:** Many European countries and the United States have established successful programs to solve this problem. The United Kingdom has established a quota system, in West Germany there is a penalty system, and in the U.S. an affirmative action program was established under the Rehabilitation Act of 1973. The Members of the Committee feel that the latter program—affirmative action—would work best in Canada, and efforts have already been made to establish a program within the Federal Government.

**Existing Efforts Limited:** In Canada during the summer of 1980, the Canada Employment and Immigration Commission (CEIC) began to develop and implement an Affirmative Action Program within the

Federal Government. While the Program is well organized and making progress, it has two major limitations:

- **Only Three Departments:** The Program has been undertaken by only three Federal Departments: Employment and Immigration, the Secretary of State and Treasury Board.
- **Only Three Groups:** The Program is directed toward the employment of only three specific groups: women, native persons, and individuals with a physical disability. Persons with any form of mental disability have been excluded.

**Expand Program:** The Committee, based on testimony received in its hearings across Canada, now recommends that this Program be expanded to include all Departments, Agencies and Crown Corporations, and that the Program be expanded to include persons with mental disabilities.

**Counteract Discrimination:** "Mental Disability" is a very broad term which says nothing about a particular person's ability to do a particular job. In the past, the term has been used as a discriminatory practice to eliminate an individual automatically from employment consideration. Special efforts must now be made to counteract the effects of this discrimination. The expanded affirmative action program will enable persons with a history of mental disability to be considered for employment on the basis of their ability to do a particular job.

**Note:** See also recommendation 27.

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## 20

## INCLUDE AFFIRMATIVE ACTION PROGRESS CRITERION FOR EVALUATING GOVERNMENT MANAGERS



### RECOMMENDATION:

That progress in the implementation of the Affirmative Action Programs be made part of the criteria of ongoing evaluation of senior management, including deputy heads, in all Departments, Agencies and Crown Corporations of the Federal Government.

**Management Muscle:** The success of the Affirmative Action Programs in every organization of the Federal Government will depend directly upon the active support it receives from senior management within that organization. If they do not promote affirmative action, then it will surely fail. These senior managers, therefore, must come to view the imple-

mentation of this program as an important objective. For this to happen, each manager's efforts toward the success of the program must become part of the criteria by which his or her overall job performance is regularly evaluated. This is the only way to put muscle into the Program as an effective, day-to-day reality within each organization.

**Evaluating Success:** To be fair to these managers, they must have a yardstick by which to measure their efforts. The Canada Employment and Immigration Commission has been using the following criteria:

- **Department Profile:** The Program is initiated by studying the personnel profile of each individual Department.
- **Comparisons:** The profiles of all Departments are compared with each other. Each is then compared with the profile of the general public.
- **Ultimate Aim:** The ultimate aim is have the composition of each Department reflect, to the greatest extent possible, the profile of the general public.
- **Profile Improvement:** There is a problem in determining the numbers of disabled persons in Canada. At this time, the C.E.I.C. is using gross estimates. This situation will improve as more and better data becomes available.

\* \* \* \* \*

**Each manager's efforts toward the success of the program must become part of the criteria by which his or her overall job performance is regularly evaluated.**

## 21

## BROADEN DEFINITION OF "HANDICAP" IN SPECIAL HIRING PRACTICES



### RECOMMENDATION:

That the Federal Government, in its special hiring practices for the disabled, broaden the definition of "handicap" to include persons who have had a mental disability, or who have a learning disability.

That the Federal Government either broaden the mandate of an existing organization—the Advisory Committee to the President of the Treasury Board on the Employment of the Handicapped—to include representation of persons with mental disabilities, or create a new advisory committee to advise the Federal Government about the needs of persons with mental disabilities.

**Present Exclusions:** In its present special hiring practices, the Federal Government excludes those individuals who have had any form of mental illness, or who have learning disabilities that require special consideration. These exclusions mean

that many Canadian citizens cannot take advantage of a broad range of programs which have been specifically designed to increase the employment opportunities of disabled persons. Some progress has been made for mentally retarded persons, but nothing has been done for those who have a past mental/emotional disability, or who have a learning disability.

\* \* \* \* \*

# 22

## SUPPORT AFFIRMATIVE ACTION PROGRAMS BY PROVIDING TECHNICAL AIDS AND EXPERTISE



### RECOMMENDATION:

That, in addition to making the workplace accessible, the Federal Government undertake specific measures to support the development and implementation of Affirmative Action Programs in the public sector which would include:

- **The establishment of a small bank of basic aids and devices for use by Departments, Agencies and Crown Corporations. This bank should be developed in consultation with disabled persons and their organizations.**
- **The provision of technical and professional assistance in the development of Affirmative Action Programs.**
- **The provision of intervenor or attendant services when necessary.**

**Extra Support Needed:** In some cases, the implementation of an Affirmative Action Program would be of no benefit to a disabled person unless he or she is provided with technical aids, or attendant care. The overall program, therefore, cannot be a realistic effort unless the Federal Government provides the assistance that Departments, Agencies and Crown Corporations will need in order to provide employment opportunities for disabled persons. This assistance will include physical aids and devices, as well as professional and technical expertise.

**Some Examples:** In the case of technical aids there are:

- **Magnification:** Closed circuit television units to provide gross magnification of written material for low vision readers—that is, individuals who have considerable vision, but not enough for normal reading. The two commercial units on the market are VISUAL-TEK and APPOLO. Other persons make use of modifications of their existing television sets.
- **Raised Print:** The OPTACON reader is for totally blind persons. The machine raises print by electronic means, which enables the person to read it by fingertip. This

works only for print, since handwriting cannot be deciphered in this way.

**Affirmative Action Expertise:** There are now consultants whose specialty is the implementation of Affirmative Action Programs within an organization. Their expertise would cover such tasks as redesigning job descriptions so that the organization's bona fide occupational requirements are not grounds for discrimination under the Canadian Human Rights Act. (See Recommendation 2).

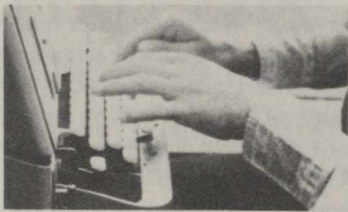
**"Intervenor" Services:** Intervenor services refer to gestural (sign) interpretation, reader services, or the provision of information on cassettes or in Braille for employees who are blind or visually disabled. An "attendant" is a trained person who would assist a disabled person on a regular, but limited, basis in such activities as eating, or personal hygiene. All of these services would be made available within reason, and when other measures are either unavailable or inappropriate.

\* \* \* \* \*

**In some cases, the implementation of an Affirmative Action Program would be of no benefit to a disabled person unless he or she is provided with technical aids, or attendant care.**

## 23

## EXPAND HOME EMPLOYMENT FOR DISABLED PERSONS



### RECOMMENDATION:

That the Federal Government expand to other Departments, Agencies and Crown Corporations the current home employment program operated by the Department of Supply and Services, which provides work at home to disabled persons unable to come to the workplace.

That any individual so employed for 20 hours or more per week be entitled to the same status and benefits available to an employee who works 20 hours or more in the work place.

**Great Hope:** The "home employment" concept offers an opportunity of employment to those disabled persons who are qualified to do a job, but who are unable to travel to work. The Department of Supply and Services has a program which makes it possible for a number of disabled persons to work from their home. There are a variety of jobs,

ranging from clerical/analytical to highly technical, which need not be done on the job site. Without this "home" arrangement, these persons would be unemployed, and would have to receive social assistance benefits.

**Equal Status:** Since these individuals contribute work that is equal in value to that done on the work site, they should receive the same benefits provided to other Federal employees. Naturally, deductions would be made from pay in the same manner as for other public employees.

**Aids and Devices:** These work-at-home employees would also be eligible for technical aids and devices proposed under the Affirmative Action Program in Recommendation 20.

\* \* \* \* \*

The Department of Supply and Services has a program which makes it possible for a number of disabled persons to work from their home. There are a variety of jobs, ranging from clerical/analytical to highly technical, which need not be done on the job site. Without this "home" arrangement, these persons would be unemployed, and would have to receive social assistance benefits.

## 24

## AMEND EMPLOYMENT ACT TO PROTECT FEDERAL EMPLOYEES WHO BECOME DISABLED



### RECOMMENDATION:

That the Federal Government amend the Public Service Employment Act in order to protect Federal employees who have a prolonged absence from work because of disabling illness or injury by:

- Ensuring that such employees are given preferential consideration to return to former or similar employment;
- Providing for transitional arrangements to facilitate the return of these individuals to the workplace;
- Ensuring that such persons have full access to all the services and aids provided in the proposed Affirmative Action Program.

**Policy, But No Law:** At the present time, there is some job security protection, but only as a matter of policy. The policy has no legal force, and is subject to interpretation by each Department or Agency in each individual case. The amendment, when passed, will provide great security for all public employees.

\* \* \* \* \*

# 25

## REQUIRE EMPLOYERS UNDER FEDERAL JURISDICTION TO HIRE DISABLED PERSONS



**RECOMMENDATION:**

That every employer under federal jurisdiction (as defined under the Canada Labour Code) having 100 or more employees be required to undertake an Affirmative Action Program to facilitate the hiring and promotion of qualified disabled persons.

**Under The Code:** A significant number of private employers come under the regulations of the Canada Labour Code. These are enterprises which are governed by Federal regulatory bodies, and include chartered banks, mines, telecommunications companies, and inter-provincial trucking companies. The Committee believes that the Government should take steps to ensure that all employers under the Code with 100 or more employees be required to develop and implement an Affirmative Action Program.

**Assistance:** The programs should be phased in over a number of years. An Affirmative Action Compliance Board would provide employers with experts to assist in developing and implementing the program. The Board would receive complaints from individuals who feel that action is not being taken within a particular company. After investigation, the Board would pass the complaints on to the Canadian Human Rights Commission.

**Note:** See also recommendation 27.

\* \* \* \* \*

**The Committee believes that the Government should take steps to ensure that all employers under the Code with 100 or more employees be required to develop and implement an Affirmative Action Program.**

# 26

## NO FEDERAL CONTRACTS FOR PRIVATE FIRMS UNLESS DISABLED PERSONS ARE HIRED



**RECOMMENDATION:**

That the Federal Government establish a policy of contract compliance which will require that government contracts

- With firms employing 100 persons or more; and
- Where the value of the contract is \$20,000 (indexed to Consumer Price Index) or more,

must contain a clause in which the contractor agrees to adopt and implement an Affirmative Action Program for disabled persons.

**Compulsory:** This should be a compulsory program for large companies which wish to obtain large government contracts. The program is aimed at larger companies because

this is where the majority of job opportunities are found, and where the management and personnel structures can sustain an effective program.

**In Contract:** The program will be established in each case by the terms of the contract. The contractor, as a condition of the contract, would promise to carry out affirmative action. The Affirmative Action Compliance Board would provide guidelines for establishing the program, and whatever expert assistance the employer might need in doing so. The program would not have to be in place before the contract is granted. The Compliance Board would follow up on any complaints, and take necessary action where it is clear that the employer has not fulfilled the terms of the contract.

**Phase-In:** The policy should be phased in over a number of years so that employers can be provided with the guidelines and assistance required to implement an effective program.

**Remedies:** The basis for this program is the spending power of the Federal Government, and the laws governing government contracts with the private sector. Contract remedies, such as holding back part payments, are available to enforce the terms of the contract. The \$20,000 minimum contract should be indexed to the Consumer Price Index. In the United States, the minimum contract figure is \$2500.

**Note:** See also Recommendation 27.

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# 27

## GIVE AFFIRMATIVE ACTION BOARD POWER NEEDED TO MAKE PROGRAM EFFECTIVE



### RECOMMENDATION:

**That the Federal Government establish an Affirmative Action Compliance Board, or designate an existing agency, to exercise authority in the following areas:**

#### Federal Affirmative Action:

- **Develop guidelines and procedures for implementing and enforcing the affirmative action programs described in Recommendations 19 and 25.**
- **Provide consultation and technical assistance to employers carrying out these plans.**
- **Approve plans and monitor implementation.**
- **Report discriminatory practices to the Canadian Human Rights Commission.**

#### Contractors Affirmative Action:

- **Develop guidelines for contract compliance, and provide for exemptions where necessary, as described in Recommendation 26.**
- **Provide consultation and technical assistance as required.**
- **Receive and investigate complaints, and refer them for action to the agency of government involved in the contract, or the appropriate human rights agency.**

**Mandate:** The Affirmative Action Compliance Board would monitor the Program in the public sector, in federally-regulated companies under the Canada Labour Code, and in the private sector. There is no need for a large agency to do this, but rather a small body with the expertise to oversee programs and ensure that they are carried out.

**Expertise/Approval:** The Board should provide Affirmative Action experts to aid employers who need assistance to implement programs. The Board should also approve the plans for Affirmative Action Programs of Federal Government Departments, Agencies and Crown Corporations, and in those private firms regulated under the Canada Labour Code. The Board should not undertake prior approval of contractor's plans—but should confine its activities to receiving complaints, to make spot checks, and to follow up with remedies where programs are not being implemented. This is how the system works in the U.S. under the *Rehabilitation Act of 1973*.

\* \* \* \* \*



## 28

USE SECTION 19  
OF THE  
CANADIAN  
HUMAN RIGHTS  
ACT TO  
PREVENT  
DISCRIMINATO-  
RY PRACTICES



## RECOMMENDATION:

That the Governor in Council pass regulations under Section 19 of the Canadian Human Rights Act, to require non-discrimination terms to be included in all Federal contracts, licenses, and grants.

**Cabinet Power:** A law already exists which can provide disabled persons with powerful protection against discriminatory employment practices. Section 19 of the Canadian Human Rights Act gives Cabinet the power to enact regulations which would set out certain required terms to be included in Federal contracts, licences, and grants. However, at this time, this Section has not yet been utilized.

**Prohibited Practices:** The required terms would prohibit contractors, license-holders and recipients of grants from engaging in discriminatory practices described in Sections 5 to 13 of the Act. These include discrimination in access to goods, services, facilities and accommodation customarily available to the public—and also discrimination in employment, hiring practices or union membership.

**Broad Scope:** This legislation covers virtually all contracts, licenses and grants where individuals, groups or corporations receive government money. The application of this Section of the Human Rights Act would complement the contract compliance policy recommended as part of the Affirmative Action Programs for disabled persons. Combined with proposed changes to the Act recommended in this report, the use of Section 13 would reinforce the legal rights of disabled persons.

\* \* \* \* \*

**Employment is the most urgent need of disabled persons in Canada. At the present time, however, Federal employment policies are formulated without any solid knowledge about disabled persons.**

## 29

ESTABLISH  
SENIOR  
ADVISORS TO  
MINISTER OF  
EMPLOYMENT  
ON NEEDS OF  
DISABLED  
PERSONS



## RECOMMENDATION:

That the Federal Government direct the Minister of Employment and Immigration to establish, within that Department, a group at the most senior level that would be responsible for the development and strategic implementation of policies and programs aimed at the employment of the handicapped.

**No Representation:** Employment is the most urgent need of disabled persons in Canada. At the present time, however, Federal employment policies are formulated without any solid knowledge about disabled persons. There are few specialists in CEIC with this expertise, and fewer to take responsibility to make sure

that programs and services are flexible enough to include persons who are disabled. The establishment of a group of senior advisors will ensure that the Minister of Employment and Immigration is continually informed about the needs of a group in Canada which has the highest rate of unemployment.

\* \* \* \* \*

30

## PURCHASE MORE GOODS AND SERVICES FROM SHELTERED WORK SETTINGS



### RECOMMENDATION:

That the Federal Government give priority in its purchasing policy in order to ensure that a significant amount of goods and services required by Federal Departments, Agencies and Crown Corporations will be provided by firms and organizations established specially to provide employment opportunities to disabled persons. This policy should include such measures as:

- **Ways and means to expand the industrial capacity and competitiveness of these special suppliers, such as long-term contracts and low-interest loans.**
- **“Set Aside” products and services which are exclusive purchasing contracts that will provide an element of security and continuity to this type of organization.**
- **A review process to protect against exploitation of workers within these special organizations and to ensure that the working conditions and environments are adequate.**

**Necessary Shelter:** A sheltered work setting is a specifically designed business organization for disabled persons who would otherwise be unable to find employment. These workshops are the subject of considerable controversy among disabled people. On the one hand, it is clear that many disabled persons need special employment protection. In their present condition, these individuals cannot compete in the regular job market. Until such time as new employment opportunities are opened to them in other workplaces, the existing sheltered workshops are a practical necessity.

**Poor Performance:** On the other hand, it must be recognized that conditions in some workshops are deplorable. Too often they have become charitable institutions rather than business enterprises. Disabled employees are often paid as little as twenty-five cents per hour for producing goods which are then sold at competitive prices on the open market. There is little or no incentive for employees to improve their situation. Instead of being simply a temporary shelter, a workshop frequently becomes a permanent crutch. Staff members often foster an atmosphere of dependence rather than one of growing independence.

**Do It Right:** The Federal and Provincial Governments already have a considerable financial stake in these workshops. In 1979-80 it provided millions of dollars to the workshop network. That being the case, and faced with the necessity of continuing the workshops, the Federal Government should do everything it can to help these organizations become what they were intended to be—business enterprises.

**“Aggressive Purchasing”:** A policy of “aggressive purchasing” would mean that the Government would give preferential consideration to sheltered workshops whenever they can provide goods and services that the Government normally purchases. At the same time, the Government is already reviewing with the Canadian Council of Rehabilitation Workshops new strategies by which workshops across Canada can become more competitive through their own efforts.

**Protect Employees:** Looking past this question of competitiveness, a more basic issue must be addressed, that of the well-being and progress of the disabled employees. The operations of each workshop must be periodically monitored to ensure that employees are not being exploited by their managers, and that the workshop environment provides adequate working conditions.

**Note:** See also Recommendation 17.

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**It must be recognized that conditions in some workshops are deplorable. Too often they have become charitable institutions rather than business enterprises.**

## 31

## MAKE BUSINESS GRANTS AND LOANS AVAILABLE TO DISABLED PERSONS



### RECOMMENDATION:

**That the Federal Government ensure that its industrial development grants and small business loans and other incentives to small businesses and cooperatives, and its programs for industrial and regional development are available to disabled persons and their organizations. To this end, the Federal Government should establish an interdepartmental committee to review the current situation to make specific recommendations to correct the situation.**

**Left Out:** Each year millions of dollars are provided by five Federal Government organizations in the form of grants and loans to stimulate local economies. These five organizations are the Canada Employment and Immigration Commission, the Department of Supply

and Services, the Department of Regional Economic Expansion, the Department of Industry, Trade and Commerce, and the Federal Business Development Bank. Disabled persons, however, see very little of the money that comes from these organizations.

**Losers:** The disabled community loses out on two counts. First, because these programs rarely assist in the development of business enterprises or the establishment of cooperatives run by disabled persons. Second, because these programs rarely generate employment opportunities for disabled persons.

**Review and Correct:** The Federal Government should establish an interdepartmental committee to review the existing programs of these Departments and Agencies as a first step toward actions that will direct some of the money available under these programs to disabled persons.

**Advice:** Present economic conditions have increased the risk of small business ventures. In addition to providing funds, the Federal Government should enlist the cooperation of businessmen, active or retired, to serve as advisors to disabled persons who are starting businesses. The availability of these advisors should be widely publicized, and the advisors themselves should have access to information about low interest loans and technical aids.

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**At a time when several hundred thousand Canadians are out of work, Canadian farmers are forced to import workers from Mexico and the Carribean in order to have dependable help.**

## 32

## EXPLORE AGRICULTURAL JOB OPPORTUNITIES FOR DISABLED PERSONS



### RECOMMENDATION:

**That the Federal Government explore with the Provinces and farm organizations, ways to increase the employment opportunities for disabled persons in the agricultural sector.**

**More Sensible:** Each spring and summer Canadian newspapers feature articles about job shortages in Canadian cities alongside articles about labour shortages on Canadian farms. At a time when several hundred thousand Canadians are out of work, Canadian farmers are forced to import workers from Mexico and the Carribean in order to have dependable help. In several European countries, on the other hand, governments have managed to place thousands of disabled persons, most

of them mentally disabled, in agricultural jobs. The Federal Government should study these European programs as a first step toward increasing job opportunities for disabled Canadians.

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# 33

## IMPROVE SERVICES TO DISABLED PERSONS AT EMPLOYMENT CENTRES



### RECOMMENDATION:

**That the Federal Government increase the effectiveness of its services to disabled persons by implementing the following measures;**

- Accelerate the current program to make all Canada Employment Centres (CEC) accessible by December 31, 1983.
- Increase substantially the number of Special Needs Counsellors across the country; however, disabled persons should not be obliged to use these counsellors exclusively, but

may use the full range of regular services.

- Ensure that all CEC personnel are exposed to orientation or training sessions.
- Ensure that in the personnel evaluation process special recognition be given to counsellors placing disabled persons in jobs.
- Ensure that the services provided by the major CECs are available to the visually and hearing impaired.

**More Improvement:** Among groups of Canadians who are able to work, disabled persons have the highest unemployment rate. The Canada Employment Centres are designed to assist all persons who are seeking employment. Yet in many cases the facilities and services provided make it difficult for disabled persons to use them. The Canada Employment and Immigration Commission has made considerable improvements in recent years in its delivery of services to disabled persons. There is much that still needs to be done, however, and it needs to be done quickly. The best and fastest route to improving services lies in direct consultation with disabled persons and their organizations and, then, by using the information that they provide as the basis of orientation sessions for employment counsellors.

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**Among groups of Canadians who are able to work, disabled persons have the highest unemployment rate.**

# 34

## INCREASE COORDINATION BETWEEN GOVERNMENT AND PRIVATE SECTORS REGARDING EMPLOYMENT



### RECOMMENDATION:

**That the Federal Government improve the programs and services to disabled persons by implementing the following measures:**

- Establish an Advisory Committee on Employment of Disabled Persons in the Private Sector, with representation from business, government and labour. This Committee should advise the Minister of Employment and Immigration on all matters relating to training, placement and job creation which fall within the Minister's mandate; similar committees should be established in each region and at the local Canada Employment Centre (CEC) level;



# CRAIG OSTOPOVICH MICHAEL VORONSTOV

Toronto, Ontario

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**“There are no advantages to being deaf.”**

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**Craig Ostopovich, who lives in Toronto, was born profoundly (completely) deaf. His step-brother, Michael Voronstov, is a hearing person born of deaf parents. He learned sign interpretation as a child and now assists Craig to communicate with hearing persons. Michael also served as a sign interpreter with the Special Committee in its public hearings. The following text represents both his thoughts and those of Craig:**



I am a hearing child of deaf parents, and that makes me quite unusual within the deaf community. My father married for a second time after I was born, and Craig and his sister were born out of this second marriage. My step-mother was quite ill while they were children, and died more than ten years ago. So I have literally been raising the children and running the household for as long as I can remember. This experience makes me uniquely

valuable to other deaf people besides my own family. They look upon me as a wonderful interpreter, and as a strong advocate for their rights in the hearing community. There are very few people that they trust to be their advocate, but I am one of them.

Craig's great obstacle is lack of communication with hearing people. It keeps him away from education, away from sports, and away from many everyday situations that hearing people take for granted. This is the greatest obstacle that all deaf people face.

He is special because he lives with a deaf family, and with his sister and me who are skilled in sign language. So Craig always had a great deal of communication at home. For him, deafness is a very natural thing, and for the longest time he felt sorry for hearing people because they couldn't use sign language. We really encourage this attitude in him.

**“Craig's great obstacle is lack of communication with hearing people.”**

He has a very inquisitive mind. If you spent a day with him, he would drive you crazy by early afternoon with all of the questions he asks.

Again, this is something that we have deliberately encouraged. The frustrating thing is that he doesn't

have the language to ask the question which he has formed in his mind. Other than gesturing, he just can't get it out. Sometimes he gets so frustrated that he screams at me, “Why don't you understand me?” I just calm him down and ask him to explain it a little better.



Craig really has three levels of sign language. He has one that he has learned to use at home, mainly from his parents. It consists of gestures that we have all learned over the years. At school, he learned another kind of SEE, which stands for Signing Exact English. This is a manual code for the English language which most educated deaf people learn to use. Then he has a third one called Childrenese, which is a sign language which deaf children develop for themselves. It's a local slang that differs from school to school. Sometimes when Craig's

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deaf friends are over to the house, I will see him use all three languages. It's sometimes difficult for me to express something to them in SEE, so I use SEE to tell Craig what I want. He then translates to SEE into Childrenese to them. When he gets their reply, he translates it back to me in our family sign language. It's beautiful to watch this whole conversation take place.

There are no advantages to being deaf. You are denied so much, especially in education. Did you know that deaf children are not taken on field trips to the forest, or to the ballet, where there are so many amazing and beautiful things to see. Ballet, especially, is so full of motion and visual excitement. We have taken Craig every year since he

was seven to see the Nutcracker Suite, and he loves it. All the movement, and glitter and sparkle. If we have done anything, it's to teach him to appreciate beautiful things, to get as much value as possible out of what he can see.

But it makes me incredibly sad to think about how much he misses because our society is not open to deaf people. I get angry because we do so much with him at home, but he gets so little from his schooling. He sits and vegetates in school. It's such a waste of time, and it doesn't have to be that way. The Americans really know how to teach deaf children, but up here they don't.

I can tell you right now that I would not be working with deaf

organizations if it were not for Craig. I want him to grow up into a world that has many more opportunities than the one his parents knew. I have been offered a job at Gallaudet College in Washington, D.C., which is the finest school for deaf persons in North America. In fact, Washington is a real Mecca for deaf people. That's where you will find successful deaf doctors, deaf lawyers, and persons who have succeeded in all sorts of other careers. But I live in Toronto, and I want Toronto to become the same kind of Mecca for deaf persons in Canada. I'm involved as an advocate for deaf rights, because I want to make this a better place for Craig and all the other deaf kids that come along. ●

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**“He felt sorry for hearing people.”**



# BILL SELKIRK

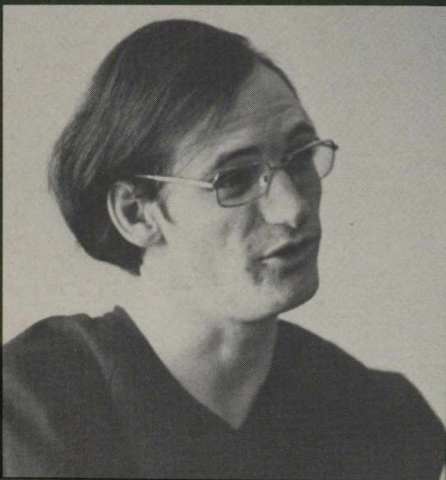
Ottawa, Ontario

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## “Now I have to be conscious of people.”

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I am a quadraplegic as a result of a car accident in 1973. Five minutes after my accident I knew I was paralyzed. I woke up in the car and couldn't move because I had broken my neck. Curiously enough, at the time, the implications of paralysis didn't hit me. My first thoughts were: What the heck, I can still live.



For about a year I was busy learning all sorts of ins and outs involved with being a quad—a whole set of new skills for living in a new way. But then it hit me. I realized fully that I couldn't move or do anything. I went into a big depression wondering what was going to happen to me. That's when I had to make a fundamental decision: Was I going to be crippled for the rest of my life in a chronic care hospital, or was I going to go out and do things? Was I going to be a normal person?

**“My first thoughts were, ‘What the heck, I can still live.’”**

Most “normal” people are pretty good in their attitudes toward my disability. They understand that there is a problem, and they just stand by in case I need any help. But there are a few who go overboard and try to do everything. And there are others who automatically associate your physical disability with a mental problem. When that happens, I get very angry inside, because the two should not be associated. The worst treatment always results when people don't give me a choice. If I go out to a restaurant, I'm automatically put where they want me, not where I might choose to be. If I go out to a store, the clerk has to do everything, instead of asking me if I need assistance. There are always some people who don't want me to lead a normal life.

**“The worst treatment results when people don't give me a choice.”**

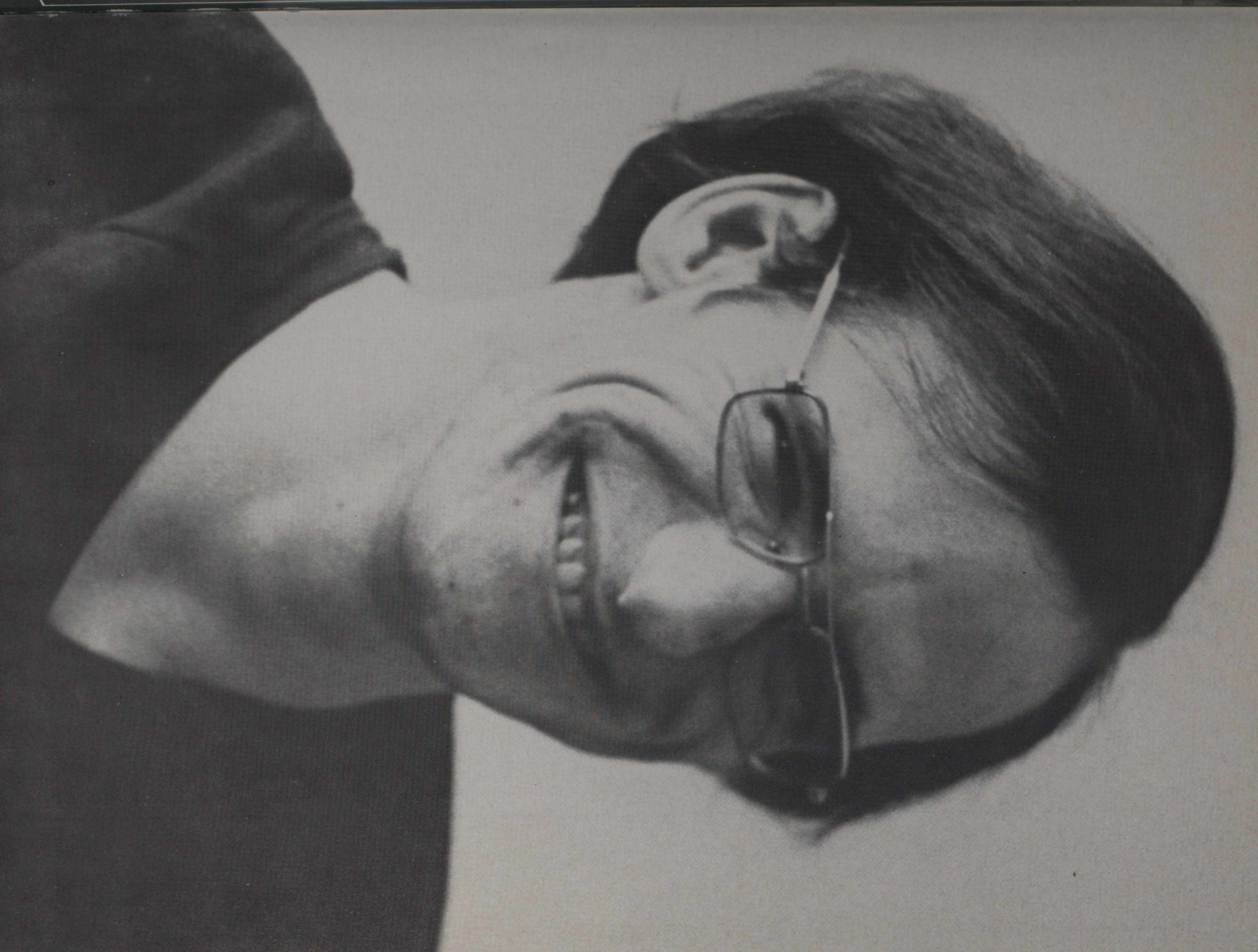
The biggest change in my life since the accident has come in my attitude towards other people. I know now why there are such things as sharing. Before the accident I didn't really have to deal with people. I could go off by myself and do whatever I wanted, so people didn't really have any control over my life. Now I have to be conscious of people with me. I have to understand what they expect, and I have to take that into consideration whenever I want to do something. There must always be compromises and adjustments.

There are many things that I'll never be able to do because of my disability. I try not to frustrate myself thinking about them. I concern myself with the present and forget about the past. Every once in a while, though, I start working on something which, though it seems impossible now, might work out in the future. Before my accident, one of my aspirations was to be an air traffic controller. After my accident I phoned to find out what the qualifications were. I was told that I could do all the qualifying in the world, it wouldn't matter because I would never pass the physical. Nor would I be able to get up to the tower because none of them have elevators. So I forgot about it for a while.

Since then, however, I have found out that I can learn to use computers, in spite of my disability. I am now planning to apply computers to radar technology, which, of course, is essential to air traffic controllers.

So, while I can't pass the physical to be an actual controller, I can still be involved in an important way. It's a compromise, but nevertheless, it is almost as though I am achieving my goal. ●





# MELANIE WISE

LOU WISE

Toronto, Ontario

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**“Our greatest obstacles  
have always been  
professional ignorance  
and negative attitudes.”**

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**Lou Wise, who lives in Toronto, provided the following comments about the experiences that he and his wife have had in caring for their daughter, Melanie.**

Our daughter Melanie is a profoundly mentally retarded person, now almost 21 years old. As well as being retarded, Melanie is also “autistic”, which in simple words means that she is totally withdrawn into herself. She has never directly communicated with us. There is no eye contact, she has no speech. In addition to that she suffers from epileptic seizures, often as many as twenty a day. Because of this, she is on heavy medication, more than twenty-five pills a day.



At an earlier age, Melanie was very self-destructive. Between the ages of

five and thirteen, Melanie was an almost constant “head banger”.

During one period observation, she banged her head against the floor almost 100,000 times in just over two weeks. We believe this came from a sense of frustration, because there was no other way for her to communicate. Naturally, this has done her damage, perhaps great damage. During that period, her forehead was constantly bruised and bleeding. During the worst of it, she had a severely puffed up forehead, and her eyes were totally blackened.

When Melanie was one, we realized she was slow. At the age of two, she was diagnosed as retarded. At that period in Melanie’s life my wife and I didn’t know what to do, who to turn to, or what kind of future Melanie would have. For the past twenty years, we have been learning more about her condition, but also about the incredible obstacles that parents face who have a child like Melanie. Since then, there has been a lot of progress made in caring for this handicap. In a few particular situations, we have had something to do with bringing it about.

I don’t hesitate to express my views, which are often angry ones. Over the years I’ve written quite a few letters to people at various levels about the problems we have encountered, and I have been criticized strongly for

doing this. But I don’t intend to change, because if I can’t get something done through normal channels, then I will find other ones. It shouldn’t be necessary to go through all that we have gone through, and many parents have done the same but the attitudes of some of the professional decision-makers in the field have left us with no other choice.

**“She banged her  
head against the  
floor almost  
100,000 times in  
just over two  
weeks.”**

I would say that our greatest obstacles have always been the ignorance and negative attitudes of those people who are often in charge of programs for the mentally retarded—and these are the people who should know better. Not all of them, of course, because there have been some remarkable people who have helped us. But on the negative side, we so often ran into a stonewall whenever we would seek some help. So many professionals and others would say, “There is nothing you can do for a child as severely handicapped as she.” Too often we faced closed minds, and closed doors.



## “If you know what to do, anybody can do it.”

The greatest exception to this attitude came in 1972 when we took Melanie to London and met Dr. Dieter Blindert at the Children's Psychiatric Research Institute. We received a very early impression that he was very open with parents, and in effect invited us to be part of the solution. Before this we always had the feeling that M.R. counsellors and supervisors kept us at arm's length. Not just us, but all parents. Yet our first day in London, Dr. Blindert asked us, “What can you tell me about Melanie, what does

she do?” In the first twelve years of our efforts to help her, he was the first person to say to us, “Tell me about your child.” This has always struck me as incredible, and still does.

I think that another way that Dr. Blindert was extremely helpful is that he taught my wife and me how to take care of Melanie at times when professional assistance was not available. He always told us, “If you know what to do, anybody can do it.” Before this, most others seemed to ignore the fact that not only did



we have a great stake in Melanie's future, but that as her parents, we had come to know her quite well and could provide a lot of information that might somehow benefit her.

Working with Melanie over the twenty years has involved us in a constant effort to provide her with stimulation, to bring her out of herself. She does respond to music, to circular motion, to physical shapes, and to certain kinds of food. Years ago, we often played a record of a guitar concerto by Rodrigo, a Spanish composer. Melanie loved it, and would put her head next to the stereo speaker. The record was subsequently misplaced, and it was two or three years before I was able to find a replacement, this time on a tape cassette. When I played it after all this time, Melanie immediately responded as she had done before, and in a way that she does with no other music. So we feel very strongly that she recognizes and enjoys this particular piece. And she obviously remembered it after not having heard it for a very long time.

Melanie is now regressing, and responds to fewer stimulations than she did five years ago. Part of the

reason may be the damage she did during her head-banging period. You can imagine what this must have done to her brain. It's a very delicate organ, so you can see what a hundred thousand knocks against the floor would do to it. But part of the reason is also a result of the large amount of medication she must take each day.

Our greatest regret and our biggest source of satisfaction comes from the many difficulties that we have faced along the way. There have been so many obstacles which were simply a result of indifference and ignorance, not because of technical problems. There are breakthroughs being made with severely retarded children in other parts of the world. But we ran into people who did not want to hear about them. So much of the opposition we faced was totally unnecessary.

When I look at other young children who are now where Melanie was in the early 60's, I regret that we did not have the opportunities and facilities that are now available to these children and their parents. On the other hand, I know that many of our efforts, and the efforts of some

others, especially the work that Dr. Blindert was able to do with her to bring about behaviour modification, have helped to bring about change that was badly needed and which must continue if children like Melanie are going to be given the chance to make the most of their potential, however limited that may be.

### **"The progress that is possible."**

My hope for the future of this whole field is that professionals will begin to keep themselves abreast of the progress that is possible. This will help to make it possible for parents to receive assistance right in their own communities. For this to happen, however, people in decision-making positions, especially those in charge of the institutions and associations, must overcome their ignorance, and their indifference. When that happens, we will then find the money that will help to provide the best possible quality of life for the most severely handicapped children and young people and we will begin to change public attitudes toward them. ●



- The Federal-Provincial Manpower Needs Committee be asked to play a coordinating role between the two levels of government and the private sector to increase the opportunities for employment of disabled persons in the private sector.

**Constant Need:** Many employment problems facing disabled persons can be attributed to a lack of coordination between governments and the private sector. Job opportunities are lost simply because disabled persons are not informed about them. The new advisory committee would ensure that the Minister of Employment and Immigration is informed of the needs of disabled persons in the private sector. The committee should be made up predominantly of disabled persons and representatives from their organizations, but also include representatives from business, government and labour.

**Fulfill Mandate:** The Federal-Provincial Manpower Needs Committee exists expressly for the purpose of coordination. To ask for better efforts on their part is simply to emphasize their original mandate. The Federal Government should take whatever steps are necessary to make sure that the mandate includes finding greater employment opportunities for disabled persons.

\* \* \* \* \*

Many employment problems facing disabled persons can be attributed to a lack of coordination between governments and the private sector.

# 35

## GIVE HIGHER PRIORITY TO NEEDS OF DISABLED PERSONS IN SPECIAL PROGRAMS



### RECOMMENDATION:

**That the Federal Government give higher priority to the needs of disabled persons within the following programs;**

- Industrial Training Program—Special Needs;
- Local Employment Assistance Program (LEAP);
- Grants and contributions to organizations of the disabled;
- Community Services Program;

In addition, the Federal Government should:

- Continue the Employee Tax Credit Program for employers embarking upon Affirmative Action Programs;

- Revamp and expand the Outreach Program to make it more responsive to the disabled community and to ensure longer-term financing;
- Ensure that summer employment programs, student trainee programs and job creation programs allow for the particular needs of disabled persons in their funding arrangements.

**More Needed:** At the present time, the Canada Employment and Immigration Commission has developed several first class training and employment programs. But more are needed to satisfy the needs of disabled Canadians. A key to progress in this area will be to reinstate the Employee Tax Credit Program, thereby providing employers with greater incentive to hire and train disabled workers.

**“Outreach” Programs:** “Outreach” is an innovative concept which enables community groups to develop their own employment opportunities. The present policies should be revised to allow for longer term financing, as is currently possible in the Canada Farm Labour Pool System. Special consideration should be given to groups of disabled consumers who are planning and developing their own employment projects.

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“Outreach” is an innovative concept which enables community groups to develop their own employment opportunities.

## 36

## PROTECT EMPLOYEES IN PRIVATE INDUSTRY WHO BECOME DISABLED



### RECOMMENDATION:

That employers and labour unions in the private sector be encouraged to ensure that disabled workers are provided employment opportunities, income and job security, by including measures in personnel policies or collective agreements to this end, such as:

- Special re-training plans;
- Transitional arrangements, including training or retraining, to facilitate return to the workplace;
- Preferential arrangements or guarantees to ensure return to a former job or suitable alternative.

**Difficulty:** Workers who are injured on the job are provided some protection under existing federal and provincial legislation. However,

individuals who are disabled outside of the job or who have a prolonged absence due to illness or injury have difficulty in entering, or re-entering, the work force.

**Private Initiative:** The Federal Government can take direct action to protect employees who become disabled within the public service. In the private sector, however, this kind of employment security depends more upon the initiative of employers and labour unions. Both groups have an incentive to assist disabled employees, if only for public relations purposes. Among the general public, it is no longer acceptable to ignore the needs of employees who are unable to work for a prolonged period because of illness or injury. Regardless of where ultimate responsibility lies, both employers and labour unions are held accountable in the public eye for the protection of disabled employees.

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**Among the general public, it is no longer acceptable to ignore the needs of employees who are unable to work for a prolonged period because of illness or injury.**

## 37

## REPLACE VOCATIONAL REHABILITA- TION OF DISABLED PERSONS ACT (VRDP)



### RECOMMENDATION:

That the Federal Government replace the Vocational Rehabilitation of Disabled Persons Act (VRDP) with new legislation which will enable it to share in the costs to the provinces of providing a comprehensive range of employment services to disabled persons, including prevocational services, the vocational rehabilitation services now covered under VRDP, job creation activities and services to help maintain employment;

That sheltered workshops or similar work settings funded under this legislation pay the provincial minimum wage to their disabled workers and that their boards include a substantial number of disabled persons or their representatives;

That, as a condition of funding, the Provinces be required to establish an independent agency, where they have not already done so, to monitor the conditions in sheltered settings and that this agency include representatives from the disabled community, parent groups, business and organized labour;

That this legislation be administered by the Canada Employment and Immigration Commission to ensure closer integration with the Commission's programs and services; and

That the Federal share under the legislation vary according to the province's economic situation as measured by its unemployment rate and the number of persons on social assistance.

**Milestone Legislation:** When the VRDP Act was adopted in 1961, it was ahead of its time and enabled the Federal Government to stimulate and support a comprehensive range of vocational rehabilitation services which benefited thousands of disabled persons.

**Shortcomings:** Because VRDP is limited to disabled persons that have an identifiable vocational goal, it is not designed to assist children, particularly the learning disabled, who drop out of the school system before the regular school learning age.

**Maintain Employment:** Another major weakness with VRDP is that it does not allow for a continuum of support to remain on the job. There is a need for a range of services for severely disabled persons such as technical aids, attendant services, reader services and sign interpreters to assist disabled persons on the job.

**High Unemployment:** The high unemployment rate among the disabled population is proof enough

that jobs are sorely lacking despite the many programs to create jobs. Additional incentives are required to self-help groups and others to generate employment opportunities for disabled persons.

**Sheltered Settings:** Some individuals will continue to need a sheltered work setting. It is important, therefore, than in federally funded settings workers be provided protection and benefits comparable to those available to the ordinary worker.

**Note:** See also Recommendations 17, 18, 30.

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# 38

## IMPLEMENT AFFIRMATIVE ACTION PROGRAM IN NEW POST OFFICE LEGISLATION



### RECOMMENDATION:

That legislation replacing the Post Office Act include provisions requiring the Post Office to implement an Affirmative Action

**Employment Program, and to adopt a policy of purchasing a significant amount of goods and services from firms and organizations established specifically to provide employment for disabled persons.**

**Useful Work:** There are existing organizations which hire disabled persons, especially those who are mentally retarded, to deliver some forms of municipal mail. These organizations fear that the new legislation will eliminate the opportunities for disabled persons to do this useful work. The Committee believes that these organizations should be permitted to continue operations, either as presently set up, or by means of special contracts for goods and services with the Post Office.

**Other Opportunities:** The Post Office should also undertake an Affirmative Action Program to provide employment opportunities in other jobs throughout the organization.

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**There are existing organizations which hire disabled persons, especially those who are mentally retarded, to deliver some forms of municipal mail. These organizations fear that the new legislation will eliminate the opportunities for disabled persons to do this useful work.**

# THREE

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## INCOME

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**“The abundance that characterizes our nation is sufficient to assure that all Canadians enjoy a standard of living that will enable them to live in dignity and some degree of personal comfort.”**

**Family Support Group, Winnipeg**

**“A problem inherent in the system is that there is little incentive for people on social assistance to become independent through vocational rehabilitation. In fact our taxation system on earnings penalizes a person on social assistance who is trying to move into full time work and become self-supporting.”**

**Canadian Rehabilitation Council for the Disabled**

**“Ensuring an adequate level of income for the disabled is probably one of the most effective ways of enhancing their sense of respect and dignity. All levels of government and voluntary sectors must play an active role in meeting the disabled person’s income needs.”**

**Regional Municipality of Peel, Ontario**

**“Welfare payments contain limitations on earnings which prevent people from working their way gradually from full welfare to full independence and employment; yet the extra costs of working with a handicap are so great few can make the jump directly.”**

**Dr. Helen J. Morton, Ottawa**



## 39

## ESTABLISH DISABILITY INSURANCE PROGRAM



### RECOMMENDATION:

**That the Federal Government gradually establish a Comprehensive Disability Insurance Program which would be integrated with the present system of Canada Pension Plan/Quebec Pension Plan (CPP/QPP) benefits and which would:**

- Eventually cover all disabled employees, spouses and dependents;
- Be actuarially sound and paid for out of an expanded premium structure and CPP/QPP;
- Be indexed to the Consumer Price Index.

**Living Death:** Within the insurance industry disability is called "living death" because the family of the disabled person is deprived of a regular income as if the person were dead, but are left with equal or greater expenses because the person is still living. Between ages 35 and

65, the chances of an employee becoming disabled for an extended period of time are four times higher than the chances of a person dying. Without some kind of comprehensive disability insurance protection, it is clear that many disabled Canadians and their families will face severe financial hardships.

**Program Coverage:** The recommended Program should provide immediate regular income equal to a full pension, to offset the extra costs which are attributable to the person's disability, and to subsidize any special requirements which would enable the person to work again. The Program should provide some form of penalty for an employer who is unwilling to retain an employee who becomes disabled.

**Encouragement:** The most successful disability plans within the private insurance industry are those which facilitate rapid rehabilitation and re-entry into the workplace. The proposed Program should provide incentives to the disabled person to encourage maximum rehabilitation and re-entry. Along these lines, special attention should be paid to integrate these efforts with the provincial Workmen's Compensation Programs.

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**The most successful disability plans within the private insurance industry are those which facilitate rapid rehabilitation and re-entry into the workplace.**

## 40

## EXPAND CANADA PENSION TO AID DISABLED PERSONS



### RECOMMENDATION:

**That the Federal Government, as a first step towards a Comprehensive Disability Insurance Program, expand the Canada Pension Plan as follows:**

- To increase the "flat rate" component of the disability pension to an amount at least equal to that of the Quebec Pension Plan;
- To change the definition of disability so that it will exclude fewer people;
- To allow earnings on a sliding scale while in receipt of benefits;
- To provide for special needs for disabled pensioners.

**Immediate Steps:** Until the new Comprehensive Disability Insurance Program takes effect, greater insurance should be provided to disabled employees by improving the Canada Pension Plan.

## 41

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**PROVIDE  
TEMPORARY  
ASSISTANCE TO  
OFFSET COSTS  
INCURRED  
BECAUSE OF  
DISABILITY**

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**RECOMMENDATION:**

That, until the Comprehensive Disability Insurance Program takes effect, the Federal Government help offset the costs incurred due to disability, by sharing with the provinces the costs for an income tested flat-rate disability supplement, under the Canada Assistance Plan.

That consideration be given to the implementation of a cost-sharing formula for the disability supplement which would allow for varying federal contributions depending upon the province's financial situation.

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**Extra Costs:** A disabled person can incur significant extra costs which result directly from the disability. Clothes wear out more quickly, taxis

**Quebec Better:** Under the Quebec Pension Plan, disabled employees receive monthly benefits starting at \$146.78, with a maximum of \$330.11. Under the Canada Pension Plan, the flat rate is \$57.25, with a maximum of \$240. The difference between the two plans is entirely attributable to the starting, or "flat" rate. The Canada Pension Plan's flat rate should be made equal to that of the Quebec Plan.

**Stringent:** The Canada Pension Plan has a very stringent definition of "disability" which can only be applied to persons who can never again be gainfully employed. This excludes all of those persons who are too disabled to work at the present time, but who eventually may be able to re-enter the labour market on a full or part time basis. The definition of "disability" under the Plan should now be expanded to include them.

\* \* \* \* \*

**A disabled person can incur significant extra costs which result directly from the disability. Clothes wear out more quickly, taxis must be taken more often, attendant care may be required. There are also the costs of aids and devices which are not covered by existing programs.**

must be taken more often, attendant care may be required. There are also the costs of aids and devices which are not covered by existing programs. The Canada Assistance Plan does not provide funds to cover these extra costs for a person on a low or limited income. On the other hand, attempts by the disabled person to correct this situation through employment usually endangers his or her eligibility under the Plan. Not only might the basic allowance be lost, but also the free medical, drug and dental benefits that are provided.

**"Income Tested":** The Committee recommends that a supplementary allowance be provided to enable disabled persons to offset their extra costs. This supplement would be "Income tested", that is, based on the person's income. Above a certain level of earnings, the person would not be eligible.

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**Attempts by the disabled person to correct this situation through employment usually endangers his or her eligibility under the Plan. Not only might the basic allowance be lost, but also the free medical, drug and dental benefits that are provided.**

## 42

## MODIFY CANADA ASSISTANCE PLAN TO AID DISABLED WORKERS



### RECOMMENDATION:

That, until the Comprehensive Disability Insurance Program takes effect, the existing Guidelines under the Canada Assistance Plan be modified as follows:

- The Liquid Asset Exemption should be substantially increased to allow for the additional costs related to a disability;
- The Earnings Exemption should be increased to enable a permanently disabled person who is working part-time to retain a larger share of his or her earnings;
- The Earnings Exemption Guidelines should allow for a longer transition from social assistance to employment, taking into account the nature of the disability, up to a period of two years.

**“Rainy Days”:** The Liquid Asset Exemption says that a person who is receiving Canada Assistance benefits may keep only a certain amount of savings in the bank for a “rainy day”, that is, for emergency purposes. A ceiling is placed on savings to guard against a person living off the benefits while stockpiling money from other sources. The ceiling, established by the provinces, is \$1,500 for individuals and \$2,500 for families. The Committee recommends that this ceiling be substantially raised in the case of disabled persons, who are confronted with extra and unexpected costs arising from their disability.

**More Earnings:** For the same reason, the Committee recommends that the Earnings Exemption be raised and extended for disabled persons who are employed part-time. Ordinarily, a person is eligible for benefits only if his or her earnings are below a certain level. Disabled persons need more money and they also need more time to secure new employment.

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**The mere fact of being institutionalized automatically casts a disabled person further into a dependent role, in which he or she can exercise few personal decisions.**

## 43

## PROVIDE CASH ALLOWANCE FOR PERSONAL NEEDS TO DISABLED PERSONS IN INSTITUTIONS



### RECOMMENDATION:

That the Federal Government discuss, with the Provinces, the provision of a minimum personal allowance to institutionalized disabled persons; that this allowance be an amount which adequately meets basic personal needs, and that it be indexed to the cost of living.

**Small Choices:** The mere fact of being institutionalized automatically casts a disabled person further into a dependent role, in which he or she can exercise few personal decisions. One small exception to this lies in the possibility of purchasing personal items such as toothpaste, candy, newspapers, and magazines. It's not much, but at least the person can exercise a free choice in these mat-

ters, and not be accountable to the institution's regulations and schedules.

**Maybe Yes, Maybe No:** This opportunity, however, for many disabled persons depends upon a "comfort allowance" which may or may not be provided. Under the cost-sharing agreement with the Federal Government, provinces *may* pay a personal allowance to persons in need who are residing in a hospital or a home for special care.

**"Charity":** In some cases, this allowance is sent to the institution, rather than to the individual. In other cases, the individual is required by the institution to sign over this allowance as a condition of residence. The sums involved may vary from \$30 to \$90, depending on the province. But many disabled persons say that after extra expenses such as laundry that they end up with as little as \$9 per month. Whatever the arrangement or amount, many disabled persons find this "comfort allowance" demeaning in the way it is provided, because it smacks of "charity" on the part of the institution—when in fact, the funds are provided by the Provinces and the Federal Government.

**Make it Uniform:** Human dignity is a crucial issue for disabled persons. This personal allowance should not be another instance where they are made to feel inferior. The Committee recommends, therefore, that the Federal Government and Provinces agree to provide a minimum allowance which goes directly to all disabled persons in institutions.

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# 44

## PROVIDE EXTENDED BENEFIT PERIOD TO DISABLED WORKERS WHO ARE UNEMPLOYED



### RECOMMENDATION:

**That, until a Comprehensive Disability Insurance Program takes effect, the Federal Government amend the Unemployment Insurance Act to:**

- Provide an extended benefit period for unemployed disabled workers in addition to their basic entitlement;
- Increase the amount paid to an unemployed disabled worker from the current rate of 60% of an average weekly wage to 75%, in consideration of the extra costs incurred by the person in searching for new employment.

**Greater Difficulties:** Unemployed workers who are disabled face greater problems and costs in securing a new job than do workers who are not disabled. In many instances, the disabled person is forced to pay taxi fares to attend job interviews which non-disabled persons can travel to on foot, by public transit or by personal car. The time involved for each job interview is much greater for the disabled person. This cuts down on the number of possible interviews, and lessens the ability of the disabled person to respond quickly to a new job opening.

**Common Sense:** The Committee sees it simply a matter of fairness and common sense to provide extra assistance to unemployed disabled workers. The proposed Disability Insurance Program would provide this protection. Until it takes effect, the Unemployment Insurance Act should be amended as a temporary measure to provide the required assistance.

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**In many instances, the disabled person is forced to pay taxi fares to attend job interviews which non-disabled persons can travel to on foot, by public transit or by personal car. The time involved for each job interview is much greater for the disabled person.**

## 45

## PROCEED WITH PENSION CONFERENCE BEFORE THE END OF 1981



### RECOMMENDATION:

That the Federal Government proceed with the proposed Pension Conference and that it be held before the end of 1981.

That the background papers prepared for the Conference be available to the general public.

That the Conference examine all aspects of disability insurance, including the practice of reducing benefits under private plans where a beneficiary is, or becomes, entitled to benefits under a public plan.

**Confusion:** The sale of pension plans both to individuals and to groups is one of the fastest growing product areas within the private insurance industry. It is also one of the most confusing subjects to understand for many consumers. The plans differ from one insurance company to the next, and from one customer to

another. There are different terms, different rates, different types of coverage, and different exclusions. As a result, disabled persons are faced with a mountain of confusing and sometimes conflicting information about a subject that is of vital importance to their income.

**Proceed:** A Federal Government sponsored conference to clarify the pension policies and practices of the Canadian insurance industry has already been planned, but then was postponed. The Members of the Committee feel that this is a topic of great importance to all Canadians, but especially to disabled persons. The Federal Government, therefore, should proceed with the Conference as planned. It is important that the agenda deal specifically with all aspects of disability plans, since these directly affect the income of many disabled persons. The Conference should be organized and held before the end of 1981.

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There are different terms, different rates, different types of coverage, and different exclusions. As a result, disabled persons are faced with a mountain of confusing and sometimes conflicting information about a subject that is of vital importance to their income.

## 46

## AMEND INCOME TAX ACT TO OFFSET COST OF DISABILITY



### RECOMMENDATION:

That, in order to help offset the cost of disability, the Federal Government amend the Income Tax Act as follows:

That the current flat rate deduction be replaced by a disability deduction whereby a person may claim for himself/herself or a dependent the full cost of goods and services directly attributable to a severe and prolonged disability;

That those goods and services currently included in the medical expenses deduction and which are clearly attributable to a severe and prolonged disability be transferred to the proposed disability deduction; and

That a severe and prolonged disability refers to those persons who live at home and:

- Are covered presently by a flat rate deduction, or

- Are deaf or have a major hearing loss, or
- Are in receipt of full disability benefits under the Canada Pension Plan, Quebec Pension Plan, Department of Veterans Affairs or Workmen's Compensation, or
- Are or were registered in a provincial vocational rehabilitation program for disabled persons funded by the Federal Government.

or

That a refundable tax credit be provided if the disabled person's income is too low to take advantage of the entire deduction.

**Expanded Coverage:** Disabled persons often lose much of their income at a time when basic expenses are significantly increased. The Income Tax Act should now be amended to assist disabled persons in carrying these extra costs. The amendment would expand the number of persons who can apply for a disability deduction. It would also reflect more accurately all of the extra costs that are directly attributable to a disability.

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A private home owner who renovates his dwelling to make it accessible for a disabled person, receives no tax break.

# 47

## AMEND INCOME TAX ACT TO ENCOURAGE HOME OWNER RENOVATIONS



### RECOMMENDATION:

That the Federal Government amend the Income Tax Act in order that a home owner may claim the following:

- A deduction based on the actual cost directly related to making a dwelling more accessible.
- A refundable tax credit, if no deduction or only a partial deduction, was available because the home owner's taxable income was too low to take advantage of the entire deduction.

**Fairness:** Other recommendations in this report call for tax deductions to encourage accessibility in work places and revenue-earnings dwellings. But a private home owner who renovates his dwelling to make it accessible for a disabled person, receives no tax break. The Committee believes that a deduction should

be provided under the Income Tax Act covering the entire cost of renovation. If the renovation costs are greater than the person's taxable income, then the difference should constitute a tax credit.

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# 48

## AMEND INCOME TAX ACT TO ENCOURAGE ON-THE-JOB TRAINING



### RECOMMENDATION:

That the Federal Government amend the Income Tax Act and the Regulations thereunder in order that an employer may deduct for each new disabled employee up to 85% of the first year's wages, 50% of the second and 25% of the third, and combined with

A refundable tax credit if no deduction, or only a partial deduction, was available because the employer's revenue was too low to take advantage of the entire deduction.

**Crucial:** A major obstacle to employment for disabled persons is the fact that they cannot secure suitable work experience. They are faced with a perpetual situation where they cannot get a job because they do not have the experience, and they cannot get the experience because they do not have a job. The Income Tax Act should be amended to encourage employers to provide more on-the-job training opportunities.

\* \* \* \* \*

**A major obstacle to employment for disabled persons is the fact that they cannot secure suitable work experience. They are faced with a perpetual situation where they cannot get a job because they do not have the experience, and they cannot get the experience because they do not have a job.**

# 49

## DIRECT REVENUE CANADA TO CLARIFY TAXATION OF IMPORTED TECHNICAL AIDS



### RECOMMENDATION:

**That for importing aids, Revenue Canada make available to disabled persons and to disabled consumer groups, information clearly setting out:**

- The technical aids which may presently be imported without payment of customs duties and federal sales tax;
- The documents and procedures required to import these free of duty and tax;
- A simple procedure and application for having additional items exempted from either duty or tax.

**That customs officers be fully informed of the relevant exemptions for technical aids for disabled persons and procedures;**

**That the Federal Government amend the Customs Tariff and Excise Tax Act to provide a general category of technical aids exempt from customs duties, federal sales tax, or both.**

**Don't Know:** Many technical aids required by disabled persons must be imported into Canada. This causes many problems because information clarifying the taxation policies that govern these imports is not readily available. Customs Officers are not always familiar with exemptions or procedures. Disabled persons are not well informed of either. New devices are constantly being developed, but only those items specifically listed are exempt, and disabled persons have found great difficulty in getting the list amended.

**Broader:** Along with better information, Revenue Canada should also provide for broader exemptions. At the present time, institutional purchases are exempt, but those made by individuals are not. This is patently unfair since the individual disabled person is often in dire economic straits and the imported device will have more immediate practical consequences.

\* \* \* \* \*

**Many technical aids required by disabled persons must be imported into Canada. This causes many problems because information clarifying the taxation policies that govern these imports is not readily available.**

## 50

## EXEMPT AIDS FOR DISABLED PERSONS FROM CUSTOMS DUTIES

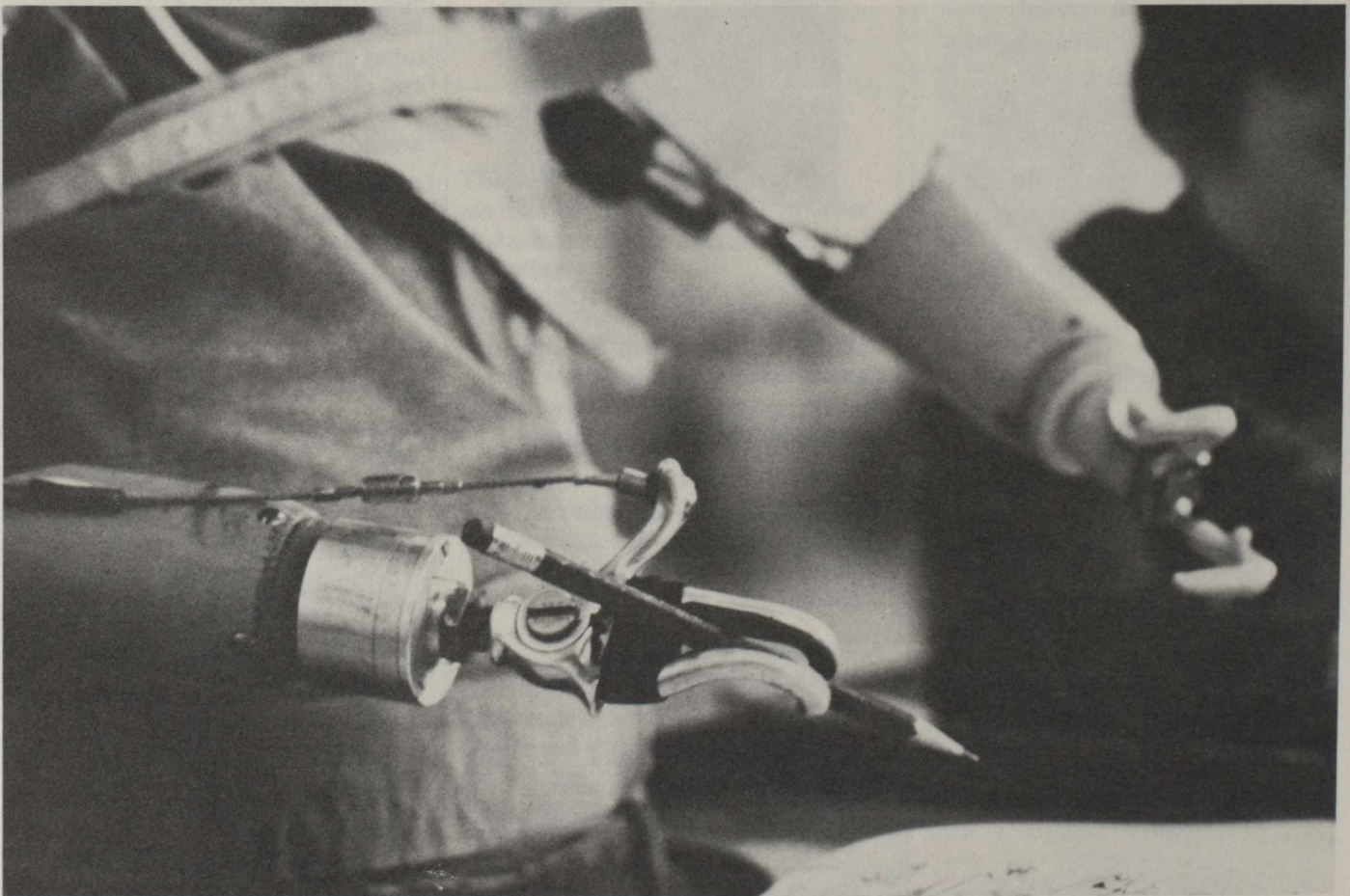
### RECOMMENDATION:

**That the Federal Government take the necessary steps to participate in the protocol under the Florence**

**Agreement and thereby exempt from customs and other duties those items needed by the physically and mentally disabled and imported from countries that are party to this Agreement.**

**Eliminate Taxes:** The Florence Agreement eliminates tariffs, discriminatory taxation on a wide range of published materials, art objects, antiques, plus audio-visual materials with an educational, scientific, or cultural character when imported by an approved institution within one of the 68 countries that are party to this Agreement.

**Educational:** Included within the Protocols of the Florence Agreement are provisions for educational materials which are used to bring services to mobility-disabled persons. The institutions and organizations which provide these services to disabled persons are usually operated on very limited budgets. Participation by Canada in the Florence Agreement, will make it possible for them to import necessary materials of superior quality from abroad. It will also make it possible for Canadian organizations to create educational materials for disabled persons and sell it without taxation within those other countries which are party to the Agreement.





# FOUR

## INFORMATION AND COMMUNICATIONS



**“1981 is going to be designated by the U.N. as ‘The Year of the Handicapped’. Wouldn’t it be nice if Oakville and the Region could say on January 1, 1981—‘yes we supported the Radio Reading Service and it is established, flourishing and providing a vital service. We are proud of it.’”**

**D. H. Griffiths, Oakville, Ontario**

**“The heart is a lonely hunter. Yes, this was the title of a movie on the television sometime in the last year. It reflected the feeling of loneliness for the deaf and mute, because it must be unbearable! Thank GOD that I am only hard of hearing with a speech problem.”**

**M. M. Deschamps, Ottawa**

**“In spite of their ever-increasing popularity and importance in the information and entertainment field, the broadcast media have remained practically inaccessible to people with severe hearing impairments.”**

**Canadian Coordinating Council on Deafness**

## 51

## ENSURE ACCESS TO INFORMATION AND ENTERTAIN- MENT FOR DISABLED PERSONS



### RECOMMENDATION:

That the Federal Government, direct the Minister of Communications, in consultation with disabled consumers and their organizations, to develop and publish a Communications Policy for Physically Disabled Persons to ensure access to the same type of information and entertainment available to able-bodied persons.

That the Federal Government, in consultation with disabled consumers and their organizations, convene a national conference on "Communications and the Physically Disabled" as an important step in the policy development process.

**Uncoordinated:** A national policy on the communications needs of physically disabled persons has not yet been established. As a result, current programs are developed on an ad hoc basis. Treatment is different for the various groups of disabled persons. Technical and methodological innovations, such as Teledon, go unannounced or are poorly explained in the communities which could benefit from them most. Technical aids and devices, such as captioning equipment, which could be produced in Canada, must currently be imported, or utilized elsewhere. Some communications needs are over-emphasized, others are completely ignored. With over one million physically disabled persons in the country, a national policy on their communications needs must be developed.

**Action:** The Committee believes that the Federal Government should direct the Minister of Communications to take immediate action on two fronts: One, that the Minister develop a national communications policy for physically disabled persons; and, two, that the Minister convene a national conference on this subject as a first step in developing this policy.

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**With over one million physically disabled persons in the country, a national policy on their communications needs must be developed.**

## 52

## REQUEST CBC TO PRODUCE RADIO PROGRAMS FOR VISUALLY AND PRINT HANDICAPPED



### RECOMMENDATION:

That the Federal Government request the Canadian Broadcasting Corporation (CBC) to produce a few hours daily of radio reading programs of national interest to visually and print-handicapped persons in both official languages;

That the CBC transmit these programs, using existing capacity, and make them available to cable systems and local radio stations;

That Provincial Governments and local organizations be encouraged to fund and assist in the production of programs of local or regional interest;

That, as part of their community service programming, cable systems be required to provide a channel and facilities for a radio reading service.

**Essential:** Radio reading services offer great benefits to persons whose disability prevents them from reading. These are special programs which provide in-depth reading of newspapers, periodicals, and best seller books. The programs are a simple, effective means for disabled persons to receive up-to-date information about life in their communities. At this time, these services are not readily available in Canada.

**Growth:** In the United States, the growth of these special services has been remarkable. In 1969 the first station began offering a reading service. Now there are 108 stations offering the service to 41,000 print-handicapped persons in 33 states. The potential audience is estimated at over three million. By contrast, Canada has only one station offering this service—Radio Reading Service—in Oakville, Ontario, which has a listenership of 300 persons. The low audience directly results from the necessity of a special receiver in order to pick up the signal broadcast on the non-commercial wave-length.

**Piggy-Back:** Every FM radio station has two channels: its main one, and a side band. A technique known as "SCMO" (subsidiary communications multiplex operations) allows the stations to broadcast different programs at the same time on the two channels. The side band "piggy-backs" on the broadcast power of the main channel. This side, or SCMO, channel is ideal for radio reading services because it uses only a small portion of the radio spectrum. If these SCMO channels were used for this purpose, it would mean that a significant amount of programming would be made available to disabled persons without altering existing FM programming to non-impaired listeners.

**Willingness:** The Canadian Broadcasting Corporation has already voiced its willingness to work toward the transmission of reading services. The Committee believes that the CBC should produce several hours of radio reading as part of its daily programming. It should then make these programs available to other broadcasters for use on their channels.

**Cable:** Cable TV offers an excellent opportunity for readership services. More than 75% of the Canadian population can utilize cable, and there is a good deal of programming time which could be utilized for this reading service, especially during daytime hours.

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**In the United States, the growth of these special services has been remarkable. In 1969 the first station began offering a reading service. Now there are 108 stations offering the service to 41,000 print-handicapped persons in 33 states. The potential audience is estimated at over three million.**

# 53

## AMEND COPYRIGHT ACT TO EXEMPT MATERIALS NEEDED FOR BLIND PROGRAMS



### RECOMMENDATION:

**That the Federal Government immediately amend the Copyright Act to exempt from infringement the non-profit transcription into other media of reading materials for the use of visually and print-handicapped persons.**

**That this exemption specifically allow for broadcast both on regular AM/FM channels, and on cable, of newspapers and periodicals, within a reasonable delay following their appearance on newstands.**

**Common Sense:** Copyright laws protect authors and publishers from pirating original work by other commercial enterprises. These laws should not apply to transcriptions of books into braille, audio-cassette

productions, or into broadcast productions for the benefit of visually and print impaired persons. Organizations which provide these transcriptions are non-profit, and their only concern is to provide greater information and entertainment to people whose disability prevents them from reading.

**Regular AM/FM:** The proposal here is for an amendment to the Copyright Act which would allow transmission on regular frequencies of newspapers and periodicals, but not requiring a special receiver. Obviously, there should be a reasonable delay between the time these publications reach the newstands and the time they are read on the airwaves.

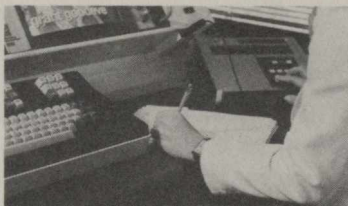
**U.S. Amendment:** The U.S. Copyright law was amended in 1976 to allow these special transcriptions of printed materials on frequencies requiring special receivers. This amendment recognizes that transcription services are largely provided by voluntary organizations which have little or no money to pay for copyright permission.

\* \* \* \* \*

**The technical and organizational problems will be solved only when the broadcasters are totally committed to captioned programming as part of their regular service.**

# 54

## CRTC TO REQUIRE CAPTIONED PROGRAMMING AS CONDITION FOR TV BROADCAST LICENSE



### RECOMMENDATION:

**That the Federal Government request the Canadian Radio-television and Telecommunications Commission (CRTC) to require all television broadcasters, as a condition of their broadcasting license, to provide a significant amount of Canadian and imported captioned programming within a reasonable period of time.**

**Breakthrough:** TV technology now makes it possible for viewers with special cable de-coding equipment to receive captioned messages in programs where other viewers would see only the program. This is known as "closed captioning"—as opposed to conventional or "open" captioning, which is seen by all viewers. Closed captioning opens wide pos-

sibilities for deaf people to receive greater benefit from television. Leaders in the deaf community see television as a crucial solution to many of the information and entertainment needs facing the deaf community.

**Heavily Cabled:** Canada leads the world in accessibility to cable TV, with more than 75% of the country's population being able to receive cable programs. At present, however, only Rogers Cable in Toronto has established a special Channel for the Deaf which provides captioned programming specifically for the deaf community. Thirty-one other companies do, however, produce and transmit a limited number of programs for the deaf on normal community channels.

**Requirements:** What is needed now is a national policy on closed captioning that will apply to all television broadcasters in Canada. There must be a national captioning capacity similar to one already in operation in the United States (see Recommendation 55), which will provide broadcasters with a regular captioning service.

**Incentive:** There are obviously problems to be solved before this service is available to hearing-impaired persons on a wide-scale basis. But these problems will only be solved quickly if the broadcasters are prompted to make changes now. The Committee, therefore, believes that the CRTC should require that all Canadian TV broadcasters, as a condition of their license, to provide a significant amount of Canadian and imported captioned programming within a reasonable amount of time. The technical and organizational problems will be solved only when the broadcasters are totally committed to captioned programming as part of their regular service.

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## 55

## ESTABLISH CAPTIONED PROGRAMMING CENTRE IN CANADA



### RECOMMENDATION:

That the Federal Government proceed immediately with the establishment or the funding of a centre to produce captioned programming in both official languages.

That the deaf and hearing-impaired community be fully involved in the management and the policy development of the centre.

**U.S. Example:** Three of the four major American TV networks—NBC, PBS and ABC—provide captioned programming which they purchase from the National Captioning Institute. The Institute employs highly-skilled staff and charges \$2,000 per program hour to produce the captioned component.

**No Canadian:** At this time, no Canadian captioned programming is available because there is no centre

like the National Captioning Institute in this country. The National Film Board has developed a proposal for such a facility, but no action has been taken.

**Willingness:** The Canadian Broadcasting Corporation has expressed willingness to provide five hours per week of captioned programming on both the English and French networks if they have the funds, and if a Canadian captioning centre is established. The Committee believes that the Federal Government should, therefore, move quickly to develop a plan for a Canadian Captioning Centre which would produce Canadian-content programming in both official languages. This facility should be established immediately. The Committee does not feel strongly whether the facility is government or privately operated. It is essential that this proposed centre make use of the expertise already developed in the U.S., and that it directly involve members of the deaf community as planners and staff.

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**The Canadian Broadcasting Corporation has expressed willingness to provide five hours per week of captioned programming on both the English and French networks if they have the funds, and if a Canadian captioning centre is established.**

## 56

## REDUCE TELEPHONE RATES FOR HEARING- IMPAIRED PERSONS WHO NEED SPECIAL TDD EQUIPMENT



### RECOMMENDATION:

Your Committee applauds the initiative taken by Bell Canada in proposing, and the Canadian Radio-television and Telecommunications Commission (CRTC) for approving on an interim basis, a 50% discount on customer-dialed intra-Bell long distance rates for hearing-impaired customers who need a teletypewriter (TDD) unit to communicate over the telephone.

Your Committee therefore recommends:

That all Canadian telephone companies be encouraged to apply for a similar rate reduction;

**That the CRTC approve substantial rate reductions on a permanent basis;**

**That reductions be available to hearing-impaired persons whether using a residence or other telephone;**

**That the reduction be extended to the speech-impaired who also need a TDD unit to communicate over the telephone;**

**That provincial telephone regulatory agencies be encouraged to adopt a similar policy.**

**More Time:** Hearing and speech-impaired persons who must use teletypewriter equipment over the telephone need more time to make a call. This means that long distance calls for these persons are much more expensive than for a non-disabled person.

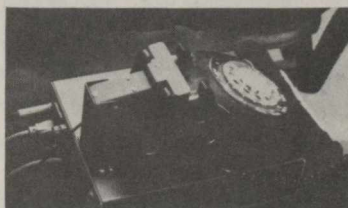
**Pioneer:** Bell Canada became one of the first telephone companies in North America to introduce discounted rates to cover long distance calls for some disabled persons. The Bell discount is 50%, and applies only to residence phones.

**Expansion:** The Committee commends Bell Canada for this first step. It now believes that what is currently a trial service be established on a permanent basis, and that the service be extended to other phones besides the person's residential phone. Some teletypewriter units are portable, so there is no reason why a person should not be able to phone from other locations—and be charged to the home phone in the same manner that non-disabled persons are for long distance calls. Bell should also extend the discounted rates to those persons who are speech-impaired and must use a teletypewriter.

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# 57

## SPECIAL TELEPHONE EQUIPMENT FOR DISABLED PERSONS BE PROVIDED UNDER BASIC MONTHLY CHARGE



### RECOMMENDATION:

**That the Federal Government recommend to the Canadian Radio-television and Telecommunications Commission (CRTC) that special equipment required by physically disabled persons to facilitate their use of the telephone be included in the basic monthly charge.**

**That provincial telephone regulatory agencies be encouraged to adopt a similar policy.**

**High Cost:** The telephone is a more important device for many disabled persons than it is for the general public. In cases of emergency, it can

be their only way to reach help. Yet for many disabled persons, particularly those with hearing and speech impairments, the telephone is of use only when special attachments are available. These include amplifiers and teletypewriter systems, which are extremely expensive for persons whose only income might be a pension.

**Regular Fee:** Some way must be found to make this equipment less costly for disabled persons. During a recent Bell rate increase hearing before the CRTC, the CRTC stated that such equipment should be priced as low as possible, and that the same kind of discount apply to the purchase or rental of this equipment as now applies to long-distance rates, (see Recommendation 56). In other words, disabled persons should receive use of this equipment at a rate comparable to the use of a regular telephone by non-disabled persons. The Committee recommends that the CRTC now make this a requirement for Bell, and that the provincial telephone regulatory agencies be encouraged to adopt a similar policy.

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**The telephone is a more important device for many disabled persons than it is for the general public. In cases of emergency, it can be their only way to reach help. Yet for many disabled persons, particularly those with hearing and speech impairments, the telephone is of use only when special attachments are available.**

## 58

## EQUIP FEDERAL OFFICES WITH SPECIAL TELEPHONE EQUIPMENT FOR DISABLED PERSONS



### RECOMMENDATION:

That Federal Government offices (Departments, Agencies and Crown Corporations) in major centres which are listed in the public telephone directory be equipped with at least one teletypewriter (TDD) such as the Visual Ear, in order to provide telephone access to hearing and speech-impaired persons.

**Extend Service:** Government organizations are exploring the possibility of using teletype equipment. Treasury Board, in conjunction with the Department of Supply and Services, is proposing to provide the special equipment to employees or successful job applicants who are hearing or speech-impaired. Air Canada is proposing to install equipment for

the purpose of reservations in its Montreal offices. Via Rail has already installed a central toll-free TDD facility in its cross-Canada reservation system. These are small beginnings to solve a large problem. The Committee believes that all Federal Government Departments, Agencies and Crown Corporations which are listed in the phone book should be equipped with teletype equipment. This will benefit all communication-disabled persons, both as members of the public and employees of these organizations.

**Cost:** The Visual Ear, which is a teletypewriter that has been developed by Northern Telecom, currently costs \$350 for certified disabled users, and \$375 for non-disabled users.

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The Committee believes that all Federal Government Departments, Agencies and Crown Corporations which are listed in the phone book should be equipped with teletype equipment. This will benefit all communication-disabled persons, both as members of the public and employees of these organizations.

## 59

## EQUIP FEDERAL CONFERENCE AND THEATRE CENTRES WITH SPECIAL EQUIPMENT FOR HEARING-IMPAIRED PERSONS



### RECOMMENDATION:

That the Federal Government require the installation of sound amplification systems (audio-loop, FM or infrared) in all of its conference and theatre facilities for the benefit of hearing-impaired persons.

That provincial and municipal authorities and private enterprises be encouraged to instal this equipment in their facilities.

**Difficult:** For persons who are hearing impaired, participation in conferences or cultural events is difficult because hearing aids amplify all sounds and do not discriminate between wanted and unwanted signals. Sound amplification devices connected to PA or simultaneous translation systems are required to screen out unwanted noise.

**Available Technology:** Several different technologies are currently available to minimize these problems. The oldest system consists of a wire loop connected to the speaker outputs of sound amplifiers similar to multi-channel simultaneous translation systems. Sound radiates within the loop and is picked up by hearing aids set to a special setting (T-switch). More recent technology consists of FM or infra-red transmitted PA/sound picked up by miniature receivers and connected to hearing aids set to a special setting (T-switch). This technology is also used for simultaneous translation systems.

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**For persons who are hearing impaired, participation in conferences or cultural events is difficult because hearing aids amplify all sounds and do not discriminate between wanted and unwanted signals.**

# 60

## NATIONAL LIBRARY TO COORDINATE READING SERVICES FOR DISABLED PERSONS



### RECOMMENDATION:

**That the Federal Government direct the National Library to proceed immediately with a program to coordinate reading services for visually and print handicapped persons.**

**No Leadership:** Visually impaired and print handicapped persons can make use of only those reading materials which have been transferred into audio records and tapes, or into large print format. In Canada, these people face two major obstacles in obtaining these special aids. One, not enough materials have been produced. Two, the Federal Government has not yet taken a leadership role in coordinating the materials that are available. The National Library of Canada is the logical organization to handle this responsi-

bility. In fact, the Library had plans for a national program of services to visually impaired and print handicapped persons. But in 1978 these plans were cancelled.

**Coordination:** The Library's program would have four components:

- A registry of "reading" materials in production;
- A catalogue of materials that are available;
- An information and consultation service for special requests;
- An on-going liaison with agencies involved with the concerns of disabled persons.

**Abuse Goodwill:** At the present time, in the absence of a Federal Government initiative, Canadian agencies are relying on coordination programs in the U.S. to obtain information and materials. The Americans are becoming increasingly reluctant to carry this service burden. Representatives from the U.S. institutions have expressed the hope that a nationally coordinated program in Canada will reduce what is becoming an abuse of their goodwill.

**Ready To Go:** Provincial and municipal governments, as well as private institutions are eager to join a national program. The bulk of human and financial resources are already, or will be, provided at these levels. Some institutions, in need of action, have already embarked on projects which would be better undertaken by the National Library. The Committee, therefore, recommends that the Library proceed as quickly as possible with the plans that it had cancelled.

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## 61

## ESTABLISH CANADIAN INFORMATION RESOURCE CENTRE FOR DISABLED PERSONS



### RECOMMENDATION:

**That the Federal Government, in cooperation with the Provinces and the private sector, assist in the establishment of a Canadian Information Resource Centre on Disability to link up and coordinate information resources and to assist regional showrooms of technical aids.**

**That, pending the establishment of such a Centre, the Federal Government prepare and publish a directory of federal programs and activities of interest to disabled persons, as well as a catalogue of relevant research projects and studies.**

**Great Help:** From its brief ten month experience, the Committee has discovered that there is a wealth

of information about disability in all parts of Canada, and abroad. The work of the Committee would have been facilitated by the existence of a single centre where information on disability could be accessed. Such national centres or regional centres exist in United States, Sweden and the United Kingdom, and provide extremely useful services. The work of agencies and organizations of disabled persons throughout Canada will be helped greatly in the future if a national information centre can be established.

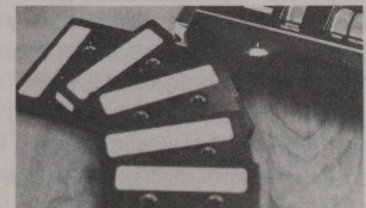
**Requirements:** The centre should provide an information service to disabled persons, to organizations of disabled consumers, and to professionals working in the field of disability. A first step would be to collect and catalogue documents and reports related to disability. Beyond that the centre should be responsible for preparing, publishing and updating a directory of all Federal programs and activities which affect the lives of disabled persons. The centre should also establish formal links with computerized data banks in Canada and abroad, so that innovations in treatment, rehabilitation, institutional care, independent living, as well as technical aids and devices, can be made known to Canadians as quickly as possible.

**Task Force:** A special task force representing user groups, voluntary organizations and provincial governments should be formed to develop an implementation strategy for the centre. The task force should also explore the possibility of provincial and private sector funding for the centre.

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## 62

## ENSURE ACCESS BY DISABLED PERSONS TO FEDERAL PUBLICATIONS



### RECOMMENDATION:

**That the Federal Government adopt a policy which will ensure that the visually and print handicapped will have reasonable access to federal publications.**

**That, pending such a policy, the Federal Government initiate the following measures:**

- **Make available on cassette, in braille or large print, widely distributed publications such as the guide to federal income tax, guide to unemployment insurance, guide to the Canada/Quebec pension plans, and information on social service programs.**
- **Make available, where interest warrants, cassette copies of federal publications that have a more limited or specialized readership—for example, reports or studies.**

- **Make available, upon request, cassette copies of selected publications distributed free of charge by the Department of Supply and Services to public libraries.**
- **Make available, upon request, cassette copies of selected Canadian books which are distributed free of charge by the Canada Council to libraries and other community institutions.**

**Limited Resources:** Federal Departments, Agencies and Crown Corporations keep the Canadian public well informed with a great variety of guides, periodicals, booklets, reports and studies. Unfortunately, most hearing and visually impaired and print handicapped persons cannot take advantage of this information. The Canadian National Institute for the Blind (CNIB) and other agencies cannot be expected to provide cassette and braille versions because of limited resources.

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**Many hearing-impaired persons are desperate for entertainment and information. Most feature films and educational films are of little use to these disabled persons unless the films are captioned.**

# 63

## PROVIDE CAPTIONED VERSIONS OF GOVERNMENT- FINANCED FILMS



### RECOMMENDATION:

**That the Federal Government instruct the Canadian Film Development Corporation that, beginning immediately, it will be required to provide, to the National Film Board, (NFB) for distribution to the deaf community, one captioned version, on video cassette if preferred, of each full-length feature film it finances.**

**That the Federal Government instruct all Departments, Agencies and Crown Corporations that, beginning immediately, they are to provide at least one captioned version of each film (English and French) which they produce to the NFB, for distribution to the deaf community.**

**Desperate:** Many hearing-impaired persons are desperate for entertainment and information. Most feature

films and educational films are of little use to these disabled persons unless the films are captioned. The Canadian Government provides its Agencies, Departments and Crown Corporations with millions of dollars each year for the production of films in many different categories. It provided millions of dollars to the National Film Board and the Canadian Film Development Corporation in 1980 for the production of Canadian-made films. As a condition of funding, these organizations should be required to produce captioned versions.

**Cost:** Based on American experience, the cost of captioning is approximately \$2,000 for hour of film presentation. These costs are greater for feature films.

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**Visually-impaired persons find it very difficult to use Canadian paper currency, because all denominations are the same size. They must constantly trust that sighted people will not take advantage of them in money transactions.**

64

**PRODUCE  
PAPER  
CURRENCY  
IDENTIFIABLE  
BY  
VISUALLY-  
IMPAIRED  
PERSONS**



**RECOMMENDATION:**

**That the Federal Government instruct the Bank of Canada to announce, before the end of 1981, its intention to begin production of paper currency identifiable by blind or visually-impaired persons.**

**Crucial Issue:** Visually-impaired persons find it very difficult to use Canadian paper currency, because all denominations are the same size. They must constantly trust that sighted people will not take advantage of them in money transactions. Several European countries, including Great Britain, have different sizes of paper currency to distinguish the different denominations.

The Bank of Canada should investigate the most appropriate way to make this country's currency identifiable by visually-impaired persons and implement production of distinguishable bills as soon as possible.

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65

**ESTABLISH  
COMMITTEES  
TO ADVISE  
FEDERAL  
ORGANIZA-  
TIONS ON  
NEEDS OF  
VISUALLY AND  
HEARING-  
IMPAIRED  
PERSONS**



**RECOMMENDATION:**

**That the Federal Government establish two advisory committees to advise Federal Departments, Agencies and Crown Corporations on matters of interest to visually and print-handicapped persons, and on**

**matters of interest to hearing-impaired persons, to report to a designated minister other than the Minister of National Health and Welfare (see Recommendation 130).**

**No Awareness:** Persons who are not disabled are generally not aware of the information needs and problems that are faced daily by persons who are disabled. This is especially true of those persons who are visually or hearing disabled. They find it difficult to obtain the simplest, most ordinary kinds of information. The communication practices of Federal Government organizations, unfortunately, leave most of these disabled persons cut off from important information that non-disabled Canadians take for granted.

**Not Enough:** A previous recommendation would require that Federal Agencies, Departments and Crown Corporations transfer basic information into the appropriate media for use by disabled persons. But policy is not enough, there must be built-in awareness of the needs of these people.

**Constant Reminder:** Special advisory groups should be established which would regularly meet with officials of Federal organizations to advise them on ways of meeting the special needs of visually and hearing disabled Canadians.

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**Persons who are not disabled are generally not aware of the information needs and problems that are faced daily by persons who are disabled.**

# FIVE

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# HOUSING

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**“It is also vital to realize that the handicapped community is not a monolithic, faceless crowd. It is a cross-section of our population, with all levels of income, education, talent and genius represented in its ranks. All personality types are included and all possible ranges of interest. In planning for them, there should be as much latitude for diverse lifestyles as in planning for the community as a whole.”**

**Canadian Rehabilitation Council for the Disabled**

**“Many of the physical limitations of the disabled could be simply overcome by the elimination of thoughtlessly placed barriers by innovative design, and by basic adaptive apparatus for severe situations. The creation of suitable environments for disabled people should not be an extraordinary task of accomplishment, given our present level of technology and social consciousness.”**

**Regional Municipality of Peel Ontario**

**“Living at CORDI has allowed me to live in the community, to learn about my disability and how to cope with everyday life. I meet new friends as well as being able to entertain old ones . . . my outlook on life is much brighter.”**

**CORDI House, Ottawa**

**“Today, contrary to the claims of modest success by social and legislative forces, the majority of Canada’s disabled citizens continue to live in communities in which housing, unless specifically remodelled, does not allow for independent living, and in which buildings intended for public use, outdoor spaces and public transportation, pose serious restrictions due to lack of accessibility.”**

**P.E.I. Council of the Disabled**

## 66

## AMEND NATIONAL HOUSING ACT TO ENCOURAGE INDEPENDENT LIVING



### RECOMMENDATION:

**That the Federal Government amend the National Housing Act to enable groups to develop more non-profit, cooperative and group homes for physically and mentally disabled persons—including clusters of units in apartment buildings.**

**Squeeze:** A decade of experience in the United States and Europe indicates that independent living for disabled persons, when possible, is more beneficial and less expensive than institutional care. Independent living could increase significantly in Canada if it were not for serious obstacles presented by the National Housing Act. Its regulations put disabled persons into a financial squeeze which makes it virtually impossible to obtain non-profit cooperative and group homes.

**Discriminatory:** Put simply, the existing legislation makes it impossible to build and maintain homes for disabled persons within the stipulated cost limits for non-profit housing. Disabled persons need to be in the centre of cities and towns in order to have access to facilities. But the cost of serviced land in city cores forces housing for disabled persons to the outlying areas, which defeats much of the rationale for independent living. The building cost ceiling for non-profit housing is often 15% lower than that needed for equivalent family accommodation; yet, the real building costs of such units exceeds that for normal residential housing. Certain accounting procedures tend to confuse the issue of “special needs” housing, because they lump together senior citizens’ housing with housing for disabled persons. However, the needs of disabled persons are quite different from those of senior citizens. There is, therefore, very little “independent living” housing available. In Canada today, there are only 400 bed/units, with support services, presently occupied by disabled persons.

**Consultation:** The Committee recommends that the Federal Government amend the National Housing Act, in consultation with disabled persons and their organizations, to encourage greater possibilities for disabled persons in all parts of Canada.

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**Put simply, the existing legislation makes it impossible to build and maintain homes for disabled persons within the stipulated cost limits for non-profit housing.**

## 67

## MAKE NEW FEDERALLY- FUNDED HOUSING ACCESSIBLE TO DISABLED PERSONS



### RECOMMENDATION:

**That a percentage of new dwelling units constructed with federal funds or guaranteed by the Federal Government, be accessible to disabled persons as defined by standards to be developed by Canada Mortgage and Housing Corporation, and that these specially adapted units be integrated with regular housing units.**

**Small Costs:** Canadian architects and builders who have studied the problem agree that making a new house accessible for disabled persons costs very little more than normal construction—provided that accessibility is part of the initial design, not an afterthought. This architectural evidence reinforces a general rule

about the costs of disability to Canadian society. The more thinking done up-front about the needs of disabled persons, the lower the costs are later on.

**Future Availability:** If a percentage of federally-funded new housing were accessible, this would ensure a growing supply in the future. The implementation of this policy should reflect the changing needs of the disabled population in different parts of Canada. The newly-constructed accessible units should include one and two-bedroom apartments, townhouses and detached dwellings. They should be built throughout a community and not clustered together in a single area.

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**Canadian architects and builders who have studied the problem agree that making a new house accessible for disabled persons costs very little more than normal construction—provided that accessibility is part of the initial design, not an afterthought.**

# 68

## DEVELOP HOUSING STANDARDS WHICH REFLECT NEEDS OF DISABLED PERSONS



### RECOMMENDATION:

**That Canada Mortgage and Housing Corporation, in consultation with disabled persons and their organizations, continue to develop housing standards which take into account the various needs of disabled persons.**

**That the Federal Government request the National Research Council to include these new housing standards for disabled persons in the National Building Code.**

**Simplified:** The whole effort of making houses accessible to disabled persons will be greatly simplified when standards of accessibility are made a basic ingredient of the National Building Code. The trend throughout the world over the past

twenty years indicates that there will be a slow, but inevitable, victory for the concept of accessibility in virtually all new building construction. Accessibility is not a question of "if", but only of "when". A great deal of time, money and mental energy can be saved if all parties accept accessibility as a standard operating procedure.

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# 69

## DIRECT CMHC TO PROVIDE FUNDING AND ASSISTANCE FOR HOUSING FOR DISABLED



### RECOMMENDATION:

**That, in the absence of provincial initiatives, Canada Mortgage and Housing Corporation (CMHC), through its regional offices, give higher priority to the provision of assistance and start-up funds to groups of disabled persons developing housing projects and to organizations providing housing for mentally handicapped persons.**

**No-Win:** As things stand now, CMHC is of little use to disabled groups and organizations which are seeking funding and assistance in developing housing projects. CMHC generally responds to requests only from those groups which have a provincial commitment to fund the operating costs. The Provinces, for their part, usually respond only to those groups which have CMHC support. The disabled groups are thus left in a no-win situation. Even when they are able to make headway, the myriad of regulations and statutes often wear out their resolve to follow through with projects.

**Priority:** To get around this situation, the Federal Government should direct CMHC to start making things easier for groups which are developing housing projects for disabled persons. The Corporation's regional offices should give a higher priority to the provision of assistance and start-up funds.

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**Disabled persons have extreme shortages of appropriate housing facilities. Long waiting lists exist in all parts of Canada for the few available units. The most ambitious new construction program on behalf of disabled persons would satisfy only a small part of the demand.**

# 70

## PROVIDE MORE FUNDS TO MAKE EXISTING HOUSING ACCESSIBLE



### RECOMMENDATION:

**That the Residential Rehabilitation Assistance Program be amended to provide on a needs basis, grants, low or no interest loans to landlords, contractors, non-profit groups and individuals, who wish to renovate existing buildings, regardless of age or location, in order that they be more usable by disabled persons.**

**Scarcity:** Disabled persons have extreme shortages of appropriate housing facilities. Long waiting lists exist in all parts of Canada for the few available units. The most ambitious new construction program on behalf of disabled persons would satisfy only a small part of the demand. Existing housing and apartment buildings should now be altered to make them usable. The alternative is institutionalization for many disabled persons, at great cost to society.

**Renovation:** Landlords and contractors have shown themselves willing to work with disabled groups when the Federal Government makes available grants and low-interest loans to do the work. This is especially important in those situations where a recently disabled person wants to live in the same dwelling. Amending the Residential Rehabilitation Assistance Program will provide the incentive needed by the private sector and self-help groups.

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# 71

## MODIFY COST-SHARING AGREEMENTS TO PROVIDE ADEQUATE RENT SUBSIDIES TO DISABLED PERSONS



### RECOMMENDATION:

**That the Federal Government negotiate with the Provinces to modify the cost-sharing agreements**

under the National Housing Act to give a higher priority to the provision of adequate rent subsidies to disabled persons.

**Increase:** Rent subsidies are now available to disabled persons, but the amounts are too low and the availability too restricted. Disabled persons can live independently only if they can pay the rent. Many persons are unemployed, or are in low-paying jobs. Some financial assistance is needed by many disabled persons to live in group homes, cooperative homes, or their own apartment. Persons on disability pensions can cover most other living expenses, but not the rent. A more generous subsidy would open the possibility for independent living to many disabled persons who are currently in institutions or living with their parents.

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Society benefits greatly from having disabled persons live at home, rather than in an institution. Society should therefore provide assistance so that these home care situations can continue.

# 72

## ENCOURAGE GROUP HOMES FOR RESPITE CARE



### RECOMMENDATION:

That the Federal Government, through Canada Mortgage and Housing Corporation (CMHC), encourage new group homes, where practical or reasonable, to provide respite care services.

That, in view of the present trend towards deinstitutionalization, provincial and municipal authorities and community organizations be encouraged to adapt existing facilities, where practical, to provide respite care.

That provincial and municipal authorities and community organizations be encouraged to construct, where existing facilities are unsuitable or unavailable, hostel-type units to provide respite care on a temporary basis.

**Take a Break:** The term "respite" means a rest, relaxation, or a break from heavy responsibilities. As it relates to disabled persons, it means

that a parent or guardian who has full responsibility for a disabled person at home should be provided with a regular rest period, away from this responsibility.

**Strains:** Parents need a break from the strain that can result from constant attention to the disabled person's special needs. Society benefits greatly from having disabled persons live at home, rather than in an institution. Society should therefore provide assistance so that these home care situations can continue. Provincial and municipal authorities, and community organizations should provide facilities to care for a disabled person while his or her parents or attendants are taking a break.

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# 73

## CUT RED TAPE FOR DISABLED GROUPS DEVELOPING HOUSING PROJECTS

### RECOMMENDATION:

That the Federal Government encourage Canada Mortgage and Housing Corporation, the Provinces, and municipal authorities to streamline their mandatory regulations and administrative procedures to reduce the administrative burden for groups of disabled persons developing non-profit housing projects



and for organizations providing non-profit housing for mentally handicapped persons.

**Four Authorities:** One group home in Ottawa, for example, must deal continually with the following four government organizations:

- Ontario Ministry of Community and Social Services (for attendant care)
- Ontario Ministry of Housing (shelter agreement)
- Ottawa Housing Authority (selection of residents to qualify for subsidies under federal-provincial rent supplement program)
- Canada Mortgage and Housing (Agreement Administration).

In addition, residents of this home may personally have contact with the City of Ottawa (residency requirements, or waiver of these) and with the Vocational Rehabilitation Services of the Ontario Ministry of Community and Social Services. There are further requirements to comply with provincial landlord and tenant legislation, and fire safety regulations.

**Get Together:** Federal, provincial and municipal government agencies should coordinate their policies and procedures to reduce the bureaucratic burden on non-profit housing groups. The policies and procedures themselves should be rationalized and simplified.

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# 74

## ENCOURAGE MUNICIPALITIES TO IMPROVE ACCESSIBILITY AS PART OF INTERNATIONAL YEAR EFFORTS



### RECOMMENDATION:

That the Federation of Canadian Municipalities be encouraged to demonstrate support for the International Year of Disabled Persons by drafting and circulating to its members, model by-laws and programs respecting:

- Group homes
- Curb cuts
- Parking
- Access to municipal buildings and facilities
- Recreational facilities
- Affirmative Action

**Shortcomings:** Many municipalities make it very difficult for disabled persons to lead independent lifestyles. Some municipal by-laws prohibit the establishment of group homes. Others reflect a very negative attitude toward any presence of disabled organizations. These short-sighted policies and attitudes do not belong in the twentieth century.

**Not Privilege:** The Canadian Federation of Municipalities should exercise leadership by drafting and circulating to its members model by-laws and programs related to disabled persons. 1981 is the International Year of Disabled Persons. This is an appropriate time for all Canadian municipalities to make their communities more accessible to disabled persons.

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Many municipalities make it very difficult for disabled persons to lead independent lifestyles. Some municipal by-laws prohibit the establishment of group homes. Others reflect a very negative attitude toward any presence of disabled organizations. These short-sighted policies and attitudes do not belong in the twentieth century.

# SIX

## INDEPENDENT LIVING



**“The vast majority if not all of physically handicapped people (including many elderly people) can achieve a maximum of their potential development and effectiveness within society when they can live in surroundings of their own choosing with adequate home support services. Their well-being can enhance their contributions to the community both on personal and humanitarian levels and on employment and consumer activity levels.”**

Manitoba League of the Physically Handicapped

**“If there is to be further progress toward the goal of effectively equal participation in community life for every citizen, the conditions and prospects of life for mentally retarded people must be improved vastly, immediately and with sufficient humanity to overcome the burdens the past has imposed. Every person must have the right to a fully human life. For mentally retarded people this means that the broader community must truly help those in need of help, create a place in the community for those who are now imprisoned in the back wards, and cease to impede the full social integration of those whose only real disability is the label “mentally retarded”. Human beings of whatever cognitive capacity possess the need for love, understanding, dignity and the active development of their productive-creative abilities. They want to share responsibilities and co-operate to improve their communities. They need ask for nothing more, if only they are given a chance.”**

Canadian Association for the Mentally Retarded (P.E.I. Division)

**“What kind of society do we want? Do we want a society where people are encouraged to be dependent or do we want a place where people are encouraged to stand on their own feet? Do we want to have warehouses into which people are funneled or do we want to enable as many handicapped people as possible to be out among the fun where they want to be? I think one of the most difficult things about your job must be that so often, you are helping people go where they do not want to go.”**

Dr. D. C. Symington, Kingston

75

## PROMOTE INDEPENDENT LIVING OVER INSTITUTION- ALIZATION



### RECOMMENDATION:

That the Federal Government promote a more suitable and cost-effective alternative to institutionalization by introducing enabling legislation for cost-sharing with Provinces and municipalities the provision of comprehensive services to assist disabled persons to live and function independently in the community.

That the proposed legislation include the following features:

- Independent living services to be made available to disabled adults by non-profit organizations which are managed by disabled persons or their representatives.
- Family support services to be made available on a sliding fee scale to assist families with a disabled dependent.

**\$22,000 Saved:** Based on American experiences, there is a remarkable difference in the average annual costs of keeping a disabled person institutionalized compared with assisting him or her to live independently in the community. Institutionalization costs \$30,000; independent living \$8,000. A potential yearly savings of \$22,000 is possible each time a disabled person can make the transition from hospital to community. The Multiple Sclerosis Society of Canada has found that the difference of caring for a person in a nursing home is \$11,900 per year. The same service—2 hours per day—in a private home costs \$5,730 per year. Wherever the costs of institutionalization and independent living can be compared directly, it is clear that independent living is significantly less expensive. These facts alone justify a major Government initiative to promote independent living.

**Preference:** Many disabled adults, now institutionalized, would prefer to live independently, if they could be assured of community support. This support would involve special education, training and counselling needed to learn how to function independently. It would also cover attendant care, and assistance in securing housing and transportation.

**Involvement Crucial:** Disabled persons themselves must play a key role in the development and management of these independent living programs. The success of existing programs depends greatly upon the sense of "ownership" felt and communicated by the disabled persons who helped to develop them.

**Helping Families:** Another alternative to institutionalization is to make it possible for the disabled person to live with his or her family. Experience has shown, however, that families who care for a disabled dependent often suffer from "burn-out".

This means that they become physically and emotionally exhausted from the continual responsibility of responding to the special needs of the disabled person. "Burn-out" frequently creates the conditions for divorce, child abuse, and mental breakdown. Community support services, respite care, temporary attendant services, and counselling must be provided so that families can be freed periodically from their responsibilities.

**Central Theme:** Throughout the Committee's hearings across Canada, the concept of "independent living" emerged as a central theme. As an idea, it serves to counteract the myth of "helpless victim" which plagues disabled persons wherever they go. As a daily reality, it enables disabled persons to care for themselves in ways that no institution could ever match. As Federal Government policy, independent living makes remarkable economic sense.

**First Step:** Unfortunately, community programs to provide the services needed for independent living are almost non-existent in Canada at this time. The Committee investigated successful programs in the United States and Europe. The evidence clearly showed the concept to be more beneficial and less costly than institutional care. Economic realities in Canada for the foreseeable future all favour this concept, as do the expressed wishes and needs of thousands of disabled persons. What is needed now is preferential consideration by the Federal Government.

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**Institutionalization costs  
\$30,000; independent  
living \$8,000.**

## 76

## ESTABLISH FUNDS FOR DEMONSTRATION PROJECTS IN INDEPENDENT LIVING

### RECOMMENDATION:

**That the Federal Government, together with interested provincial governments, make a commitment in 1981 to assist in the funding and establishment of demonstration**

**projects which would provide independent living services to disabled persons.**

**No Transfer:** The experience of American independent living programs cannot be directly transferred to Canada. The fiscal and jurisdictional relationships among municipal, regional and federal governments differ from the American situation. Government involvement in programs for disabled persons has evolved by different routes in the two countries.

**Canadian Model:** What can be transferred from the United States is the knowledge that independent living is successful wherever it has community support services. What is needed now is funding to develop a Canadian model. At present, the National Welfare Grants Program provides funds, consultation and information to projects which have the potential of increasing self-help

activities within Canada's welfare system. During 1978-79, 163 projects received grants under this Program. The Committee suggests that the Federal Government utilize funds from the Canada Assistance Plan or the National Welfare Grants Program to establish demonstration projects in independent living. A commitment to start these projects should be made during 1981.

**Transition:** The most difficult times for a disabled person are those involving a major life change, such as that required in moving from an institution to living within the community. The demonstration independent living programs should budget for the costs needed to help the disabled persons make this initial transition. The provision of sufficient funds to cover this critical time can make the difference between permanent assistance and self-sufficiency.

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# JENNIFER MYERS

Lethbridge, Alberta

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**“You don’t accept  
your condition,  
you live with it.”**

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**“Like most  
able-bodied people,  
I didn’t know  
anything about the  
disease.”**

When I discovered that I had Multiple Sclerosis, my first question was “Am I going to die?” Like most able-bodied people, I didn’t know anything about the disease, nor had I been all that concerned about my health. So it was pretty upsetting. I was divorced at the time and that was probably a major contributor to the onset of the disease. MS usually starts with an emotional upset.

At the same time, I had met another man and we were talking about getting married. When he found out about the MS, he asked me to marry him immediately. After I thought about it, I felt that I couldn’t do this to him because not even I knew what

was going to happen to my health. So I broke it off. But he kept coming around to see me and finally I agreed. Unfortunately, three years later, we are divorced. He wasn’t the kind of person who could take it.

It was really tough after that. I had to support a child from my first marriage, and my health made it impossible to work. I was really upset, crying, hysterical, not knowing where I was going, and wanting to die. That’s when my salvation came in the person of a community worker named Cathy Guerney. She came and took me in hand. Before I knew it, I was involved with groups for the handicapped. Now, I do volunteer work at the hospital, with the elderly people in rehabilitation, and I keep busy with human rights issues. I wrote a brief for the Parliamentary Committee on Comprehensive Care which was well received. Right now I’m working with others on a proposal to help expand the Health Unit in Alberta.

**“I’d give anything  
to be able to run  
one block.”**

One heartbreak I feel is that I can no longer do athletic activities. When I was younger, I was a YWCA leader, and very much involved in swimming, volleyball, and baseball. I belonged to the trampoline, tumbling and sailing clubs. In fact when I was 14, I won a

Junior Olympic pendant in sailing. Now if I let myself, I feel sorry that I can’t do any of these things. I’d give anything to be able to run one block. It really bothers me when I think of all the times that I could have run, and didn’t do it.

I’m having a hard time with my finances. Right now I get \$410



pension from the Alberta Government Telephone, where I worked. \$210 comes from Canada pension. My ex-husband helps me with \$200 a month—and that’s all I have. Out of that money I have to keep my car running, support my son and myself, make house payments, make improvements on the house, and also buy drugs which aren’t covered by Blue Cross. What gets me is that I have to pay income taxes on my pension, about \$70 a



**“There are things to  
be done, and you  
can do it.”**

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month. I think it's a strange policy to tax people who are on pension. I wish they would stop doing this, because I could really use that extra \$70.

My thinking has changed a great deal. When you get a chronic ailment like MS, or are going to die,

first of all you get angry. Then you ask why is this happening to you, and then finally you start doing something about it. For some people, this change happens overnight. For others, it takes much longer, and for some, it never happens. You don't accept your condition, you live with it. I think that's very important,

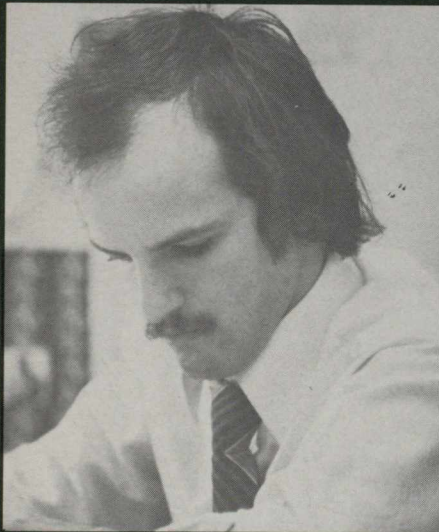
because acceptance to me means that you just lie down and let the situation take over. I refuse to let MS take over my life. There's too much to be done. I find now that there is something inside tugging at me and saying "There are things to be done and you can do it."●

# SERGE LEBLANC

Chicoutimi, Quebec

## “Disabled persons are not extraterrestrial beings.”

I was born with cerebral palsy, but I don't let it bother me. It is only society's reaction to my condition that makes me think about it at all. The so-called normal people in society should always remember that people with a disability are first and foremost human beings. We have hands for giving, brains for thinking, and hearts for loving.



**“People rarely say the insults they are thinking.”**

Disabled persons are not extraterrestrial beings. When people approach me, I wish that they would remind themselves that everything that is true for them is also true for me. They want to be treated as intelligent human beings, and so do I. This is very important, especially when their first contact with me is over the telephone, where they can only hear my voice. The person may

have prejudices because I have a speech problem. People rarely say the insults they are thinking, but I can sense what's going through their minds. I find this very uncomfortable and embarrassing to deal with.

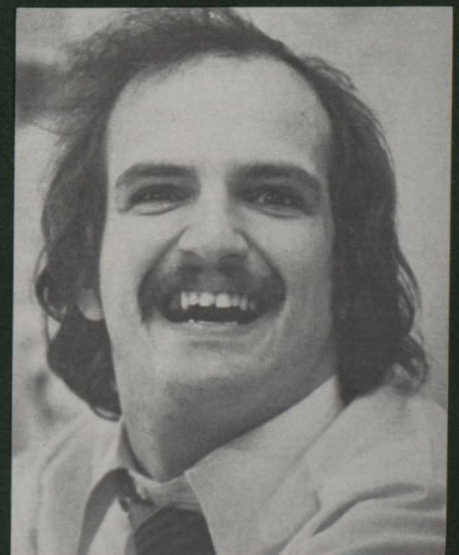
Since the Special Committee visited here, I've given thought to a key action that the government should take to help disabled persons. Each M.P. should be provided with a special fund of \$10,000 which can be used in his riding to provide immediate assistance to disabled persons with emergency problems. The problems of the disabled are so often tossed like a ball from one government agency to another, with no one taking responsibility. A disabled person can die four times over before receiving services. With this special fund, the M.P. could establish a committee in conjunction with the associations that represent the disabled. The committee would give this money as quickly as possible to those persons who have urgent needs and no financial resources.

**“The problems of the disabled are so often tossed like a ball from one government agency to another, with no one taking responsibility.”**

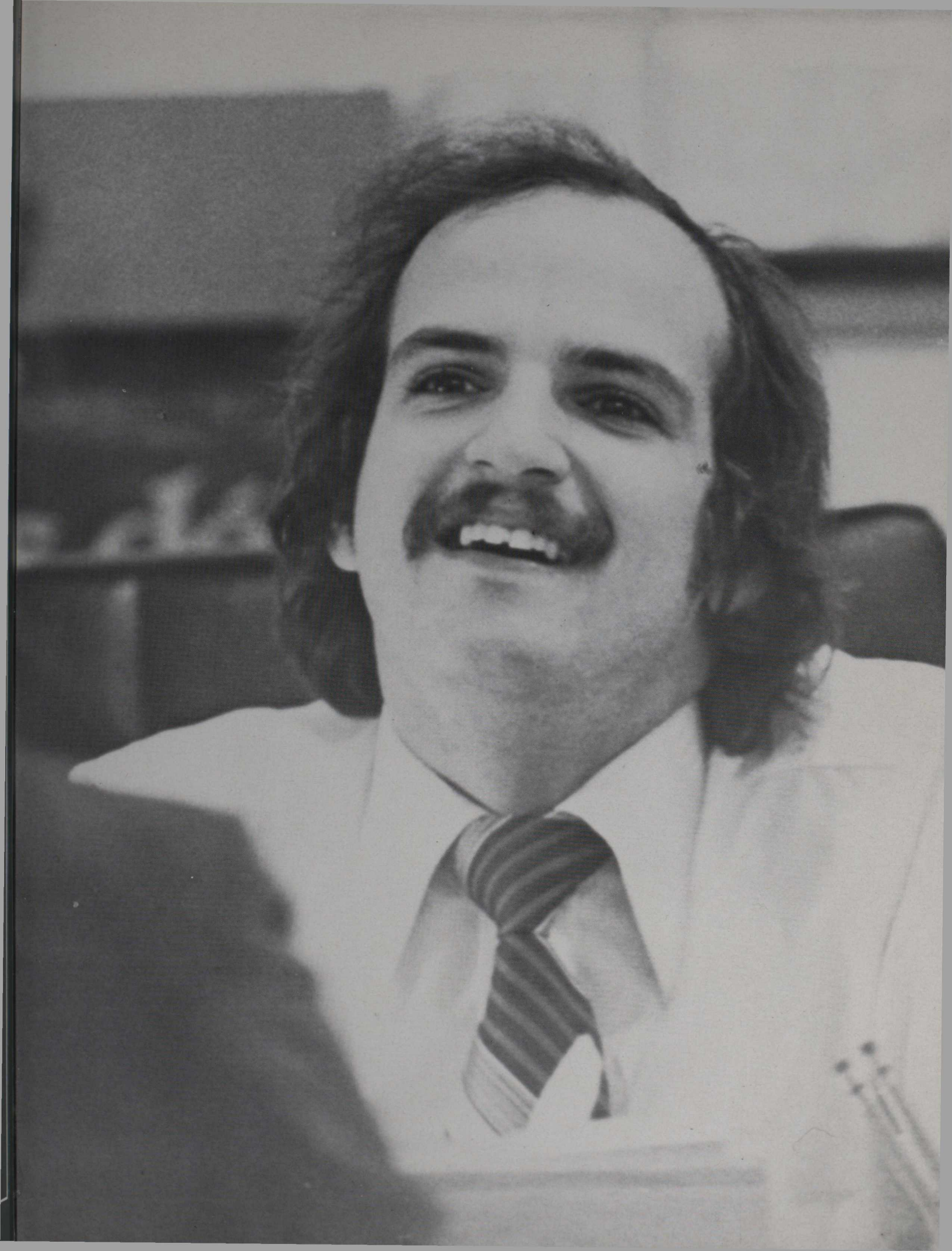
**“You can't bank on what you don't have.”**

Generally, I don't feel that disabled persons are consulted enough about the programs and policies which are directed at us—but things are improving. In the past five years, the needs of the disabled have become a fashionable topic of conversation. Things are getting off the ground and I hope this trend continues.

In my own mind, I don't have many obstacles to overcome as a disabled person, but rather I have a lot of adjustments to make within myself. My goals are determined day by day. Today is important, and tomorrow will take care of itself. I don't know what's going to happen to me, and I don't want to know. I don't worry about future time because you can't bank on what you don't have.●









# IAN PARKER

Toronto, Ontario

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**“We all have this marvelous ability to adjust to new circumstances.”**

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Six years ago I had an accident when I dove into a lake, I broke my neck and injured the spinal chord. As a result I have some degree of paralysis in my legs and arms, and use a wheelchair.

After the accident I spent a little more than a year out of commission in hospitals before moving back into the community. At that time a new experiment in the delivery of services, coordinated by Clarendon Foundation, had just started up, here in Toronto. The idea was for necessary attendant services to be provided through Clarendon, so that people who require some assistance with their daily activities can continue to live independently.

I live in an ordinary apartment building but have a unit designed to be more accessible for the wheelchair. While I feel fortunate to be able to live this way, I also consider it a right. It should be a normal expectation for disabled persons to live in the community with the necessary supports. I cannot imagine being institutionalized. I don't want to consider what it might have done to my desire to go back to university or what it would mean to my present working life.

At the time of my accident, I was a piano instructor at the Royal Conservatory of Music, with thirty-five students. My first

thoughts after my injury were that I was letting them down. I really felt badly that I couldn't help them anymore. That's not very rational, I realize, but that was my feeling at the time.

**“Well, I can still think, I can hear and appreciate music, and I still have supportive family and friends.”**

Aside from that, I didn't feel negative about what had happened. I was very thankful that I could still do a lot of things that were important to me. My thoughts were, “Well, I can still think, I can hear and appreciate music, and I still have supportive family and friends”. I didn't go through any period of denying my condition or feeling angry about it. I don't know why that was, but I never did.

It wasn't until I went to the rehabilitation hospital that I fully realized my loss. I saw myself in a mirror for the first time, sitting in a wheelchair. And the sight of other patients, struggling around in their wheelchairs brought home to me the full extent of my loss. Then I went through a period of depression,



which I gradually overcame. Now, with each year, my condition seems more and more natural. The sense of loss recedes further into the past.

**From the start I could not accept being treated any differently than before my accident simply because I was now disabled. I was still the same person. I am still the same person.**

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People say to me, "I could never adjust the way that you have done." And I always tell them, "Of course you could". That's what being human is all about, this ability that we have to adjust to new circumstances, no matter how limiting. Regardless of how difficult things get, and I don't minimize that, we all have a flexibility of

thought and emotion which enables us to make the best of our situation. I'm not unusual in this. I see people making greater adjustments than mine all the time.

Although you learn to adjust to your disability, nevertheless, one has to overcome overprotective or patronizing attitudes. I never

allowed myself to be considered as a patient, with all the loss of responsibility and lack of personal control over one's daily life that that means. From the start I could not accept being treated any differently than before my accident simply because I was now disabled. I was still the same person. I am still the same person. ●

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**"I see people making  
greater adjustments than  
mine all of the time."**



# SEVEN

## ACCESS TO PUBLIC BUILDINGS AND FACILITIES



**“Architectural inaccessibility is one of the most overt barriers to employment of handicapped persons.”**

The Ontario Federation for the Physically Handicapped

**“1981 is going to be the year dedicated to the physically disabled—let’s scratch out the “dis”. I hope that everybody that reads this letter can stop and think of the problems we face everyday living in a wheelchair. The biggest problems are steps and small doorways. You never know when your turn will come. It doesn’t take a special kind of person to end up in a chair but it does take a special kind of person to live in one.”**

Doug Chaulk, Kitchener, Ontario

**“In my day, I had to drop out of school in Grade 9 because my local high school was inaccessible. After doing high school by correspondence at home I had to leave the country to find an accessible university. But I consider myself lucky compared to today’s children! Now we bus all our handicapped children out from their inaccessible neighbourhood school to a “special” school where they’ll be with their own kind, sheltered from the “teasing” of the regular kids so we tell ourselves. Then we wonder why they grow up into handicapped adults who seem able to cope only in sheltered workshops and are uncomfortable with regular people. At the same time we wonder why the non-handicapped have no understanding or awareness of the handicapped. Awareness and education on both sides doesn’t come through special schools and expensive media campaigns; it comes through accessible public schools.”**

J. L. Phillips, Ottawa

77

## MAKE PARLIAMENT HILL COMPLETELY ACCESSIBLE



### RECOMMENDATION:

**That the Parliamentary Complex be made accessible immediately to all disabled persons, both as visitors and employees.**

**That disabled persons and their organizations be consulted about the most appropriate ways to provide accessibility.**

In its First Report of 30 October 1980 the Committee made the following recommendations:

- **Parliamentary Complex:** All the facilities and services of the Parliamentary Complex of buildings in Ottawa be made immediately accessible to all disabled and handicapped persons, both as visitors and employees.
- **Consultation:** In making the necessary renovations disabled persons and their organizations should be consulted.

**Citizen's Right:** Parliament Hill is the most popular tourist attraction in Ottawa. Each year thousands of Canadian visit the various buildings. A tour includes the Senate, the House of Commons, the Library of Parliament and the Peace Tower. It may also include a meeting with the visitor's Member of Parliament or attending a sitting of Parliament. Disabled citizens have the same right to enjoy such a tour as do ablebodied Canadians.

**Business Purposes:** There are many other Canadians who come to Parliament Hill for business reasons. Some meet with their Member of Parliament, others attend a sitting of the House of Commons, and still others attend the sitting of a Parliamentary Committee. Accessibility in such cases should include technical aids and personal assistance required by those who have hearing or visual disabilities.

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**Parliament Hill is the most popular tourist attraction in Ottawa. Each year thousands of Canadians visit the various buildings. A tour includes the Senate, the House of Commons, the Library of Parliament and the Peace Tower. Disabled citizens have the same right to enjoy such a tour as do ablebodied Canadians.**

78

## NO FEDERAL FUNDING UNLESS ACCESSIBILITY IS ENSURED



### RECOMMENDATION:

**That the Federal Government ensure that all public buildings constructed, renovated, leased or funded by the Federal Government be required, as a condition of funding, to be accessible as defined by the standard of accessibility developed by the Department of Public Works.**

**That the Federal Government expand its review process, to ensure compliance with the standard of accessibility, by:**

- Approval of plans governing access to new buildings and facilities or major renovations to existing buildings and facilities;
- Monitoring compliance with these plans;
- Monitoring renovations (retrofitting) of existing buildings and facilities.

**Two-Thirds Not Covered:** The Department of Public Works is the central real property agency for the Federal Government. It already has in place a program which will ensure accessibility in all public buildings under its responsibility. But this only covers one-third of all Federal Government space. A new mechanism is needed to ensure that the remaining two-thirds of the space fall under the same standards as well as all other buildings and facilities financed by the Federal Government. This would entail a form of contract compliance, which should be monitored by an Accessibility Compliance Board.

**Avoid Bureaucracy:** The Committee believes that the Accessibility Compliance Board should not entail the creation of a large bureaucracy. In fact, it may simply require having an existing agency of government assume the additional responsibility of following up on complaints of inaccessibility brought to it by individuals. The U.S. Government has an Architectural Barriers Accessibility Board, under the Rehabilitation Act, which has proven effective without being large. The new Canadian monitoring board should work directly in conjunction with the Canadian Human Rights Commission referring complaints that it receives to the latter organization. Once the Canadian Human Rights Act has been amended, individuals will be able to take their complaints of inaccessibility directly to the Commission, without the assistance of the Compliance Board.

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# 79

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## 1983 DEADLINE FOR SCHEDULE TO MAKE FEDERAL BUILDINGS ACCESSIBLE

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### RECOMMENDATION:

**That the Federal Government ensure that its buildings and facilities be upgraded (retrofitted) before the end of 1983 to the standards of accessibility developed by the Department of Public Works, and that heritage properties be made accessible whenever possible.**

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**Public Works Activities:** The Department of Public Works has an active program in place already to upgrade more than 3,000 of its buildings. This effort began in 1979 and by June 1980, 450 buildings had been completed.

**Not Valid:** Public Works is responsible for only one-third of Federal Government space. Other Federal Departments have not shown the same progress in making their buildings accessible. Some have stated that they "do not have the funds

available to undertake wide-scale renovations." Another Department, in its presentation to the Committee, stated that "there are no handicapped employees in any of these buildings requiring such facilities at this time." Your Committee does not accept these as valid reasons.

**Heritage Questioned:** Until now, approximately 80 historic parks and 700 historic sites have been excluded from upgrading programs. The Department of the Environment states that the mandate for Parks Canada is "to protect and preserve the heritage environment. Any services provided to handicapped persons must not detract from or impair the achievement of that goal."

**Persons First:** The Committee, while recognizing the validity of Parks Canada's mandate, nevertheless, feels that the principle of access for disabled Canadians includes access to heritage properties. It also recognizes that additional skill will be required to preserve the original character of these properties but, wherever possible, both historic sites and parks should be made accessible.

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**The Committee, while recognizing the validity of Parks Canada's mandate, nevertheless, feels that the principle of access for disabled Canadians includes access to heritage properties.**

## 80

## CONSULT WITH DISABLED PERSONS WHEN UPGRADING GOVERNMENT BUILDINGS

### RECOMMENDATION:

**That disabled persons and their organizations be consulted on a continuing basis by Federal Government Departments, Agencies and Crown Corporations undertaking construction or renovation projects concerning the most appropriate ways to provide accessibility.**

**Common Sense:** The Department of Public Works instructed all of its regional offices in July 1980 to actively seek consulting services from disabled individuals. The everyday experience of disabled persons will be the best guide for government departments in identifying the obstacles which currently make facilities and services inaccessible. It is only common sense that this experience should be utilized by the planners and architects who are responsible for upgrading programs.

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## 81

## REVISE THE NATIONAL BUILDING CODE—IN CONSULTATION WITH DISABLED PERSONS



### RECOMMENDATION:

**That the National Building Code be revised in consultation with disabled persons and their organizations to include comprehensive standards of accessibility for disabled persons including deaf or hearing-impaired persons and blind or visually-impaired persons.**

**No Direct Input:** Recommendations for changes to the National Building Code and Supplement #5 are currently made with the representation of traditional organizations—but without direct input from disabled consumers. The consultative process must be expanded to include disabled persons and their organizations.

**Special Needs Ignored:** This lack of first-hand experience results in standards which provide only a minimum level of access. Persons with special needs, such as those with hearing and visual disabilities, tend to be ignored in the Code.

**Examples:** The public address and fire alarm systems in most buildings do not take into account the needs of people with hearing disabilities. At the same time, persons with a visual disability have great difficulty in using elevators in most buildings because there are no raised numbers to indicate which floor button to push, and no signal to indicate when the elevator car has reached the desired floor.

**Revision/Consultation:** The Committee recommends, therefore, that the National Building Code be revised to include comprehensive standards of accessibility for all disabled persons, including those with special needs. This revision, however, should take place only with the full consultation of disabled persons and their organizations.

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**The public address and fire alarm systems in most buildings do not take into account the needs of people with hearing disabilities.**



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# 82

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## UTILIZE WINTER WORK PROGRAM TO MAKE BUILDINGS ACCESSIBLE

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### RECOMMENDATION:

**That the Federal Government reinstate a modified Winter Work Program to encourage Provinces and municipalities to make public buildings and facilities accessible to all.**

**That this Winter Work Program be financed out of current job creation and regional development budgets.**

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**Two Objectives:** Unemployment is a major problem in Canada. Accessibility to public buildings is a major problem for many disabled Canadians. The Federal Government can make progress in both areas by reinstating a modified Winter Work Program, and directing the labour toward making public buildings accessible. Since many of these buildings are under provincial and municipal jurisdiction, the Federal Government should encourage them to participate in this special employment program.

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# EIGHT

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# TRANSPORTATION

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**“Since the invention of the wheel man has consistently strived to improve his modes and means of transportation. Advanced technology has provided the able-bodied individual with the opportunity for greater freedom and access to the environment and beyond. However, for the mobility impaired, transportation represents a major barrier to equality, participation and integration.”**

Canadian Rehabilitation Council for the Disabled

**“Public transport in major cities usually operates at a deficit. Motorists who have never entered a bus accept the need to support this deficit from taxes. Yet the reason given for missing or inadequate transportation for the mobility handicapped is that it operates at a deficit.”**

Dr. Helen J. Morton, Ottawa

**“Transportation, or should I say the inaccessibility or lack of transportation, has been the greatest problem for the mobility handicapped for what seems an eternity. Neither basic medical visits, nor employment, and certainly not recreational activities could even be attempted, and then only with a great deal of difficulty and expense on the part of the disabled, who, like myself, could not get into a regular vehicle unaided.”**

Elizabeth Semkiw, Winnipeg

## 83

**PROVIDE  
REASONABLE  
ACCESS FOR  
DISABLED  
PERSONS TO  
ALL MODES OF  
TRANSPORTA-  
TION UNDER  
FEDERAL  
JURISDICTION**

**RECOMMENDATION:**

That the Federal Government direct the Minister of Transport to develop, in consultation with disabled persons and their organizations, and to publish a National Policy on Transportation for Disabled Persons, to provide reasonable access to all transportation modes under Federal jurisdiction. This policy should meet the objectives of standardizing tariffs, procedures, rules, regulations among transportation modes and lead to a greater rationalization of services, particularly between parallel and regular services.

**Confusion:** Transportation services for disabled persons are a shared responsibility among federal, provincial and municipal governments. These responsibilities cover air, ferries, commuter rail and bus systems. In addition to inter-jurisdictional problems, further complexity stems from different regulatory mandates within Federal agencies. For example, Air Canada, the Department of Transport, and the Canadian Transport Commission are all involved in inter-provincial air service. This adds up to red tape for the disabled traveller. The Committee believes that insofar as different travel modes fall directly under Federal jurisdiction a single policy should be established to deal with the needs of disabled travellers. At present, the Federal Government has jurisdiction over the following modes of travel:

- Air Carriers
- Inter-Provincial Rail
- Inter-Provincial Buses
- International Ferries
- Inter-Provincial Ferries
- Roadcruiser Service in Newfoundland.

**Reasonable Solutions:** A National Policy will make it easier for government, carriers, disabled persons, and their organizations, to agree on reasonable solutions to meet the needs of the mobility handicapped. Expectations and apprehensions will be fully aired in the process of developing such a policy statement.

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## 84

**ENSURE THAT  
MAJOR  
TRANSPORTA-  
TION  
TERMINALS ARE  
EQUIPPED FOR  
THE SPECIAL  
NEEDS OF  
DISABLED  
PERSONS**

**RECOMMENDATION:**

That, pending the adoption of a National Transportation Policy for Disabled Persons, the Federal Government, through the Department of Transport develop and implement a plan which will ensure that major transportation terminals (including air, rail and ferry) under its jurisdiction be reasonably accessible and, in particular, that all major terminals have accessible toilets, ticket counters, baggage lockers, restaurants, telephones, drinking fountains, audio and visual communication and information systems, elevators and ramps for move-

ment between levels, and accessible parking areas.

**That the Federal Government, through the Department of Transport, publish a schedule outlining its plan and schedule for achieving reasonable access to transportation terminals.**

**Up-Front Obstacles:** Access to transportation services can be difficult or impossible for disabled persons because some transportation terminals are not accessible. Travel by airplane, train, bus or ferry can be a most frustrating experience to a disabled person if the parking areas, entrances to the terminal and ticket counters are not accessible.

**First Moves:** The Canadian Transport Commission has already ordered VIA Rail to make certain that its major terminals are accessible in the ways listed above. Transport Canada has embarked upon a program to make air terminals accessible by 1983. The Canadian Transport Commission has ordered manual lifting at 13 major railway stations, but no timetable is yet available for conversion of many older terminals. The Department of Transport should now implement a plan which will ensure facilities for disabled persons in all major transportation terminals (air, rail and ferry) under its jurisdiction.

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**Access to transportation services can be difficult or impossible for disabled persons because some transportation terminals are not accessible.**

# 85

## REQUIRE ALL GOVERNMENT-FUNDED TRANSPORT EQUIPMENT BE ACCESSIBLE TO DISABLED PERSONS



### RECOMMENDATION:

**That the Federal Government ensure that all passenger transport equipment purchased or retrofitted with Federal funds be required, as a condition of funding, to be reasonably accessible to disabled persons.**

**Major Effort:** For the most part, railway cars, aircraft, buses, ferries and their facilities are not accessible. The only exception are the West Coast ferries, and "The Straightway" East Coast ferries, now under construction. "Reasonably accessible" means that the disabled person can enter the vehicle and be properly seated without assistance.

**Improvements:** In the near future, wheelchair accessible aircraft will become available from manufacturers. VIA Rail has already ordered a number of accessible railcars.

Until these accessible vehicles are in widespread use, the following improvements should be made to make existing stock more accessible:

- **Lifts:** Terminals for aircraft, trains and ferries should have some facility—mechanical or otherwise—for lifting wheelchairs on and off vehicles.
- **Seats:** Seats near the entrance doors should be reserved for disabled travellers, and these seats should have "removable" armrests.
- **Toilets:** Toilets should be accessible where technically possible.
- **Aisles:** An on-board wheelchair should be available for passengers who need to move in the aisles.
- **Communications:** Visual and audio systems for communicating to sensory-impaired passengers.

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**For the most part, railway cars, aircraft, buses, ferries and their facilities are not accessible. "Reasonably accessible" means that the disabled person can enter the vehicle and be properly seated without assistance.**

86

## REQUIRE ROADCRUISER BUSES IN NEWFOUND- LAND TO HAVE WHEELCHAIR LIFTS



### RECOMMENDATION:

**That the Federal Government request the Canadian Transport Commission to require the Roadcruiser bus service in Newfoundland to provide a mechanical facility or a service for lifting people in wheelchairs on and off the vehicles.**

**Only Service:** The Roadcruiser is the only public transportation service in Newfoundland. Since it takes the place of rail service on the island, it falls under Federal jurisdiction. At present, the Roadcruiser buses are not accessible to disabled persons in wheelchairs. This deficiency should be corrected as quickly as possible. The first objective is to ensure that disabled persons have

access to at least one regularly scheduled bus each day, travelling both east and west.

**Available:** Roadcruiser buses should be equipped with a mechanical device or some other facility for lifting people in wheelchairs on and off the vehicle. This is not impossible since there are already hydraulic lifts in use on urban buses which could be adapted to intercity buses. Disabled persons using the Roadcruiser should not be required to use an attendant, or to present a travel card that certifies that they are able to travel on their own. Terminals on route should be made accessible, so that the toilets on the buses are not required to be accessible. Communications facilities should be established in the terminals for the benefit of hearing and visually impaired persons.

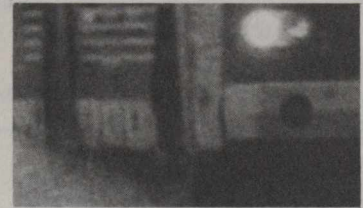
**Country-wide:** These recommendations which apply specifically to the Roadcruiser buses in Newfoundland should also be applied to other intercity buses, travelling major routes across Canada, which fall under direct federal jurisdiction.

\* \* \* \* \*

**At present, the Roadcruiser buses are not accessible to disabled persons in wheelchairs. This deficiency should be corrected as quickly as possible. The first objective is to ensure that disabled persons have access to at least one regularly scheduled bus each day, travelling both east and west.**

87

## EXEMPT PURCHASE OF ACCESSIBLE BUSES FROM SALES TAX



### RECOMMENDATION:

**That the Federal Government direct the Department of National Revenue to exempt the purchase of accessible intercity buses from the Federal sales tax to encourage the development of an accessible intercity bus service across Canada.**

**Well Disposed:** The intercity bus industry has long recognized the need of the disabled traveller. For many years, it has allowed a disabled person who requires an attendant to travel on the basis of a "two for one" tariff. Also, many of the main bus terminals constructed during the past decade were planned with the needs of disabled persons in mind.

**Lack of Accessible Bus:** All the buses presently in use are not accessible. However, accessible buses are now being designed and produced for use in the United States.

**Reasonable Access:** Disabled persons are not asking for all intercity buses to be accessible. What is being proposed is that certain key intercity routes be available to the disabled traveller. In time, in the light of experience, more routes could be made available.

**First Step:** A first step in this direction would be for intercity bus carriers to purchase a few accessible buses. In order to encourage this initiative, the Committee believes that the additional cost for an accessible bus could be substantially offset by exempting the bus company from paying the Federal sales tax whenever an accessible bus is purchased. In addition, the Provinces should be encouraged to provide exemptions from provincial sales tax.

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**Disabled persons are not asking for all intercity buses to be accessible. What is being proposed is that certain key intercity routes be available to the disabled traveller.**

# 88

## REQUIRE AIR CARRIERS TO CHARGE ONLY ONE FARE FOR DISABLED PERSON AND ATTENDANT



### RECOMMENDATION:

**That the Federal Government, through the Minister of Transport require that air carriers adopt a policy of accepting the disabled traveller's estimate of his/her self-reliance, without medical certificates or waivers of disability.**

**That, where necessary, boarding assistance be provided by carriers.**

**That where an attendant is required to care for the personal needs of a disabled traveller, that attendant will travel free.**

**That where more than one seat is required for the transport of a disabled person for various reasons arising from his/her disability, only one fare will be charged for that traveller.**

**Obstructions:** Disabled persons should be allowed to travel on their own statement of self-reliance, and not be required to present a medical certificate. The latter practice has been required by most airlines in the past and it has caused both inconvenience and embarrassment. The Committee applauds the initiative of the Air Transport Association of Canada (ATAC) in adopting the policy of accepting the disabled air traveller's word. The Committee requests the Association to encourage the International Air Transport Association (IATA) to adopt a similar policy.

**One Fare:** Disabled persons who are on stretchers, or who require a personal attendant, must pay a double fare. This makes air travel impossible for many disabled persons who are on low income. The Committee feels that these individuals should be required to pay a single fare only.

**Modest Cost:** Air carriers are resisting the free fare for an attendant because of the costs involved, because they fear that such a policy would be abused, and because they believe that free fare would constitute a social service for which they should not be responsible. Regarding the cost, it is well known that empty seats are available during off-peak hours, days and seasons. If disabled persons could fly at those times, there would be little or no costs to the airlines. Regarding the fear of abuse, it is not likely that disabled persons who have difficulty in going about their daily activities are suddenly going to start taking trips around the country or the world. Regarding the question of social service, it is the belief of the Committee that all sectors of Canadian society are responsible for improving the opportunities for disabled persons to lead normal lives. In comparison with the changes recom-

mended for other organizations, this proposal to the air carriers is modest in cost and scope.

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## 89

### PROVIDE WHEELCHAIRS AND BATTERIES AT AIRPORTS



#### RECOMMENDATION:

That the Federal Government request the Canadian Transport Commission (CTC) to require air carriers to have available at airports, a few wheelchairs and batteries, to be loaned to disabled passengers in case of loss or severe damage, and to require air carriers to reimburse, at replacement cost rather than purchase price, owners of lost or severely damaged wheelchairs.

**Disaster:** Disabled air travellers are not allowed to keep their wheelchairs in the passenger compartment. The chairs are stored in baggage compartments. Since baggage has been known to be lost or damaged, there is no reason why the same thing cannot happen to a wheelchair. In fact, damage to

wheelchairs is a frequent occurrence. When this happens, it can be disastrous for the disabled person. Repairs or settlement of claims can take weeks. Meanwhile, the traveller is helpless, without a chair.

**Wet Cell Batteries:** Electric wheelchairs use a type of "wet" battery which some airlines will not take on board for fear of an acid spill. As a result, a disabled person must leave one set of batteries behind, and arrange to have another set waiting for him or her at the destination airport.

**"Service" Theme:** Advertisements and commercials run by the airlines constantly stress "service to customers". Disabled travellers should now be included in this theme. It will cost the airlines very little money, and gain them considerable goodwill, if they will help disabled persons solve this problem of wheelchairs and batteries.

**25¢ Solution:** First of all, the airlines should be required to have available at airports replacement wheelchairs and batteries to be loaned to those disabled passengers who experience loss or damage. Secondly the Air Transport Association of Canada, in consultation with its members, should develop a suitable means for carrying wet-cell batteries. Before spending a lot of time and money on this project, however, the air carriers should consult with Air Canada. Its representatives showed the Members of the Committee plastic caps costing 25¢ each which they believed would eliminate the possibility of spillage.

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## 90

### IMPLEMENT UNIFORM PARKING POLICY FOR DISABLED PERSONS AT FEDERAL FACILITIES



#### RECOMMENDATION:

That, where the Federal Government has jurisdiction over parking, such as at some transportation terminals, national parks or at federally-owned public buildings, a uniform national policy be developed which will ensure reserved parking facilities for disabled drivers and passengers close to entrances with proper signage and clearly-defined penalties for infraction.

That a national system be developed for identifying vehicles driven by disabled drivers so that unauthorized vehicles can be ticketed.

**Cars Essential:** Most public transportation systems in Canada are

inaccessible to disabled persons at this time, and are likely to remain so for some time. This means that private transportation by car will be the only way most disabled persons can travel. Automobile travel constitutes 85% of all passenger trips for disabled persons. The lack of adequate, accessible parking spaces, therefore, causes a severe limitation on mobility. The Federal Government has no jurisdiction over private, provincial or municipal parking lots. But insofar as Federal parks, airports, post offices and other Federal properties are concerned, the Federal Government should ensure that parking areas are made accessible.

**Identification:** The Federal Government should coordinate the establishment of a national identification system for cars of disabled persons. Since vehicle licensing and registration is a provincial responsibility, this identification system would require the agreement of the provinces. The ticketing of unauthorized vehicles in reserved spaces would sometimes be a Federal responsibility, sometimes a municipal one. The spaces provided for disabled persons should be enlarged to ensure adequate manoeuvring room to move a wheelchair into position while holding the car door open.

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**Automobile travel constitutes 85% of all passenger trips for disabled persons. The lack of adequate, accessible parking spaces, therefore, causes a severe limitation on mobility.**

# 91

## ESTABLISH FUND TO ALTER AUTOMOBILES FOR USE BY DISABLED DRIVERS



### RECOMMENDATION:

**That the Federal Government negotiate with the Provinces a cost-sharing agreement to establish a fund similar to the Student Loan Program to assist disabled drivers in the retrofitting of personal vehicles. The fund should be a finite sum of money set aside specifically for this purpose.**

**Loan Scheme:** Adapting a car or van for use by a disabled driver can cost as much as \$6,000. The Federal Government should establish a loan program, similar to Student Loan Program, which will enable disabled persons to alter their vehicles and pay for the costs over a period of time. The repayment period should be extended according to the individual's disposable earnings.

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# 92

## DIRECT MORE TRANSPORTA- TION FUNDS TO DISABLED PERSONS IF UTAP IS CONTINUED

### RECOMMENDATION:

**That, in the event that any future initiatives or expansion of the Urban Transportation Assistance Program (UTAP) is undertaken, the Federal Government instruct the Minister of Transport to direct a specified portion of the funds to the transportation needs of disabled persons.**

**Drop in Bucket:** The Urban Transport Assistance Plan provides funds to provinces to upgrade urban transportation facilities. Most of the provinces have used the funds for railway grade separations, crossings, and other maintenance purposes. Since UTAP began, more than \$101,000,000 in projects have been approved. The request for monies must come from a Province, but so far only \$160,000 has been requested for transportation for disabled persons. The Committee recommends that a continuation of UTAP should provide a greater proportion of funds for disabled travellers.

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# NINE

## SPORTS, RECREATION AND LEISURE



**“Recreation has much to offer the disabled person. It can be a vital link to the community. It provides an opportunity for the development of social skills, motor skills, self expression and creativity. It offers fun, satisfaction, success, decision making and community involvement. These are all opportunities from which disabled people have been sheltered and/or excluded.”**

Recreation Council for the Disabled in Nova Scotia

**“This lack of public recognition has serious and far-reaching consequences for the disabled athlete as little or no opportunity is provided in many parts of Canada for these persons to participate in even the most rudimentary training programs. Thus a tremendous human potential remains untapped.”**

National Sport and Recreation Centre, Ottawa

**“The importance of recreation and sports in the disabled person’s total development must never be underestimated. It has been clearly demonstrated that involvement in recreation and sport encourages a person to set certain goals and work towards such goals; and may result in real successes and accomplishments while attaining the set goals. Improved self-image, increased confidence, and improved social skills are usual benefits derived from one’s participation in sport and recreation activities.”**

The P.E.I. Recreation and Sports Association for the Disabled

## 93

## PROVIDE GREATER RECREATIONAL PROGRAMS AND INFORMATION FOR DISABLED PERSONS



### RECOMMENDATION:

That Federal Government Departments and Agencies such as Parks Canada, National Museums of Canada, National Government Office of Tourism, and the National Capital Commission, which provide or promote leisure activities, give high priority to making their services and programs available to disabled persons.

**Higher Priority:** Disabled persons have little access to the recreational opportunities provided to non-disabled persons by Parks Canada and other Federal Agencies. Parks Canada, in particular, has stated to the Special Committee that the needs of disabled persons are low priority because providing special programs would not be cost-effective.

ive. The Members of the Committee do not accept this reasoning. Any facility open to the public, which is funded by the public, should be accessible to disabled persons—unless this is practically impossible. This is a basic civil right and takes priority over any other consideration. Wherever possible, therefore, these Agencies should strive to make their existing programs and services available to disabled persons, and to make special efforts to inform disabled persons about these new recreational opportunities.

\* \* \* \* \*

## 94

## INTEGRATE DISABLED PERSONS INTO EXISTING SPORTS ACTIVITIES



### RECOMMENDATION:

That steps be taken to encourage the integration of disabled persons into sports governing bodies where appropriate, along the lines recommended by the national symposium on Sport Integration for the Physi-

cally Disabled held in September 1979.

**Overcome Myth:** One of the biggest attitudinal obstacles that disabled persons must overcome is the myth that they cannot participate in physical activities, especially in sports. Yet, many disabled persons are able to enjoy swimming, wrestling, table tennis, basketball and skiing, to name a few examples, when these activities are made accessible to them. Participation with able-bodied persons in sports is an important way in which many disabled persons gain the confidence to live independently in other areas of daily life.

**Useful Step:** Fitness and Amateur Sport Canada recently held a national symposium on Sport Integration for the Physically Disabled. The symposium drew representatives from the national and provincial sport governing bodies to discuss and initiate policies for integrating disabled persons into existing programs. The Members of the Committee see this action as a very useful first step, which should now become a guide throughout Canada for increasing the participation of disabled persons in as many different sports as possible.

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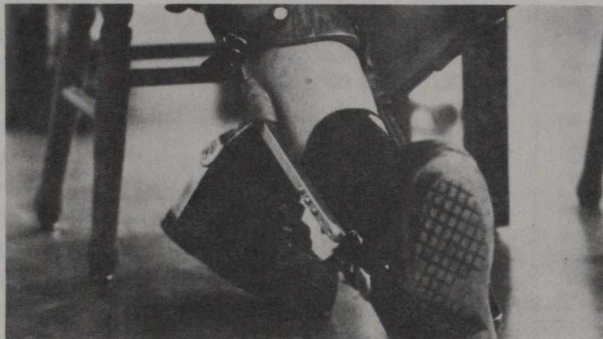
One of the biggest attitudinal obstacles that disabled persons must overcome is the myth that they cannot participate in physical activities, especially in sports.

# TEN

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## EDUCATION

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**“As you no doubt have noticed, there are a number of grammatical, spelling and punctuation errors in our brief. Sometimes, what we meant may not be spelled out clearly. This is partly due to the difficulty for a disabled person to obtain a proper education.”**

**Action League for Physically Handicapped Adults of Kitchener-Waterloo, Ontario**

**“Comment to a mother of a learning disabled 15 year old, from her family doctor, ‘David is weird’. The young practitioner had no knowledge or training to help him understand a severely disabled boy, who was noticeably reticent with speech. He looked so normal, but didn’t seem to act normally. The doctor just labelled him a ‘Weirdo’. Hard to believe? Possibly it is, but it is an event which happened here in Vancouver. The doctor qualified in Medicine in Toronto, Ontario, in the early 1970’s.”**

**B.C. Association for Children with Learning Disabilities**

**“Because of the geographic, cultural and linguistic variables affecting education in the North, it is inevitable that to an even greater extent than in other parts of the country, the primary responsibility for delivery of special services lies on the local teachers. Consequently, intensive and thorough teacher training is absolutely imperative.”**

**NWT Council for Disabled Persons**

## 95

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## DEVELOP MATERIALS ON DISABILITY FOR TEACHER TRAINING COURSE

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### RECOMMENDATION:

That provincial ministries of education be encouraged to develop, for use in teacher training programs, course material and teaching aids about physical and mental disability.

**Unprepared:** As things stand now, most primary school teachers do not know how to deal with a disabled child in their classrooms. Current training programs provide minimal information about disability. This is particularly true when the problem is a learning disability. The Committee heard complaints from parents in every province about the treatment that some learning disabled children receive from teachers who are ignorant about their condition.

**Provincial Task:** This is entirely a matter of provincial jurisdiction, but the scope and seriousness of the problem needs to be pointed out. Inadequate preparation of classroom teachers is causing serious problems in every part of Canada.

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## 96

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## ENCOURAGE PROFESSIONAL SCHOOLS TO LEARN ABOUT DISABILITIES

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### RECOMMENDATION:

That professional schools and faculties be encouraged to include course material about disability, particularly learning disability and mental illness.

**Serious Obstacle:** Canadian society depends heavily upon the competence of doctors, nurses, lawyers, social workers, architects and police. At present, there is very little knowledge among these professions concerning the needs of mentally disabled persons, particularly those with learning disabilities and mental illnesses. This ignorance, in varying

degrees, places serious obstacles in the path of disabled persons who are trying to deal with the everyday tasks of living in society.

**Early Awareness:** The earlier in life that a disabled person receives sensible treatment from society, the fewer long-term problems there will be, both for the person and for society. The professions mentioned above are most likely to encounter disabled persons—simply because the greatest problems that disabled persons have come from conflicts with the very institutions that these professions represent: hospitals, medicine, public buildings, and the legal system.

**Training:** If professional training programs included content related to understanding the needs of disabled persons, many errors could be avoided.

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The earlier in life that a disabled person receives sensible treatment from society, the fewer long-term problems there will be, both for the person and for society. If professional training programs included content related to understanding the needs of disabled persons, many errors could be avoided.

## 97

**ESTABLISH  
SIGN  
LANGUAGE  
DEPARTMENT  
IN BOTH  
LANGUAGES AT  
UNIVERSITY**

**RECOMMENDATION:**

**That the Federal Government direct the Department of Secretary of**

**State to encourage the Canadian Council of Deafness and its affiliates to initiate the establishment of an accredited sign language department at an English-speaking and French-speaking university which would:**

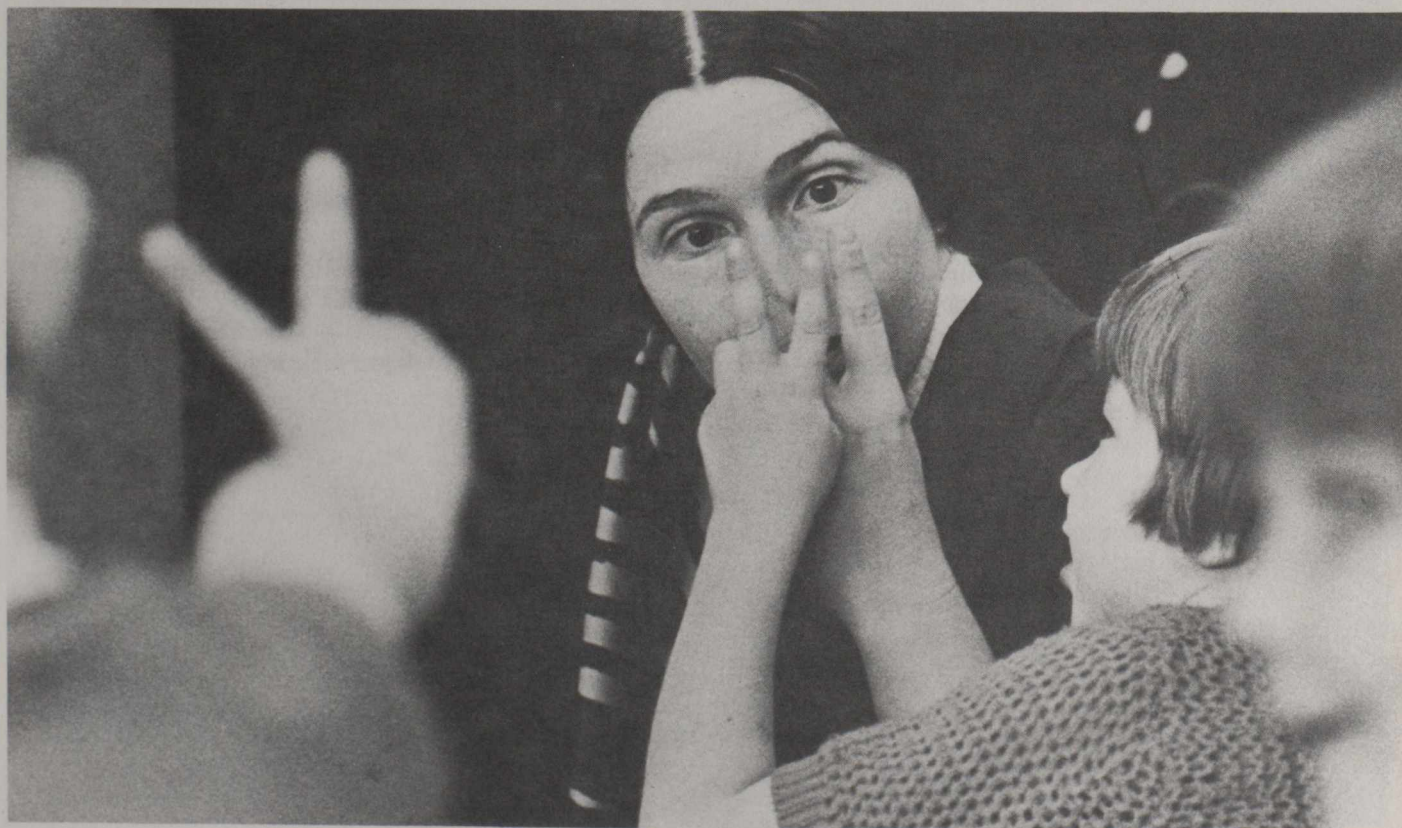
- **Recognize that sign language is a distinct language and assist the development of curriculum and standards for credit courses to be taken by hearing persons similar to other language courses.**
- **Provide sign interpreters for a variety of courses which will enable deaf students to follow regular courses.**

**Desperate Need:** There is a desperate need for teachers who can teach sign interpretation. These teachers will not be developed or attracted unless there is a major university

department which specializes in this skill. The deaf are education-poor precisely because there are few sign interpreters in Canada. Thousands of very intelligent, but hearing-impaired individuals, are cut off from any kind of higher education simply because they face a communication barrier.

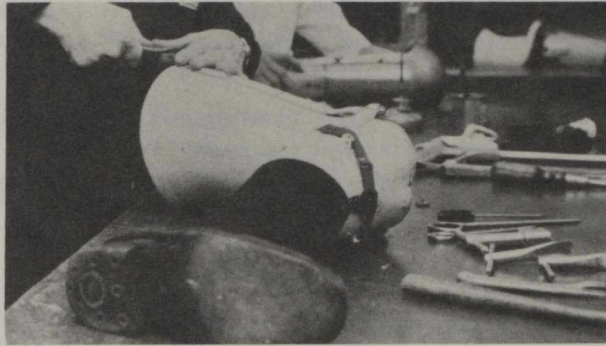
**Funds Available:** Education officials who appeared before the Committee have indicated that this type of program would receive support at the provincial level. Existing federal-provincial cost-sharing agreements would presently provide up to 50% of the block funding required by the accredited university where the special department is established. Academic standards and accreditation for sign interpreters are already established in the U.S., and could be used as a guide in the early stages of the new faculty.

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# ELEVEN

## AIDS AND DEVICES



**“The OFPH has always stressed the right of the disabled citizen to participate fully and equally in the day-to-day life of the community. The provision of appropriate technical aids is one of the essential services enabling the disabled individual to achieve greater independence.”**

**The Ontario Federation for the Physically Handicapped**

**“Wheelchairs and other necessary aids to living should be provided by governments, instead of individuals having to suffer the degradation and frustration of going, hat-in-hand, to various charitable agencies.”**

**Action League for Physically Handicapped Adults of Kitchener-Waterloo, Ontario**

**“The practice of applying through the social service system to acquire basic aids for daily living is segregating, embarrassing, and frustrating. In some cases fund raising efforts in communities are undertaken to purchase equipment such as a wheelchair for a disabled citizen. This is a very demeaning experience for a person with a disability. It would be more acceptable if a disabled person could obtain necessary aids for daily living as a right through a health insurance program.”**

**NWT Council for Disabled Persons**

## 98

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**PROVIDE AIDS  
TO HELP  
DISABLED  
PERSONS LIVE  
INDEPENDENT-  
LY**

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**RECOMMENDATION:**

That the Federal Government negotiate a cost-sharing agreement with the Provinces to provide a comprehensive range of aids; designed or modified to compensate for the effects of a disability, or to enable an individual to live as independently as possible in the community and that:

- These aids and devices should be provided by the Provinces, preferably as part of their insured health services, to disabled persons who need them;
- Expensive aids and devices, including those for visually and hearing impaired persons, should be provided to disabled persons who need them on a loan basis and remain the property of the Provinces, which will also be responsible for their maintenance.

**Inequities:** In the matter of technical aids and devices, disabled persons are not dealt with uniformly or adequately. Most aids for adults are provided under provincial programs, such as Workmen's Compensation, vocational rehabilitation services, or social assistance. However, there are many instances where the disabled person who is on a low income, must depend upon charity.

**Backward Policy:** Why should disabled persons have to rely on charity or their own limited resources to get aids and devices which are essential to their daily living? European countries, such as Sweden, consider free access to these aids and devices to be a basic human right. Canada is not only backward in its policies, but pays a very heavy price for them. The Committee heard of persons being institutionalized for long periods of time solely because of the lack of a single technical aid. One disabled person waited 18 months in hospital before receiving a \$2,500 wheelchair. The cost of institutionalization in this case was almost \$40,000.

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**Why should disabled persons have to rely on charity or their own limited resources to get aids and devices which are essential to their daily living? European countries, such as Sweden, consider free access to these aids and devices to be a basic human right.**

## 99

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**CONTINUE  
PRODUCING  
STANDARDS OF  
QUALITY FOR  
AIDS AND  
DEVICES FOR  
DISABLED  
PERSONS**

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**RECOMMENDATION:**

**That the Federal Government encourage the Canadian Standards Association (CSA) to continue its work in producing standards for aids and devices which are manufactured in Canada or which are imported for the use of the physically disabled.**

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**No Protection:** At present in Canada, there are no standards for the manufacture of aids and devices for disabled persons, or any to govern the importation of products from abroad. This particular industry is no more immune to unethical and incompetent practices than any other. The Federal Government should applaud the Canadian Standards Association for its existing efforts, and encourage the CSA through its committees to develop standards for special aids and devices in the marketplace.

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# TWELVE

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## CONSUMERISM

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**“We must stop thinking for disabled persons and think with them.”**

**Coalition des Organismes Provinciaux de Promotion  
des Droits et Intérêts des Personnes Handicapées du Québec**

**“We expect equal recognition and participation at all levels of government. It goes without saying that this would include both the policy administrators and the policy-makers in government. Alongside this expectation, the consumer organizations and their members must be also recognized as monitors, evaluators and creative critics of existing programs, services and policy models. Without such recognition at least in terms of financial and manpower resources, research into more innovative programs, policies and services cannot occur.”**

**Alberta Committee of Action Groups of Disabled**

**“It is fortunate that many helping professions are now beginning to realize that they can best help and apply their knowledge when the individuals being helped share in an understanding of the methodologies being applied, are enabled to participate in decision-making throughout the helping process and participate in this process in an essentially equal manner.”**

**Jim Derksen, Winnipeg**



# 100

## PROVIDE TECHNICAL AND FINANCIAL ASSISTANCE TO GROUPS OF DISABLED CONSUMERS



### RECOMMENDATION:

That the Federal Government direct the Department of the Secretary of State through its Citizens' Participation Directorate to give a higher priority to the provision of technical assistance, and core funding, to organizations of disabled persons.

That the Federal Government direct the Department of the Secretary of State to explore the role to be played by the National Voluntary Organization (NVO) to enable disabled persons to participate more fully in all aspects of Canadian life.

**"Consumer":** Disabled persons across Canada have organized themselves into "consumer organizations" to make known their special needs as consumers of goods and

services. Many recommendations in this Report stem directly from testimony provided by these organizations.

**Disadvantage:** At this time, disabled consumers are facing severe organizational and financial difficulties. The consumer movement is a recent phenomenon which has emerged at a time when all levels of government are under economic constraints. This has meant that established voluntary organizations have been better equipped to take advantage of the funds that are available, leaving little money for emerging organizations.

**Logical Source:** The Department of the Secretary of State supports a variety of voluntary organizations. This Department, then, seems to be the logical choice to provide assistance to disabled consumers. For their part, the consumer organizations voiced preference for Secretary of State as a potential source of assistance.

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# 101

## ENSURE GOVERNMENT CONSULTATION WITH DISABLED CONSUMERS

### RECOMMENDATION:

That the Federal Government adopt a policy which will ensure that disabled persons and their organizations will be consulted on all signifi-

cant initiatives within federal jurisdiction which affect disabled persons.

That Federal Departments and Agencies be encouraged to cover basic expenses of consultation with disabled persons and their organizations, and, where appropriate, enter into contracts with disabled persons who can act as consultants or advisors.

**Costly Omission:** Too often, the Federal Government has developed programs and policies which directly affect the lives of disabled persons without consulting with those affected. As might be predicted, these programs have frequently created more problems than they solved. The result has been wasted resources and considerable frustration on the part of both disabled persons and the government personnel involved.

**Consultative Links:** The Treasury Board, the Department of Transport and the National Film Board have now taken steps to establish formal consultative links with disabled persons and their organizations. The Committee sees this as a common sense policy which should be followed by all other Departments and Agencies.

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Too often, the Federal Government has developed programs and policies which directly affect the lives of disabled persons without consulting with those affected.

# THIRTEEN

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## INSTITUTIONAL LIVING

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**“Life must now follow a time-table. This hospital-like atmosphere can cause stress, anxiety, depression and feeling of lost dignity and self-worth.”**

H. McMichael and B. Waechter,  
Concerns of Physically Disabled and Handicapped, Kitchener-Waterloo, Ontario

**“The availability of publicly supported institutional care and the absence of publicly supported home support services have resulted in this country having the highest rate of institutional care in the western world. This situation can be corrected.”**

Canadian Rehabilitation Council for the Disabled

**“The group home is apparently something akin to a Dickensian style Oliver Twist house for the derelicts of this world. The diet is apparently pathetic, there is no training whatsoever and in fact they sit around and vegetate all day and every day. We have subsequently kept Peter at home.”**

Colin Williamson, Aylmer, Quebec

**“The warehousing of disabled Canadians in institutions without the freedom to choose or attempt less costly alternatives is a denial of basic human freedom, a degradation of our national humanity and a waste of precious human resources.”**

Canadian Association of Rehabilitation Personnel

## 102

## DEVELOP STANDARDS OF CARE FOR LONG-TERM INSTITUTION- ALIZATION



### RECOMMENDATION:

That the Federal Government through the Department of National Health and Welfare, in cooperation with the Provinces, consumer groups, professional associations and voluntary organizations, develop guidelines for standards of care in long-term institutional settings.

**Many Concerns:** Throughout its hearings, the Committee heard many concerns about the quality of treatment that disabled persons receive in long-term institutional care, and in "homes for special care". It was obvious that, depending on the particular institution, a disabled person can receive care that ranges from excellent to horrible.

**Standards Needed:** The Department of National Health and Welfare has

already established Guidelines covering the following health services:

- Child and adolescent psychiatric services in general hospitals.
- Adult psychiatric services in general hospitals.
- Burn units.
- Detoxification units.
- Geriatric day hospitals.
- Rehabilitation medicine units.
- Spinal cord injury units.
- Cardiovascular services.

**Long-Term:** The Department should now begin developing standards for long-term institutional care, with special emphasis on the following problems:

- **Legal Access:** At the present time, some individuals have no access to legal assistance. In many cases, disabled persons are not directly informed of the legal services that can be made available to them.
- **Privacy:** Some institutions provide individuals with almost no privacy, and few provisions are made to protect personal property.
- **Activities:** In most homes for special care, there are no activities whatsoever to keep disabled persons occupied during daytime hours. This problem is compounded by the fact that many of these homes are in rural, isolated areas where there are few community services.
- **Placement:** Serious problems are caused by the fact that young physically disabled persons are being placed in institutions which care for the chronically ill, the mentally retarded and the elderly.
- **Refusal:** It is a fundamental principle of Canadian law that medical treatment can only be given with the informed consent of the

individual who is to receive the treatment, if he is an adult person capable of giving consent. For children, or people who are considered legally incapable, the parent or legal representative can consent, within a framework of safeguards for the individual. At any time, a person or his representative may legally refuse to take some particular treatment. However, few disabled persons are aware of their rights within an institution. Institutions do not inform a person about his or her right to refuse a treatment.

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## 103

## STUDY THE COST-EFFEC- TIVENESS OF DE-INSTITU- TIONALIZATION



### RECOMMENDATION:

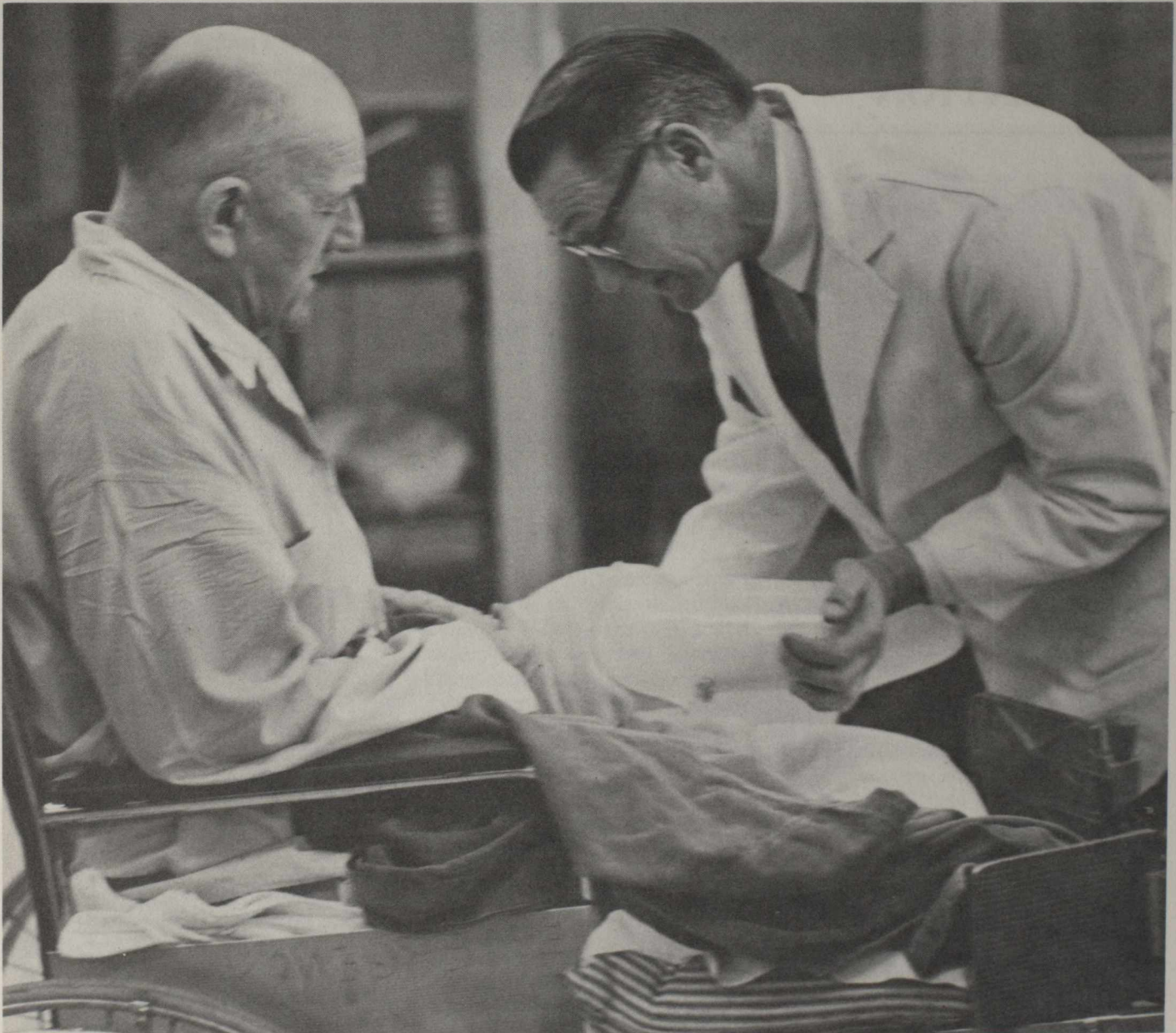
That the Federal Government, in cooperation with the Provinces, initiate in 1981, a study to be completed within one year to establish the cost effectiveness of de-institutionalization and, to this end, determine:

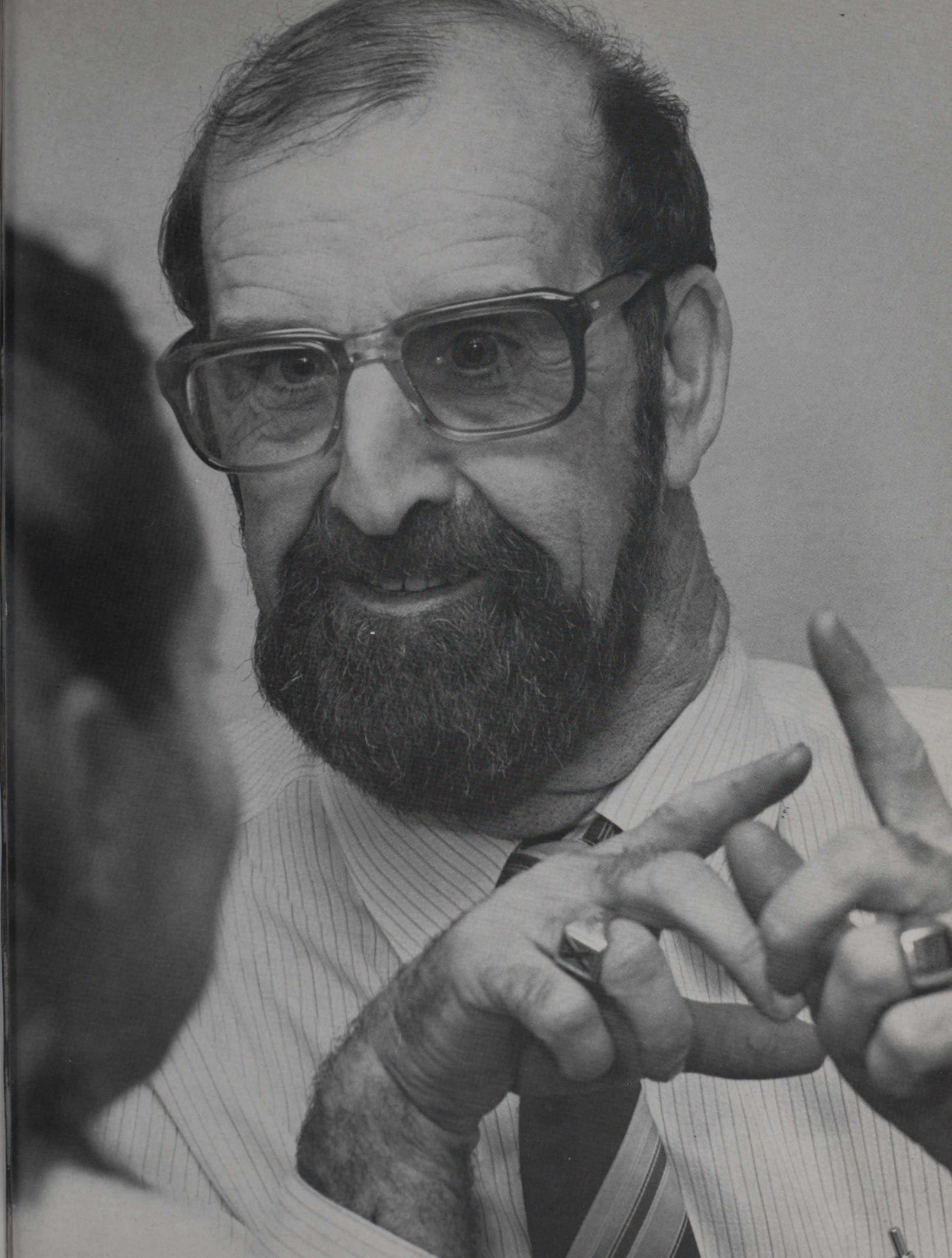
- **The present cost of providing institutional care to disabled persons.**
- **The number and percentage of disabled persons who are currently in institutions and who, with varying levels of community support services and adequate housing, could live in the community.**

**Vital Information:** This recommendation goes hand-in-hand with two others—75 and 76—made regarding “independent living”. Experience with de-institutionalization programs in the United States indicates that significant savings can be achieved wherever disabled persons are able to leave the institution and live independently. This issue should be central to the Government’s long-

term policies and programs for disabled persons. If it can be clearly established that de-institutionalization is more beneficial and cost-effective, on a large-scale basis, then the Federal Government should give high priority to such a policy. Before this can be done, solid data is required to fully substantiate the economic advantages.

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# SHAUN McCORMICK

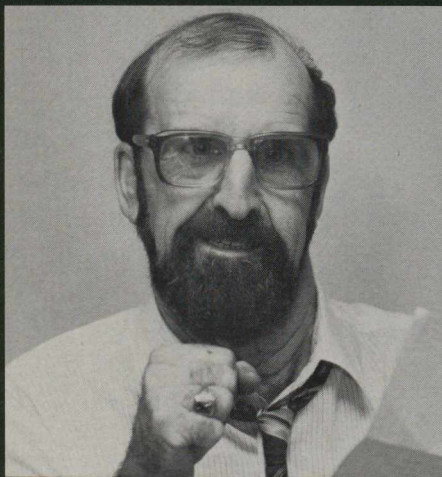
Halifax, Nova Scotia

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**“If only people  
would stop  
trying to do  
everything for us.”**

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I became a paraplegic when I was twenty-one. My attitude at that time was, “If I am going to live the rest of my life in this chair, then I am damn well going to live just as fast as when I could walk.”



**“When you get a  
little bit aggressive,  
they look at you  
like you really don’t  
belong.”**

I consider people’s attitudes toward disabled people as the most difficult obstacle that I face. It expresses itself as, “We’ll take care of you,” or “Don’t try so hard, we’ll always be

here to take care of you.” In other words, our status as dependent people is always guaranteed. We won’t starve, but that’s about as far as the caring goes. But it disturbs them when you ask for anything more. When you get a little bit aggressive, and I’ve been accused of that, they look at you like you don’t really belong. I’ve had more than one person accuse me of being a “bully”.

A lot of people get involved with the disabled because of their own needs for self-satisfaction. There are organizations who really get off on this sort of thing. Helping the poor disadvantaged people lets them sit back and say, “Hey, aren’t we great.” This is a great obstacle because they are always doing things for you, but never with you. I have a very basic premise, and that is that we all have a basic human right to be wrong, to make mistakes. Which means that we also have a basic human right to make decisions for ourselves. When people prevent you from making decisions, as is done with the disabled, they are depriving you of a key activity of being human.

There are also many people who get involved because they’re basically frightened of disabled people. I think they want to control our behaviour so that they don’t have to face some very basic issues of human rights in Canada. And, I’m

not just talking about the human rights of disabled persons. There are a lot of other folks across this country who need their human rights protected, not just the disabled. We are just one of the minority groups that are now getting their act together. We’re all becoming a lot more vocal, and this scares a lot of people, especially people in government, who don’t want to deal with fundamental changes.

**“We all have a  
basic human right  
to be wrong, to  
make mistakes.”**

I think that one of the most positive things that this Special Committee has already achieved is to show disabled people that they have a lot of leadership, and that they can have a lot of power. People are coming out of the back closets and into the front pages as a political force to be reckoned with. Until recently there have been too few disabled people who were willing to get involved and stick up for their rights.

But what we are now seeing all across the country is that there is no apathy, or at least a lot less apathy than we’ve been complaining about. There are now a lot of people out there with concerns and with the

willingness to do something about them.

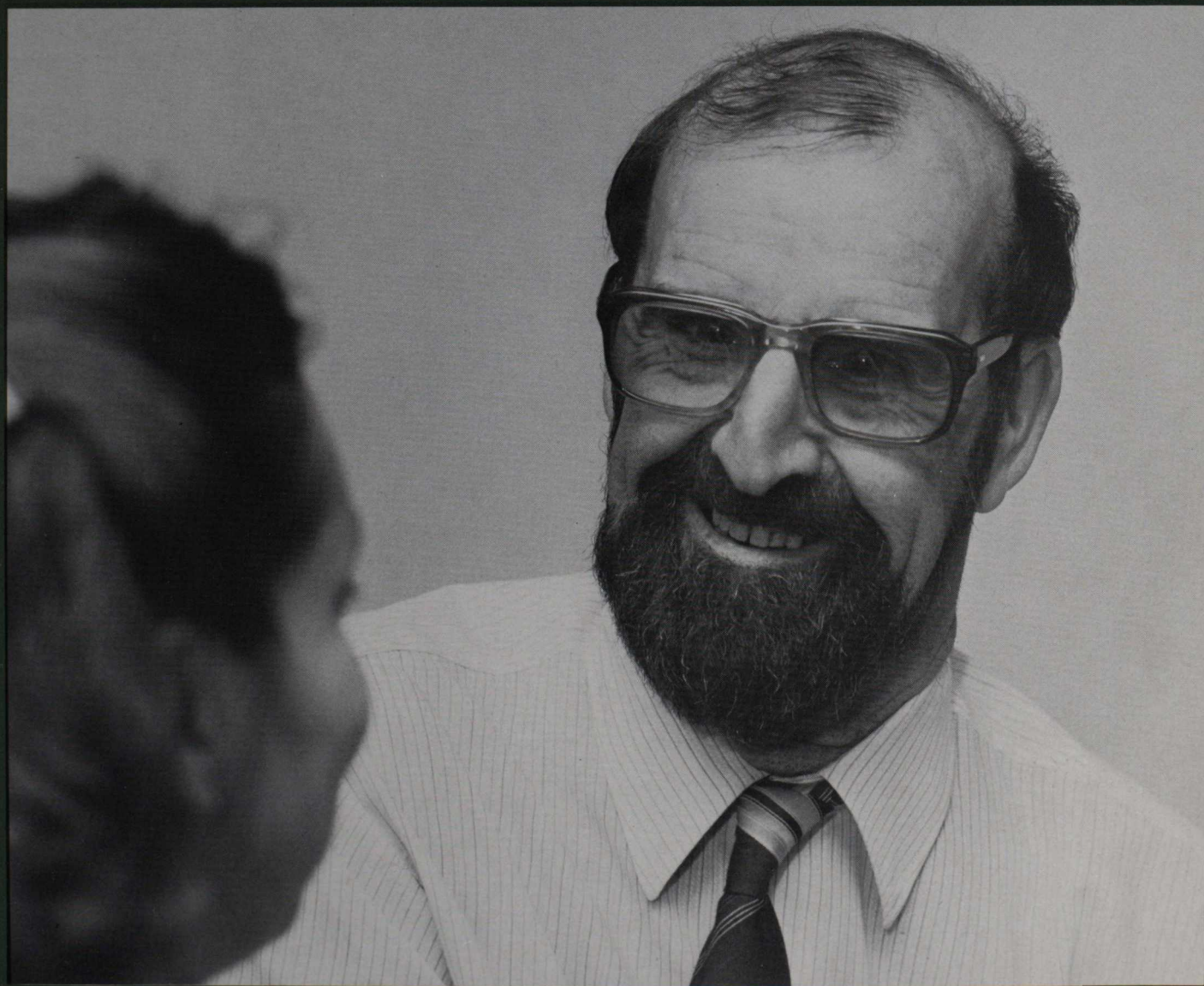
Another big attitudinal problem that we face is the tendency of some people to idolize an outstanding individual who happens to be disabled, while ignoring the basic rights of thousands of disabled persons who live in their own community or province. For every disabled person who can do something that attracts newspaper headlines there are tens of thousands of equally courageous people who are leading lives of quiet

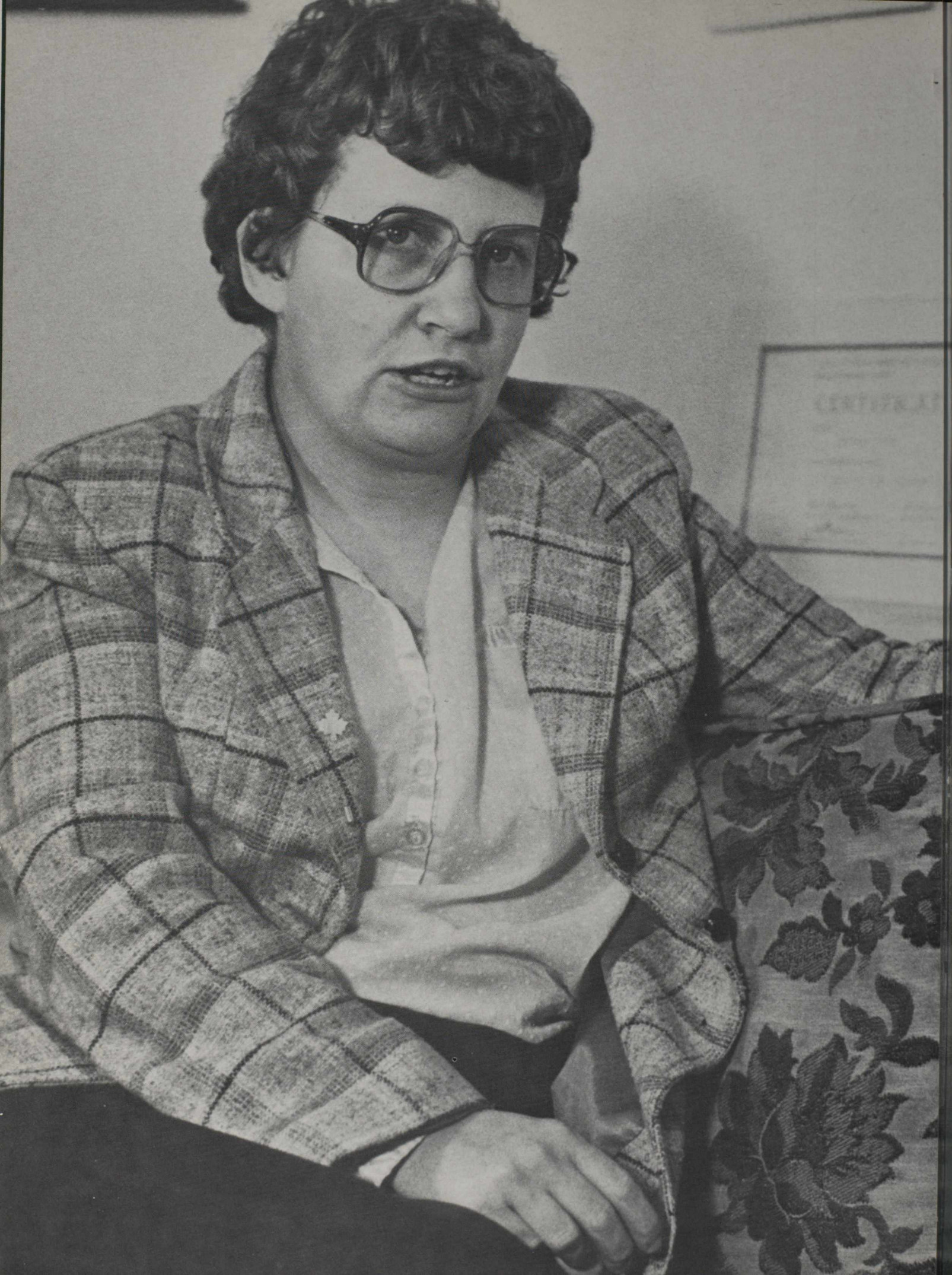
desperation. Our efforts are not geared to producing an elite few who will attract public notice. What we are interested in are basic issues like accessibility to housing, buildings, transportation and employment opportunities, and the easy availability of technical aids.

I think we've only started. You have to win a round or two every so often just to stay in the fight. Lately, we've been winning more than we've been losing. The rounds are chalking up in our favour. Now, if we can just educate the rest of Canadians out of

the attitude of, "We'll do everything for you," a very big obstacle will have been removed. ●

**“There are a lot of other folks who need their human rights protected, not just the disabled.”**







# BARB GOODE

North Vancouver, British Columbia

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**“We have to be able  
to fall down  
before we  
can get anywhere.”**

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I am mentally retarded and that means that it takes longer to learn. It takes me longer to understand things. I don't know when I first became aware that I was different, but it must have been at school. I was in special classes all my life. This was at a regular school, so I felt different from the other kids.

Most of the other kids were nice, they played nice. In fact, I find that most people are understanding, but there are some that make things difficult. They make fun of me and call me names, which makes me feel very uncomfortable. People who are handicapped like myself have found the same thing. Most people are nice, but there are a lot of so-called “normal” people who make life difficult. I don't know why they do this. Maybe it's because they don't understand their own problems, and they just feel uncomfortable being around a handicapped person.

**“Most people are nice, but there are a lot of so-called ‘normal’ people who make life difficult.”**

Right now I am a leader in an organization in North Vancouver called People First. This is a group



of mentally handicapped people who are helping other mentally handicapped people. The name means that we're people first, even though we may be handicapped.

We have two meetings a month and talk about human rights issues, and we also plan a lot of recreational activities. I got involved in People First two-and-a-half years ago because I was very interested in having a place where other mentally handicapped people could speak for themselves. I know it's certainly helped me to speak out. Before, I didn't want to tell how difficult it was for me to concentrate. Now I come right out and tell them. And it was always quite difficult for me to talk on the phone, but now you can't get me off of it.

Mentally handicapped people don't feel comfortable talking to “normal” people, I think it's because we are afraid someone will put us down. That's something we learn very early. It's difficult to get people to treat us like average human beings. You know there are a lot of folks called “normal” who act differently and no one says anything. But if a handicapped person acts differently, they say something. We get put down because of it.

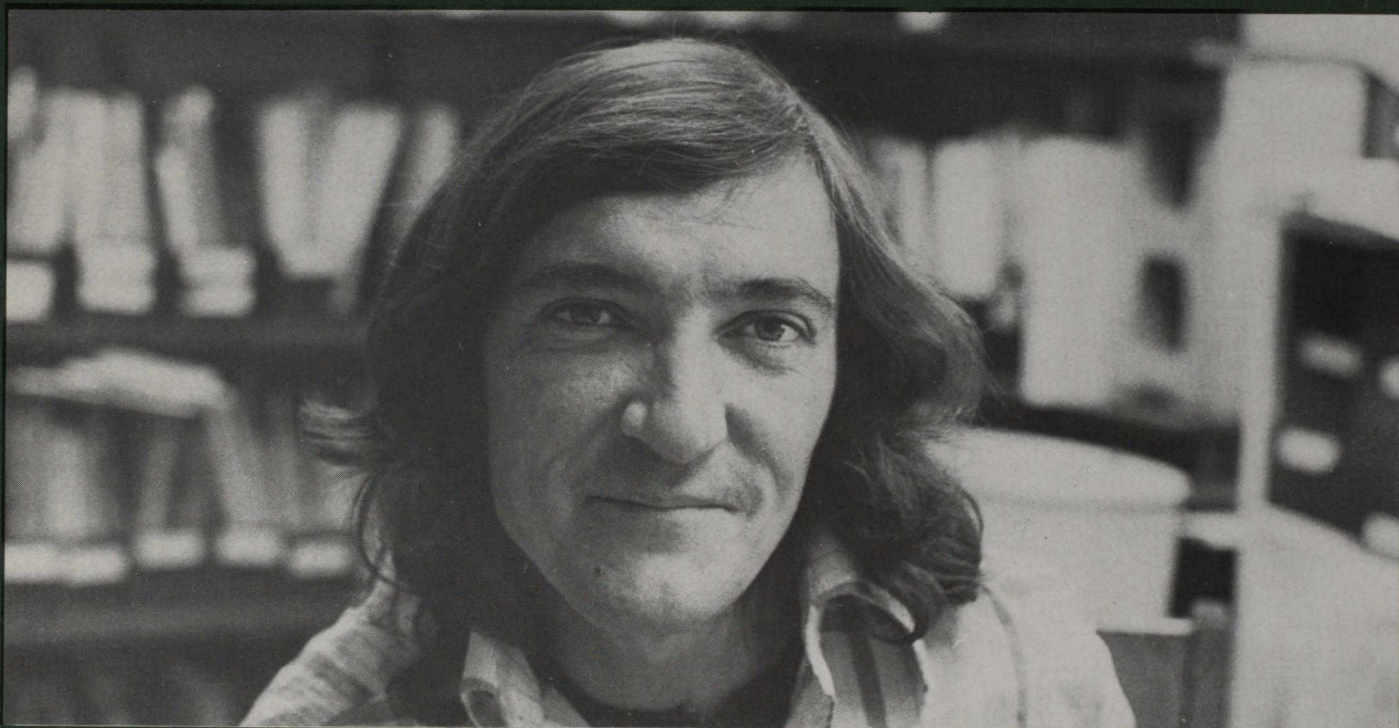
**“If a handicapped person acts differently, they say something. We get put down because of it.”**

Then there are other people who want to keep us from making mistakes. Everyone else is allowed to make mistakes, but not us. Most people want to help us, and that's great, but sometimes they try too hard. It's like a baby learning how to crawl before it can walk. We have to be able to fall down before we can get anywhere. ●

# LEN SEABY

Edmonton, Alberta

**“The only way to fight this prejudice is through complete integration.”**



I started wearing artificial arms when I was about four years old. They weighed about ten pounds, which is a hell of a weight to hang around your neck, especially when you're only four. So I never really adapted to them. I would wear them because they kept me warm in the winter, but as soon as I got home, back with my friends, I just threw them off. Besides that they restricted my mobility. It was much easier to adapt my own physical body than it was to work through these artificial tools.

There was a lot of blatant discrimination by other kids, but I think that children are really

innocent. They become programmed by their parents' attitudes. It's crucial that disabled children get into a normal school setting as early as possible so that they can get used to being with normal kids early in life. It's also crucial because then normal kids can get used to physical disabilities, and start educating their parents.

Here's an example of the adult ignorance and stupidity I'm talking about. In a big department store a little kid will come up to me and ask what happened to my arms. That's a very innocent and wise question. But the parents rush up, grab the kid by the scruff of the neck, haul him

away, saying: "Don't ask questions like that." Parents are prejudicing their children already with that kind of attitude.

Long-range, the only way to fight this kind of prejudice is through complete integration of disabled persons with people who don't have disabilities. I am an advocate of human rights, and that is the key to the long-range education that is required. We have to start unlocking society, first in the public schools, and then proceeding through every other human activity. People are always complaining about the high cost of accessibility, the cost of making buildings, transportation,

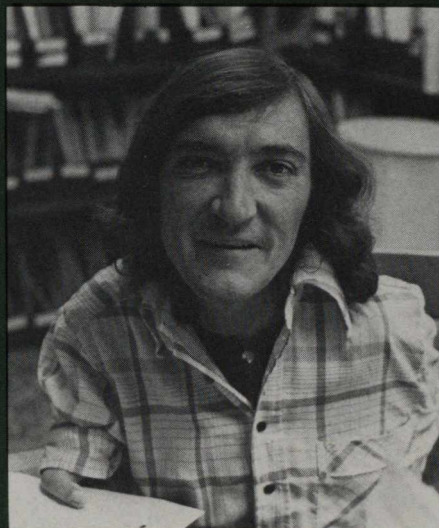


workplaces, recreational facilities accessible to physically disabled people. They're so worried that it costs too much. I think that's just garbage, a smoke screen for not wanting to take action.

**"If people do not want to hire disabled persons, fine. That's their choice, but let's fine them for it."**

The cost of keeping people in institutions is much higher than up-front costs of giving them access to society, especially to transportation and employment. Once you pay for these up-front costs, in transportation, for example, that's it. But with institutions, you never stop paying. Every year there are salaries, administration, operating costs and so on. I really advocate human rights in the workplace, because I think the right to a decent living wage is the key to integration. If people do not want to hire disabled persons, fine. That's their choice, but let's fine them for it. Let's put some teeth into the legislation.

If you really want to integrate people, if you really want to equalize opportunities in society for disabled people, then nothing short of dollars and cents are going to make any sense to the Canadian businessmen who are going to make happen.



Canada is basically a materialistic society which is very hung up with money, and with visual beauty. Persons with a physical disability are automatically excluded from so-called "normal" activities simply because we are visibly different from other people. And because we are physically different, it is assumed that this fact changes us as human beings. For example, it is assumed that it changes our sex life, that we

become asexual, that we become sick persons. There is an unconscious attitude that says: "You have no right to have a family. We are going to lock you people up in institutions and leave you there. Every once in a while we will let you out in a whole group of people so that we can say, 'Isn't it nice that those people get out once in a while?'"

That's real bullshit, and I think most people, when this attitude is pointed out to them, would agree with me. We need to change the attitudes of a culture that is at least 300 years old, and here I am talking about the Industrial Revolution. It's based on a totally materialistic concept that the world, and especially human society is nothing but a big machine.

There's a belief that once we figure out the mathematical formula we will be able to conquer everything. All we have to do is develop wonder drugs and everything is going to be just great. I am sure that there is some mad scientist somewhere in the world saying that we are going to get a wonder drug and my friend in the wheelchair is going to sprout legs again. This whole cultural attitude of conquering nature, conquering our bodies, conquering our environment is a poor and simple view of nature, society and mankind. ●

**"We need to change the attitudes of a culture that is at least 300 years old."**

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# FOURTEEN

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## CHANGING ATTITUDES

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“Therefore, it has generally come to be the experience of the handicapped of being on the wrong end of a judgment made so widely in our society that they, the handicapped, are inferior. That judgment has had, of course, enormous consequences. It means that the handicapped are not persons; it means that they need not be heard; it means that they need not be listened to; it means that we need not act on what they wish us to do; it means that attached to them is a certain stigma and following on this stigma is prejudice, discrimination and finally the tendency to separate them out, to institutionalize them.”

Canadian Jewish Congress

“A York University business graduate said what in her opinion is the real cause for not hiring the disabled. “It’s not that they are not as productive, but rather they are not as attractive, sociable and popular.” She said that in her opinion, this is the reason which determines behaviour towards the disabled.”

Angelo Nikias, Toronto

“For the most part, people tend to put up mental barriers when they see people with an obvious disability. Unfortunately, almost all commercial advertising and publicity depicts “the beautiful people”. People tend to base their first impression of other people on appearance. When they see someone who is disabled, they too often see the disability as that person’s most significant and outstanding characteristic. Too often first impressions are lasting.”

Canadian Rehabilitation Council for the Disabled

“One of the most challenging powers against which the disabled constantly strives is that of attitudes. The image of physical perfection portrayed by the media; society’s emphasis of the work ethic as a criteria for usefulness to society; and the public’s concentration on disability rather than the ability are destructive.”

Kitchener Unit Management Committee, Kitchener-Waterloo Hospital

## 104

## ENSURE THE PRESENCE OF DISABLED PERSONS AS CONSULTANTS OR PARTICIPANTS IN FEDERAL ADVERTISING



### RECOMMENDATION:

That the Federal Government direct the Minister responsible for Government Communications to develop and implement an advertising policy which will ensure that disabled persons and their concerns are adequately included in Federal advertising.

That an advisory committee of disabled persons and representatives of the advertising sector be established for this purpose.

**Very Few:** The Federal Government spent \$160 million in 1980 to advertise its policies and programs. Very

few disabled persons are featured in this advertising. Very few of the ads and commercials are directed to the needs of disabled persons.

**Beautiful People:** The alcohol and tobacco companies are universally criticized for showing only healthy, happy "beautiful people" in their advertisements. Disabled people suffer heavily because of the fantasy images projected by public media. McCann-Erickson Advertising Agency of Toronto conducted consumer tests which indicate that non-disabled persons become upset with disability because the sight of a disabled person violates their sense of "beauty". It is safe to conclude that this sense of beauty has been strongly influenced by advertising images. The Federal Government should examine its own policies and practices to ensure that it is not contributing to an unreal depiction of a Canadian society in which 2.3 million individuals are physically and/or mentally disabled.

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Disabled people suffer heavily because of the fantasy images projected by public media. McCann-Erickson Advertising Agency of Toronto conducted consumer tests which indicate that non-disabled persons become upset with disability because the sight of a disabled person violates their sense of beauty. The sight of a disabled person violates their sense of "beauty".

## 105

## INSTRUCT FEDERAL EMPLOYEES TO USE APPROPRIATE TERMS IN REFERRING TO DISABLED PERSONS



### RECOMMENDATION:

That the Federal Government request the Canadian Human Rights Commission, in consultation with disabled persons and their organizations, to develop and publish a guide on the use of appropriate terminology when referring to disabled persons, and that the Federal Government direct Departments and Agencies to systematically review the use of terms relating to disabled persons and to eliminate the use of terms with a negative or demeaning connotation.

**Patronizing:** Attitudes and language reinforce each other. Negative attitudes toward disabled persons and patronizing terminology go hand-in-hand. Both must be changed, but the language must come first because words are easier to change than ideas.

**Progress:** Over the past century, Canadians have changed significantly in their use of terminology which refers to disabled persons. Terms like "criminally insane", "incurable", "crippled", "deformed", "idiot", "imbecile", "moron", are no longer acceptable. More recently, the use of descriptions such as "old age" in reference to legislation (Old Age Act), have been found unacceptable. The enactment of the Canada Assistance Plan Act in 1966 was an attempt to move away from the categorization of persons to the description of a system which was based upon need—regardless of the cause for that need.

**Too Much:** There are still terms used which disabled persons find offensive. Use of such terms should cease. For example, "permanently unemployable", is considered demeaning by persons receiving social assistance payments. They feel that it's bad enough being out of work; it's even worse having to receive assistance from the government; this label is too much to take.

**Eliminate:** The Committee recommends that the Federal Government review all terminology used by its Departments and Agencies in reference to disabled persons, and to eliminate the use of negative terms.

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# 106

## PROMOTE POSITIVE IMAGE OF DISABLED PERSONS IN KEY AREAS OF SOCIETY



### RECOMMENDATION:

**That the Federal Government direct the appropriate Departments and Agencies to undertake promotional campaigns in areas such as employment, transportation, access and housing in order to stimulate awareness and encourage positive attitudes.**

**Awareness:** Disabled people can make progress only when two sets of attitudes are changed—their own toward themselves, and the attitudes of non-disabled Canadians. Improved services to the disabled community depend upon a general awareness among the public that disabled persons can function independently within society.

**Not Enough:** For the most part, public attitudes towards disabled persons have bordered on charity. This "charity" has ensured that disabled persons receive treatment and care, but it has also reinforced barriers which prevent disabled persons from being seen as equal citizens.

**The Key:** "Equal treatment" is the key to all positive public attitudes toward the disabled. Non-disabled Canadians must be shown that disabled persons can function in a full spectrum of everyday activities related to employment, transportation, access to buildings and facilities, and to housing. Visible minorities and women have faced the same kind of unequal treatment. But attitudes are changing as individuals are shown to the public in a wide variety of "normal" activities and situations. The same must now be done for disabled persons.

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**For the most part, public attitudes towards disabled persons have bordered on charity. This "charity" has ensured that disabled persons receive treatment and care, but it has also reinforced barriers which prevent disabled persons from being seen as equal citizens.**

# 107

## PRODUCE STAMPS TO COMMEMO- RATE THE INTERNATION- AL YEAR OF DISABLED PERSONS

### RECOMMENDATION:

**That the Federal Government direct the Department of the Post Office to produce a stamp or stamps to commemorate 1981 the International Year of Disabled Persons.**

**Why Not?** A stamp is a small message, but a very big symbol. The Federal Government has marked other International Years with stamps, why not this one? It has produced stamps on a variety of subjects including sports, flowers and birds. A stamp was produced to mark the 1980 World Congress of Rehabilitation International in Winnipeg. The Committee recommends that the Federal Government direct the Department of Post Office to move quickly to produce a stamp to mark the International Year of Disabled Persons, to be available during 1981.

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# FIFTEEN

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## PREVENTION

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**“Society continues to permit the existence of hazardous working conditions. While there is little disagreement with the concept that all Canadians have a right to a healthy, safe work environment, achievement of that goal lies in the future.”**

**Canadian Rehabilitation Council for the Disabled**

**“It is well known that many conditions which create special needs for people are preventable. For example, of the total number of people whose mental limitations exceed those of the majority of the population, only 25% can attribute that limitation to identifiable organic causes; the remaining 75% are victims of cultural deficiencies, understimulating environments, accident, parental ignorance of child rearing practices and the abject poverty in which many families exist. The Saskatchewan Coordinating Council on Social Planning wholeheartedly supports any activity geared to primary prevention including medical, educational, psychological or social intervention.”**

**Saskatchewan Co-ordinating Council on Social Planning**

**“It is impractical to assume that all preventable handicaps will be eliminated. However, a very significant reduction should be achievable with a consequent saving of many millions of state funds and the reduction of large numbers of unfortunates who, through no fault of their own, are prevented from living normal, productive lives.”**

**Canadian Institute of Child Health**

## 108

## DEVELOP NATIONAL POLICY ON PREVENTION OF DISABILITIES

### RECOMMENDATION:

That the Federal Government request the Department of National Health and Welfare to develop, in conjunction with the Provinces and appropriate organizations, a national policy on the prevention of disability based on the directions set out in "A New Perspective on the Health of Canadians" and that such

a policy would include strategies for action in the following areas:

- Reduction of the incidence of birth-related disabilities through promotion of high standards of pre-natal, peri-natal and post-natal care.
- Reduction of the incidence of, or, where possible, the eradication of communicable diseases.
- Promotion of safe and healthy work environments.
- Promotion of lifestyles that enhance physical and mental well-being with particular emphasis on stress management, on the effects of drinking, on safe driving, and on the safety aspects of sport and recreational activities.

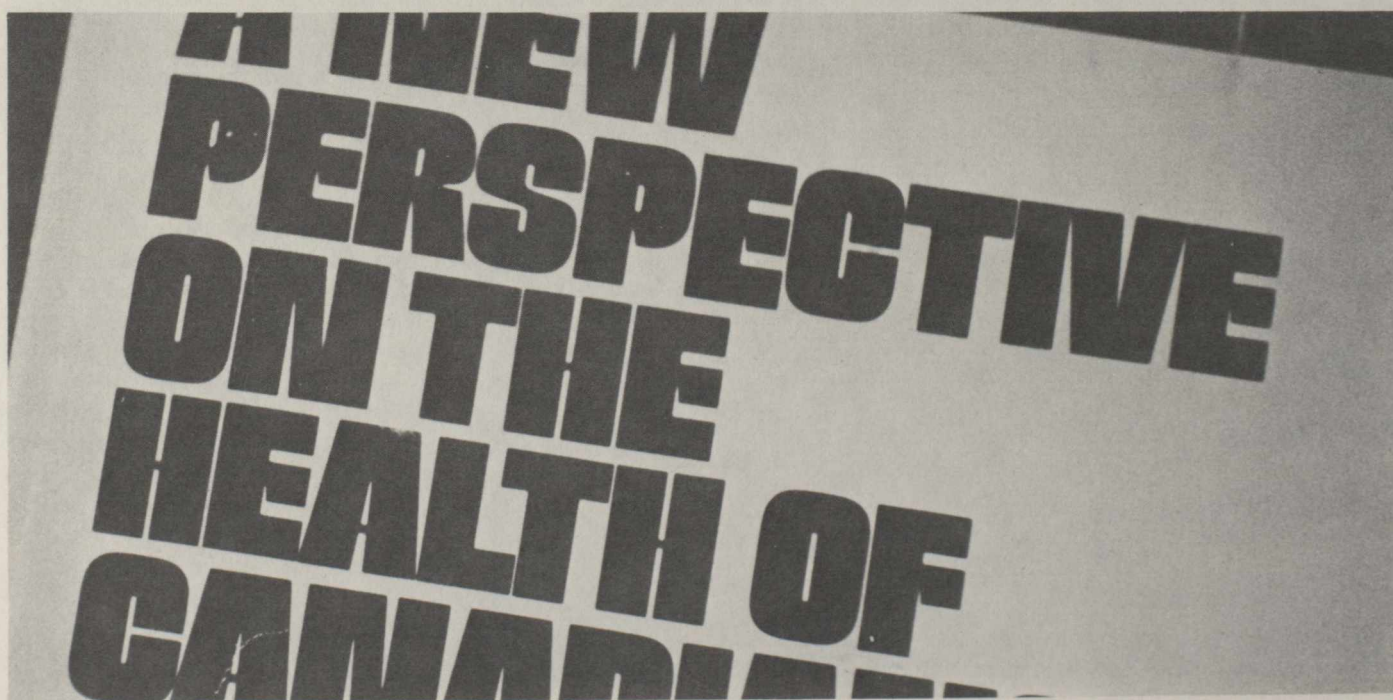
**Too Late:** At the moment, the health care system in Canada can do little more for accident victims than take care of them after the damage is done. Real progress against the conditions which produce disabilities

will come only when Canadians themselves, on a national basis, take primary responsibility for protecting and promoting their own health and that of their offspring.

**Un-Coordinated:** A wide range of programs and activities to prevent physical and mental disability are being conducted throughout Canada by government and private organizations. Unfortunately, there is no national, coordinated effort in this field. There is little sense of commitment to a national prevention policy.

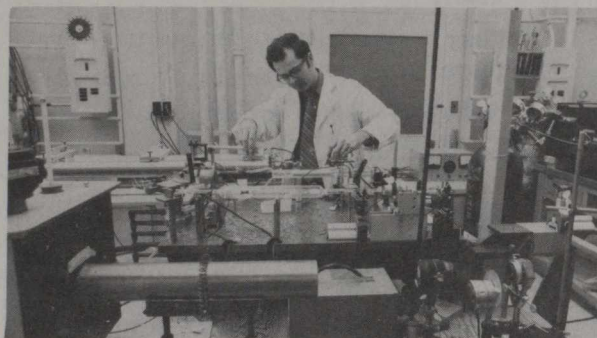
**Outline:** The information needed to take action is already in place. In April 1974, the Department of National Health and Welfare produced a report entitled "A New Perspective on the Health of Canadians: A Working Document". This is an outline for the kind of awareness Canadians must develop in order to prevent disease and injury in their daily lives. The outline must now be expanded and translated into an active national program.

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# SIXTEEN

## RESEARCH AND DEVELOPMENT



**“The other major area which is urgent and requires a federal stimulus is the area of research and development in Canadian rehabilitation centres. We are currently indebted to other developed countries for innovations in rehabilitation and continue to lose innovators from Canadian rehabilitation centres to other countries, especially the United States.”**

**Canadian Association of Physical Medicine and Rehabilitation**

**“How can one hope to continue to improve the quality of life for the disabled until their suffering is alleviated through improved methods of treatment or until the causes of these diseases are discovered and thus become preventable for Everyman?”**

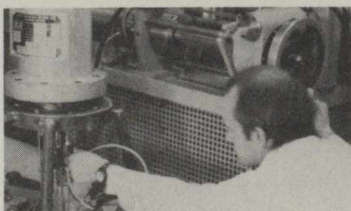
**Canadians for Health Research**

**“There has not been any definite attempt on the part of Canadians to determine the actual extent of the volume and types of handicapped and disabled individuals in Canada in the last twenty years. We recognize the shortage of rehabilitation personnel, but it is extremely difficult to obtain objectives and goals unless we are aware of the extent of the problem. To be more precise, it is imperative that we have knowledge of priorities in rehabilitation rather than public funds being provided to the “squeaky wheel”.**

**Royal College of Physicians and Surgeons of Canada**

# 109

## GIVE HIGHER PRIORITY TO RESEARCH AND DEVELOPMENT WHICH BENEFITS DISABLED PERSONS



### RECOMMENDATION:

That the Federal Government direct the relevant Departments and Agencies to give a higher priority to research and development in areas of particular interest to disabled persons and the prevention of disability.

That it direct the National Research Council to establish an Inter-departmental Disability Coordinating Committee which would set priorities and coordinate activities in this area of research and development. This Committee should ensure that ongoing research in other areas take into account the needs of disabled persons, and

That the Federal Government direct the Department of Transport to give

a higher priority to the development of:

- An accessible interprovincial bus,
- Lifting devices for railway passengers,
- A curb-climbing motorized wheelchair,
- Narrow wheelchair to be used on planes or buses,
- Spill-free wet cell battery.

**Neglect:** In 1980, the Federal Government spent almost \$2-billion on research and development, yet less than 1% of this was spent on projects of benefit to disabled persons. At the same time, the problems associated with disability are costing Canadian taxpayers several hundred million dollars annually. The Members of the Committee believe that the budget for research and development in this area should be increased significantly. Highest priority should be given to technological innovations which increase the possibility of independent living, and new forms of treatment which decrease the incidence of mental disability.

**Huge Problem:** The volume of hospitalization for mental illness is larger than that of any other health problem in Canada. In 1976, the total number of patient days for mental illness was almost 24-million compared with approximately 38-million patient days for all other health problems combined. These figures alone justify large expenditures for research into mental illness.

**Coordinate:** An inter-departmental coordinating committee, chaired by the Deputy Head, or a senior official, from the National Research Council, should focus interest on this neglected area of research. This new committee would also bring together

representatives from those Departments and Agencies which are involved in research and development, along with representatives from provinces, universities, and the private sector.

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# 110

## STRENGTHEN ACADEMIC DEPARTMENTS TO PROMOTE THE DEVELOPMENT OF REHABILITATION PERSONNEL



### RECOMMENDATION:

That the Federal Government establish research chairs and fellowships at universities and appropriate rehabilitation institutes or centres to stimulate research in the field of rehabilitation.

**Overlooked:** Research in rehabilitation has been largely overlooked by Canadian universities. A few projects have been funded by the Federal Government, but these have been limited mainly to bio-medical engineering or computer technology. Even the funding of a few academic chairs or fellowships would substantially improve this bleak situation.

**The Needs:** Research needs have been identified in the areas such as mental health, physical medicine, and prosthesis (artificial limbs). Some of this research could best be carried out in clinical or treatment centres. Unfortunately, few centres or universities have the resources to carry out this kind of applied research. The Committee believes that the Federal Government should provide funding to stimulate greater interest in this subject.

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# 111

## ESTABLISH TREATMENT AND RESEARCH CENTRES FOR CERTAIN DISABILITIES

### RECOMMENDATION:

**That the Federal Government Fund, or assist in funding, in cooperation with interested Provinces and voluntary organizations, specialized treatment and research centres which would concentrate on certain**

**disability groups such as the deaf-blind, deaf persons who are mentally ill, autistic persons, and those with cancer of the larynx.**

**Ignored:** Certain disabilities are so uncommon that they are virtually ignored by Canada's health care systems. Persons who are both deaf and mentally ill are shut out from any kind of rehabilitation. Individuals with cancer of the larynx have very limited services available to them. There are also many common disabilities which require skilled treatment which is unavailable in many localities. These include spinal cord injury, stroke, amputations, chronic pain, and head injury.

**Leadership Required:** Lack of manpower hampers the provision of existing services, let alone necessary expansion of services. Expanded instruction is required in rehabilitation nursing. There is a serious shortage of occupational therapists. A significant shortage of prosthetists is approaching. The existing instruction of physicians in the potential for rehabilitation and in the prevention of disability is totally inadequate. Government support is required if significant progress is to take place in these areas.

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**In addition to physical rehabilitation personnel, there is also a severe shortage of personnel who can provide counselling services in the area of mental health care.**

# 112

## ENSURE THAT CANADA HAS SUFFICIENT MEDICAL REHABILITA- TION PERSONNEL

### RECOMMENDATION:

**That the Federal Government pursue its study of the health workforce requirements in the area of medical rehabilitation and take steps, in cooperation with the Provinces, to correct any shortcomings.**

**Shortages:** A number of briefs presented to the Committee lamented the staff shortages among physiatrists and other medical rehabilitation professionals. This is an especially serious problem in areas of the North, and among certain minority groups. In addition to physical rehabilitation personnel, there is also a severe shortage of personnel who can provide counselling services in the area of mental health care. The Federal Government should pursue its current survey of the workforce in Canada's health professions to ascertain the exact nature of these shortages. It should then take steps to correct the situation.

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# SEVENTEEN

## DATA BASE DEVELOPMENT



**“With modern technology, it is possible to collect data on a vast array of services which have been developed to meet existing needs. The major problem is an inability to state precisely the numbers and types of disabled citizens requiring services. Yet, without this data, it is impossible to identify the extent of the needs or to set priorities and establish long and short term goals. A way must be found to enumerate the disabled without contravening their civil rights and this can only be achieved at the federal level.”**

Niagara Penninsula Rehabilitation Centre

**“Accessibility of information must also include access to statistics. Indeed, no adequate program planning or improvement can take place without basic statistics as to the population being served. Yet the impression of our staff is that such basic statistics are still lacking for want of a central information bank. When attempting to do studies we are unable to obtain such data as number of M.S. patients in the province of Quebec, or number of newly-injured spinal-chord patients in a year? Though the self-help associations such as the Canadian Paraplegic Association tabulates their own statistics, these figures reflect only those clients who are registered with them.**

Montreal Neurological Hospital and Institute

## 113

**DIRECT  
STATISTICS  
CANADA TO  
DEVELOP DATA  
BASE ON  
DISABLED  
CANADIANS**

**RECOMMENDATION:**

**That the Federal Government direct Statistics Canada to give a high priority to the development and implementation of long-term strategy which will generate comprehensive data on disabled persons in Canada, using population-based surveys and program data.**

**That, as part of this long-term plan, the following steps be initiated:**

- **A national conference be convened in 1981, if possible, to review the data needs in this area and to identify appropriate measures for inclusion in a long-term plan;**
- **A commitment to include in the 1986 Census, questions on disability, and a suitable follow-up questionnaire to generate data on disabled persons in Canada;**
- **Inclusion of appropriate questions in the Canadian Labour Force Survey, the Consumer Finance Survey and other major population-based surveys, to provide additional data on the socio-economic conditions of disabled persons in Canada.**

**Not Important?** Over two million Canadians are physically or mentally disabled; one-tenth of the national population. Yet, very little is known about their social and economic situation. The cost and care of these disabled persons runs into the billions of dollars, yet Statistics Canada does not consider the disabled population important enough to warrant a special category in the

1981 Census questionnaire. The Committee heard complaints throughout its hearings that programs and projects were being delayed and cancelled because of the lack of hard data about disabled persons. This situation is especially serious in the area of mental health. Statistics Canada has a mental health division which collects data on the number of patients in mental health facilities. But this does not provide much useful information since the emphasis within the field is on the treatment of outpatients.

**Unacceptable:** This lack of information is totally unacceptable. The Committee has been told by Statistics Canada that it is now too late to include "disability" as a question in this year's census. This means that thousands of private and government programs on behalf of disabled persons must operate for the next five years on limited data. The Committee laments this situation. The only thing that can be done until then is to ensure that Statistics Canada makes provisions to conduct special supplementary surveys which will provide data in the interim.

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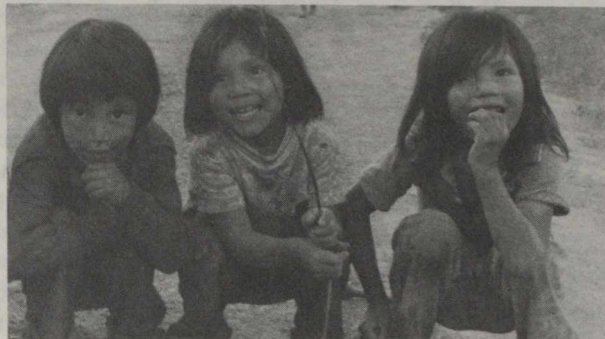
**Over two million Canadians are physically or mentally disabled; one-tenth of the national population. Yet, very little is known about their social and economic situation. The cost and care of these disabled persons runs into the billions of dollars, yet Statistics Canada does not consider the disabled population important enough to warrant a special category in the 1981 Census questionnaire.**

# EIGHTEEN

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## NATIVE POPULATION

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**“The present ‘health’ care system appears incapable of dealing with the ever-increasing symptoms of social breakdown within Indian communities. To live a life that is totally out of one’s own control is a source of constant stress, and eventually leads to demoralization of an entire population. The Indian people have been forced into coerced dependence upon paternalistic and ever-shifting federal policy, and denied means of gaining a livelihood, and this situation now results in the manifestations of social ill health now seen: alcohol and drug abuse, family breakdowns, suicides, accidents and violent deaths.”**

**National Indian Brotherhood**

**“Alcohol and drug abuse is the number one health problem our people face. Like all diseases, it is a symptom of more deep-rooted problems within our communities. It is a major cause of physical and mental disability, affecting all age groups.”**

**National Indian Brotherhood**

**“The solution will come in seeking out and recognizing the social economic, occupational, environmental, nutritional, and spiritual causes of disease, and to become directly involved in the eradication of these causes. The solution will come in educating people how to stay well and healthy, and therefore, now to prevent disease and disability.”**

**National Indian Brotherhood**



114

**ESTABLISH  
NATIONAL  
ADVISORY BODY  
ON  
COMMUNITY  
SERVICES FOR  
DISABLED  
INDIAN  
PERSONS**



**RECOMMENDATION:**

**That the Federal Government direct the Department of Indian Affairs and Northern Development to provide financial and technical assistance for the establishment of a national advisory body on community services affecting disabled Indian people, similar in concept and format to the National Commission Inquiry on Indian Health.**

**Past Failure:** Too often the Federal Government has created policies and programs affecting the lives of Indians without consulting first with the representatives of these people. This

has resulted in ineffective programs, lowered morale among Indian communities, and strained relations between Indians and the Federal Government. It is crucial, therefore, that all matters related to services for disabled Indians be subject to prior consultation, within a formal advisory mechanism.

**Success:** Consultation works when it is formalized. In 1978, the National Commission Inquiry on Indian Health was established. This body now serves as a forum through which seventeen provincial and territorial Indian organizations express their views on health policies and programs of the Federal Government. A similar advisory body should now be established to deal with services provided to disabled Indians.

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**Too often the Federal Government has created policies and programs affecting the lives of Indians without consulting first with the representatives of these people. This has resulted in ineffective programs, lowered morale among Indian communities, and strained relations between Indians and the Federal Government.**

115

**EXPAND THE  
ROLE OF  
FRIENDSHIP  
CENTRES FOR  
DISABLED  
NATIVE PEOPLE**



**RECOMMENDATION:**

**That the Federal Government expand the role of Friendship Centres to include an urban-based referral program providing liaison and assistance to migrant Natives who are disabled.**

**On the Move:** Unemployment among Native people runs between 35% and 75% of the Native work force, depending on the locale and the time of year. Many Native people, therefore, are forced to move frequently, or continually, from one urban centre to another looking for work. Among these transient or migrating people are disabled persons who require treatment and assistance in order to be able to function at all.

**Barriers:** A number of barriers prevent disabled Natives from receiving the help they need. Language barriers prevent information on available services from reaching the disabled person. Cultural barriers prevent disabled persons from accepting "outside help" from non-Native people. Distance barriers prevent access to the limited number of centres where these services are provided.

**"Friendship Centres":** Native people trust and make use of information which comes from their own people. Information about Government services to disabled people, therefore, must be channeled through organizations which Native people operate for themselves. Such organizations already exist in the form of "Friendship Centres" in several Canadian towns and cities. A Friendship Centre is a facility, governed by Native people in an urban centre, which provides vital information to other Native persons who are newly arrived or passing through. These Centres should be expanded in number and in the scope of information they provide. A leading participant in this endeavour should be the Native Council of Canada. Their recently completed health project, mandate and operational experiences are grounds upon which this recommendation can be developed.

\* \* \* \* \*

# 116

## CONSIDER TRANSFER OF HEALTH SERVICES TO DEPARTMENT OF INDIAN AFFAIRS



### RECOMMENDATION:

**That the Federal Government determine the feasibility of transferring Indian Health Services from the Department of National Health and Welfare to the Department of Indian Affairs and Northern Development, and determine the direct and indirect advantages of such a transfer to the Indian and Inuit people who are disabled.**

**Confused:** Indian and Inuit people do not understand or appreciate the concept of different government departments. Their own communities are small and unified, and the notion of huge, separate bureaucracies is foreign to their traditions and daily experience. They become confused by a situation in which it takes

several major organizations to provide several minor services. They become discouraged when poor coordination among these organizations means that promised services are not delivered, or are delivered badly.

**Familiar:** The Department of Indian Affairs and Northern Development has a special relationship to Indian and Inuit people. It provides a broad spectrum of programs directly affecting the health and lifestyles of disabled Indian and Inuit people. Indian leaders are unanimous in calling for Indian Health Services to be returned to the Department of Indian Affairs and Northern Development. They believe that nothing short of this transfer will effectively improve community services to disabled Indians.

\* \* \* \* \*

**Indian and Inuit people do not understand or appreciate the concept of different government departments. Their own communities are small and unified, and the notion of huge, separate bureaucracies is foreign to their traditions and daily experience. They become confused by a situation in which it takes several major organizations to provide several minor services.**

## 117

## ESTABLISH DATA ON PROBLEMS OF DISABLED INDIAN AND INUIT PEOPLE



### RECOMMENDATION:

That the Federal Government direct the Department of Indian Affairs and Northern Development to undertake community-based surveys to supplement program data presently available regarding the extent and nature of problems facing disabled Indian and Inuit peoples.

**Ignorance:** Little is known about the unique needs of disabled Indian and Inuit peoples in Canada. National figures on frequency and types of disabling conditions among Indian/Inuit populations are lacking.

**Big Problems:** Everyday experience, however, indicates that disability is a much bigger problem among these people than among other Canadians. New services and assistance are badly needed, but without proper

data, it is difficult to deliver help in an effective manner. At the same time, special care must be taken in the way that information is gathered. Indians and Inuit are naturally reluctant to answer questions about themselves unless they can be sure that the resulting information will be used for their benefit.

**Existing Routes:** Data-collection must involve researchers who are Indian and Inuit themselves. At the present time, two Departments—National Health and Welfare and Indian Affairs and Northern Development—have some data on hand. Although this information is incomplete, with the help of Indian and Inuit organizations, it can be used as a starting point for a comprehensive data bank.

\* \* \* \* \*

**The life expectancy for Indians is 42.4 years, or thirty years less than that of non-Indian Canadians. Indian babies die at twice the national rate. Those who survive the ravages of pneumonia, bronchitis and parasitic diseases frequently suffer from malnutrition, unhealthy living conditions and family break-down. Sickness and despair result from living in overcrowded housing, with no running water, no sewage or regular garbage disposal, and totally inadequate heating systems.**

## 118

## EXPAND HEALTH PROFESSION OPPORTUNI- TIES FOR NATIVE PERSONS



### RECOMMENDATION:

That the Federal Government direct the Department of Indian Affairs and Northern Development, and the Department of National Health and Welfare to expand Native career development plans in order to attract Native people to the health professions and, in particular, to the fields of health education and promotion.

**Conditions:** The life expectancy for Indians is 42.4 years, or thirty years less than that of non-Indian Canadians. Indian babies die at twice the national rate. Those who survive the ravages of pneumonia, bronchitis and parasitic diseases frequently suffer from malnutrition, unhealthy living conditions and family break-

down. Sickness and despair result from living in overcrowded housing, with no running water, no sewage or regular garbage disposal, and totally inadequate heating systems.

**Prevention:** The easiest disability to care for is one which does not occur in the first place. Many disabilities among Native populations could be prevented as a result of widespread health education. This education can only occur in an environment which incorporates the language, customs and lifestyles of Indian, Métis and Inuit people. The instructors must be Native themselves.

**Breakthrough:** The biggest breakthrough in providing health services to Native people will come when significant numbers of Native people become professional health workers. This is the only route by which the most serious problems of disease and sickness can be solved.

\* \* \* \* \*

**Good intentions and technical expertise are not enough for dealing effectively with Native people on a personal basis. An understanding of the history, values and perceptions of Native groups is needed by all public servants who work with them. Unfortunately, orientation programs are often treated as a luxury rather than as an integral part of staff training.**

# 119

## EDUCATE PUBLIC SERVANTS ON NEEDS OF DISABLED NATIVE PEOPLE



### RECOMMENDATION:

**That the Federal Government, in cooperation with Native organizations, give a higher priority to the provision of orientation programs for public servants involved in the delivery of services affecting disabled Native persons.**

**Down The Drain:** A government service is counterproductive if it is not accepted by the people for whom it is intended. Many well-intentioned Federal Government programs for Native persons have gone down the drain because they did not relate to the culture and history of these people.

**Knowledge Essential:** Good intentions and technical expertise are not enough for dealing effectively with Native people on a personal basis.

An understanding of the history, values and perceptions of Native groups is needed by all public servants who work with them. Unfortunately, orientation programs are often treated as a luxury rather than as an integral part of staff training. The Committee recommends that "cultural orientation" become an essential element of management career development in all Government organizations which provide services to Native people.

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# 120

## ESTABLISH SPECIAL LIAISON AND RESEARCH OFFICE DEALING WITH NEEDS OF DISABLED NATIVE PEOPLE

### RECOMMENDATION:

**That the Federal Government instruct the Department of the Secretary of State through its Native Program to facilitate research and liaison through a special office relating to the needs of disabled Native people.**

**Little Feedback:** Many Government Departments and private agencies administer programs which affect

the lives of disabled Native people. Few of these programs are based on accurate feedback from the communities they serve. There is no organization which ensures that the positions and needs of Native people are considered. It is not surprising that these programs often miss the mark.

**Keep In Touch:** The Committee recommends that a Federal Office be established which keeps Government and private service organizations in touch with the status and needs of Native disabled persons.

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**Many Government Departments and private agencies administer programs which affect the lives of disabled Native people. Few of these programs are based on accurate feedback from the communities they serve. There is no organization which ensures that the positions and needs of Native people are considered. It is not surprising that these programs often miss the mark.**

# 121

## APPOINT NATIVE REPRESENTA- TIVE TO INTERNATION- AL YEAR COMMITTEE



### RECOMMENDATION:

That the Federal Government appoint a representative of Native peoples to the Canadian Organizing Committee for the International Year of Disabled Persons.

**Special Concern:** Among all Canadians, the problems of disability are worst among Native peoples. Any Canadian participation in the International Year of Disabled Persons must consciously reflect this fact. The Committee recommends that a representative of Native Peoples be appointed immediately to the Canadian Organizing Committee for the International Year.

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# 122

## INCREASE FINANCIAL SUPPORT FOR NATIONAL NATIVE ALCOHOL ABUSE PROGRAM

### RECOMMENDATION:

That the Federal Government direct the Department of Indian Affairs and Northern Development, and the Department of National Health and Welfare, to substantially increase their financial support for the National Native Alcohol Abuse Program and to ensure that the evaluation mechanism for the program involves members of those communities for which the program is intended.

**Terrible Problem:** Native leaders agree that their most critical community problems result from alcohol abuse. Fully one-third of all deaths among Status Indians and Inuit are alcohol-related, while over 60% of the Indian "children in care" arrive in that situation as a direct result of alcohol abuse. Total costs attributable to Indian and Inuit alcohol abuse approach \$150 million per year. The social costs are inestimable. This is the harsh reality which so many non-Native people

cannot appreciate, and from which the disabled Native person cannot escape.

**Deeper Causes:** Alcohol abuse is only symptomatic of deeper problems in the Native community. The impact of modern Canadian society on the Canadian Native has been devastating. People have become dislocated from family and friends. Juvenile crime, child neglect, social tension and communicable diseases have become major social problems. Unfortunately, many Native people turn to alcohol as an escape from a grim future. Alcohol is a major and increasing cause of handicap and disability among Native people, especially among children who are born with fetal alcohol syndrome.

**Hope:** In 1975, the National Native Alcohol Abuse Program (NNAAP) was established to arrest and reverse the debilitating effects of alcohol abuse within Native communities. It responds to community initiatives with financial support for projects covering prevention, treatment and rehabilitative activities. Each project is developed in concert with members of the community being served.

**Speed-Up:** The results of this unique funding program have been encouraging. However, only 50% of the Indian on-reserve population, and a few Inuit and Metis communities, have been reached by NNAAP. There is a great need to speed up the program on a long-term basis, and to encourage provincial initiatives in the same field.

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# 123

## ENSURE ACCESS TO REHABILITA- TION SERVICES FOR STATUS INDIANS



### RECOMMENDATION:

**That the Federal Government direct the Department of Indian Affairs and Northern Development, and the Department of National Health and Welfare in consultation with the Provinces and Status Indians and their associations, to develop a suitable mechanism to ensure that disabled Status Indians have access to a full range of rehabilitation services.**

**Federal Responsibility:** Under the British North America Act, the Federal Government has direct responsibility for the affairs of Status Indians. In the matter of rehabilitation and vocational services for Status Indians who are disabled, however, Ottawa has relied until now upon the Provinces to provide the necessary services. There have been con-

siderable disagreements and legal debates regarding the jurisdiction of the Federal and Provincial Governments, and in the payment for the services. As a result, the Status Indians have not received the services that they need. Two problems must, therefore, be solved. First, the Status Indians must be assured of rehabilitation and vocational services, regardless of the legal responsibility. Secondly, the ultimate responsibility and administration of these services should be decided by consulting all parties, especially Indian people.

\* \* \* \* \*

**Alcohol abuse is only symptomatic of deeper problems in the Native community. The impact of modern Canadian society on the Canadian Native has been devastating. People have become dislocated from family and friends. Juvenile crime, child neglect, social tension and communicable diseases have become major social problems.**

# NINETEEN

## INTERNATIONAL PERSPECTIVE



**“1981 has been proclaimed by the United Nations as the Year of the Disabled. This, in itself, is very important. It shows that those who are concerned with the question (disabled and their friends) have been able to gather enough clout which is needed in order to persuade the international organization to do it. Modern societies have, in principle, committed themselves to the rehabilitation of the disabled.”**

Angelo Nikias, Toronto

**“1981 has been declared the International Year of Disabled Persons. The time for impressive speeches is past. The challenge is for you to take concrete action, now, to ensure basic human rights and freedoms for all Canadian citizens.”**

Action League for Physically Handicapped Adults of Kitchener-Waterloo, Ontario

**“The World Coalition of Persons with Disabilities which grew out of a 1980 World Congress of Rehabilitation International in Winnipeg reflects the growing frustration of disabled people throughout the world with the traditional, professional rehabilitation system. This new international consumer body considered it necessary to foster and exchange information between consumer groups, evaluate common problems with traditional systems and services and to find means of encouraging consumer groups and individuals in their respective countries to learn how to speak out and to articulate their own particular needs. It was immediately evident at the World Congress that disabled consumers face the same frustrations throughout the entire world.”**

Coalition of Provincial Organizations of the Handicapped

## 124

## REINFORCE FEDERAL ROLE IN INTERNATIONAL YEAR OF DISABLED PERSONS

### RECOMMENDATION:

That the Federal Government continue to play a lead role in the International Year of Disabled Persons (IYDP) activities at the United Nations, and with UN Agencies, and, in particular, in the development of a long-term plan of action as a follow-up to the International Year.

**Important Role:** Canada has already made a notable contribution to planning for the International Year. In June 1980, it hosted the World Congress of Rehabilitation International in Winnipeg. Canadian representatives have served this past year on the UN Advisory Committee for IYDP and in other international activities related to the International Year.

**Long-Term:** The UN Advisory Committee will table a comprehensive report on the world-wide status of disabled persons sometime in 1981. This will lead to the adoption of a long-term action plan by the UN General Assembly in 1982. The Federal Government should rein-

force the lead role it has been playing, to ensure that Canadian experience and expertise is involved in the development and implementation of any long-term plan designed to prevent disability, or to improve the conditions of disabled persons in developing countries.

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## 125

## INSTRUCT CIDA TO DEVOTE MORE FUNDS TO PREVENT DISABILITY

### RECOMMENDATION:

That the Federal Government instruct the Canadian International Development Agency (CIDA) to allocate a greater proportion of its current budget in developing countries for the following purposes:

- Projects for improvement of the water supply as a measure to reduce the incidence of disabling conditions as Canada's participation in the 1981-1990 International Water Supply and Sanitation Decade;
- Programs for immunization and other means of preventing disabling conditions;
- Community services for disabled persons which foster integration into the community;
- Establishment of prosthetic and orthotic services in countries lacking such services;

- Support for the organization and activities of consumer groups at the local, regional, national and international level.
- Establishment of an interchange of professionals in the field of rehabilitation.

That the Federal Government instruct CIDA to adopt a policy requiring the application of minimum Canadian standards for accessibility to buildings or facilities funded by that body, where feasible.

**Four Per Cent:** The Canadian International Development Agency (CIDA) provides more than \$1-billion annually to assist developing countries. Less than \$50-million, or less than 4 per cent, of this annual budget is devoted to solving health problems in these countries. Yet statistics show that the greatest drain on the resources and manpower energies of developing nations come from the ravages of disease. The main cause of these diseases, and of disabilities, is unclean water. CIDA should reexamine its priorities, and devote a much larger percentage of its aid to clean water programs, so that the conditions of disability can be contained and gradually eliminated.

**Commitment:** Overall, CIDA must show a clearer commitment to the needs of disabled persons. This can be done through a variety of prevention or rehabilitation programs. Above all, CIDA should provide assistance to self-help efforts within developing nations, so that long-term dependence upon Canada can be lessened.

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# 126

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## ACCESSIBILITY TO CANADIAN FACILITIES ABROAD

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### RECOMMENDATION:

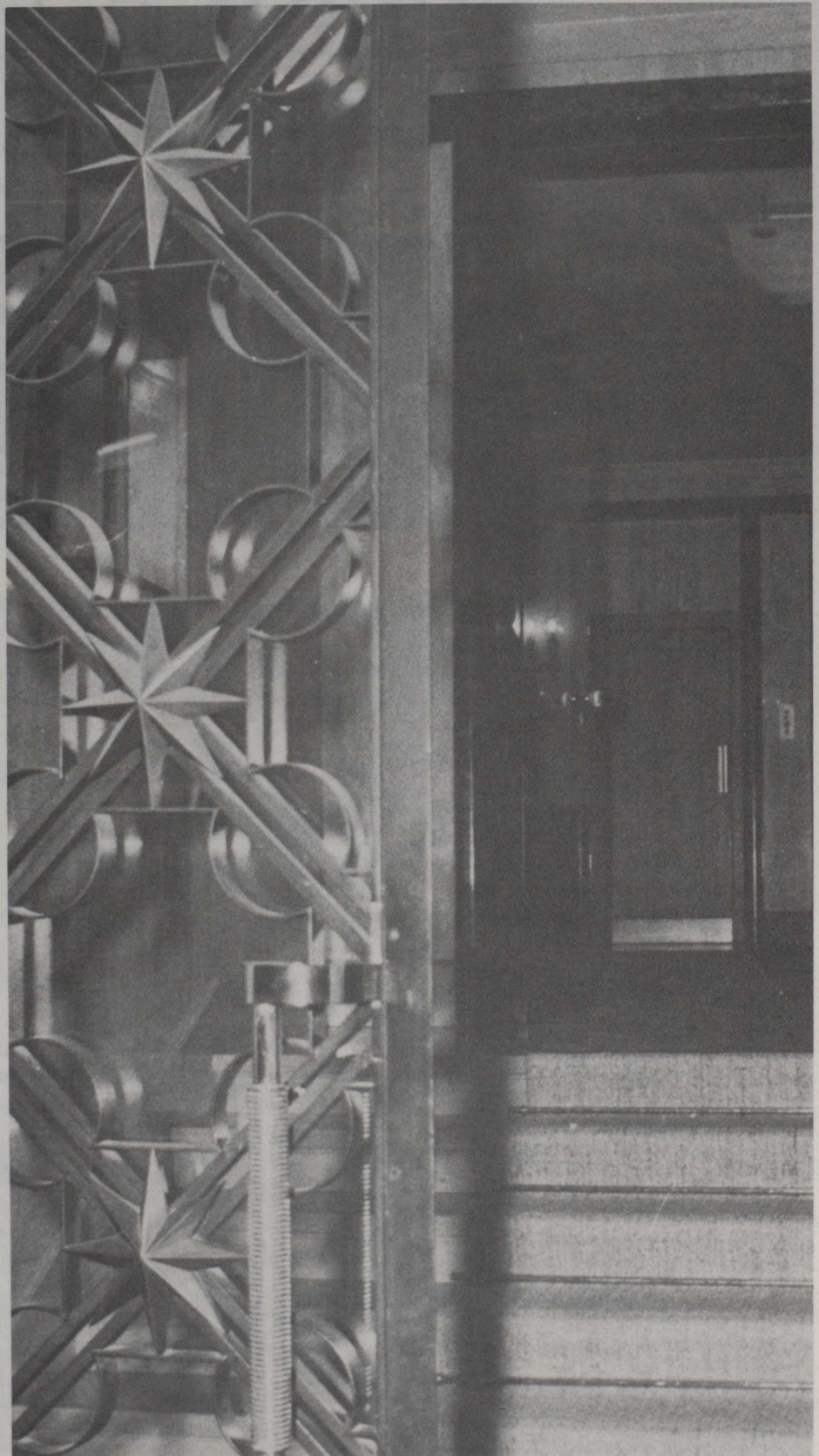
**That the Federal Government instruct the Department of External Affairs to accelerate the implementation wherever feasible of the same policy for accessibility to buildings and facilities outside the country as Federal Government Departments and Agencies are required to implement in Canada.**

**That the Federal Government instruct the Department of External Affairs to promote the use of reasonable standards of accessibility to buildings or facilities owned, leased or funded by the United Nations and its Agencies.**

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**Leadership:** Canada is already taking a lead role in the UN's activities to assist disabled persons. One way to reinforce the country's commitment to the worldwide disabled community is to set an example for accessibility. Minimum standards should be applied to all leases, construction and renovation of Canadian Government buildings abroad, wherever this is feasible.

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# TWENTY

## FUNDING AND IMPLEMENTATION



**“We firmly believe that every problem confronting the disabled individual has been thoroughly documented and that the solutions have been equally well documented. What is needed is the will to implement the well-documented solutions.”**

**Canadian Rehabilitation Council for the Disabled**

**“We frequently hear the phrase “studied to death”. There probably is no group for whom, in the recent past, this has been more true. It is hoped that the work of the Special Committee will lead to 1981, The Year of the Disabled, being a year of action and not simply of words.”**

**Ontario Association of Professional Social Workers**

**“The decade that lies ahead can be one of achievement and advancement, or one of disappointment and decreased services; it can be a breakthrough of new ideas, or maintaining the status quo of insufficient services. The challenge of forging ahead with new ideas, advancement of innovative programs, and increased services lies with all of us.”**

**Canadian Mental Health Association (Manitoba Division)**

## 127

## INSTRUCT GOVERNMENT ORGANIZA- TIONS TO RESPOND QUICKLY TO RECOMMENDA- TIONS IN THIS REPORT



### RECOMMENDATION:

That the Federal Government instruct the relevant Departments, Agencies and Crown Corporations to give a higher priority in the allocation of their existing resources to the measures proposed in this Report to meet the needs of disabled persons.

That the Federal Government instruct the relevant Departments, Agencies and Crown Corporations to take immediate action to implement the recommendations relating to employment, housing, transportation and communications and to finance these out of existing resource levels.

**Restraints:** The recommendations in this Report call for more Federal funds than are currently allotted for the needs of disabled persons. At the present time, Federal Departments, Agencies and Crown Corporations are facing financial restraints. Few Federal organizations can look forward to increased budgets in the years ahead. In many cases, the budgets for 1984-85 are already committed to specific programs.

**Same Pie:** The disabled community in Canada must be given a bigger slice of the existing pie. It is time that Federal organizations give the needs of disabled persons a higher profile. Existing programs can be paid for over a longer time period. Other programs may be delayed. In this manner, many of the recommendations can be funded out of current operating or capital budgets, and not require additional outlay of Federal tax dollars.

\* \* \* \* \*

The key strategy for all Federal Government Assistance to disabled persons in the future must be that of "independent living". Wherever possible, disabled persons must be able to leave institutions and be provided with funds and the assistance they need to live on their own. This is not simply a nice thing to do, but is a matter of economic survival for disabled persons and for the Government itself.

## 128

## GIVE PRIORITY TO NEGOTIATIONS WITH PROVINCES



### RECOMMENDATION:

**Note:** This recommendation is a summary of several actions proposed in previous recommendations.

That the Federal Government immediately begin negotiations with the Provinces to permit the establishment of the Comprehensive Disability Benefits Program proposed in Recommendation 39, so that this program may be implemented as soon as possible.

That the Federal Government act quickly to negotiate with the provinces cost-sharing agreements necessary for:

- The replacement of the Vocational Rehabilitation for Disabled Persons Act with new legislation (Recommendation 37).
- The development of new legislation to provide independent living services (Recommendation 75).

- The provision of aids and devices (Recommendation 98).

That, in order to ensure control over Federal expenditures in these cost-shared areas, a ceiling or limit should be imposed. This ceiling or limit should be indexed and adjusted from time to time in light of experience and economic conditions.

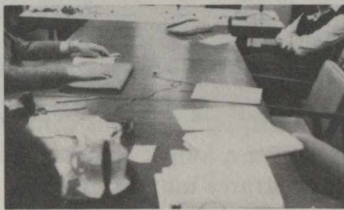
That, the amounts allocated for these cost-shared programs should be pro-rated in each Province in line with some indicator of social need, e.g. number of unemployment insurance recipients or social assistance recipients.

**Strategy:** The key strategy for all Federal Government Assistance to disabled persons in the future must be that of "independent living". Wherever possible, disabled persons must be able to leave institutions and be provided with funds and the assistance they need to live on their own. This is not simply a nice thing to do, but is a matter of economic survival for disabled persons and for the Government itself. Economic conditions will no longer allow for constantly increasing welfare payments. The funds required to meet the needs of more disabled persons are finite. Independent living on a large-scale is the only strategy that will permit more to be done with existing funds.

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# 129

## ESTABLISH CABINET-LEVEL REVIEW PROCEDURE



### RECOMMENDATION:

**That the Federal Government establish a review procedure at Cabinet level (similar to that which is in place with reference to the Status of Women) which will ensure that ongoing consideration is given to the concerns of disabled persons.**

**Input:** Most Federal Government decisions are made without regard to their impact upon the lives of disabled persons. This was also true at one time with respect to women, but not any more. Following the International Women's Year in 1975, a simple procedure was developed to ensure that consideration was given to the concerns of women in decision-making by the Federal Government. This need not entail an elaborate or cumbersome review process—but simply a procedure similar to that used to protect the interests of women.

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# 130

## DESIGNATE A MINISTER FOR DISABLED PERSONS

### RECOMMENDATION:

**That a Minister of State on the Status of Disabled Persons be designated and that such a Minister be attached to a major Department other than the Department of National Health and Welfare.**

**Coordinator:** The Committee believes that it is essential for the Federal Government to designate a Minister who will be directly responsible for the affairs of disabled persons. But the Committee is totally opposed to the creation of a new and separate Department. Nearly every Federal Department and Agency has programs and activities which directly affect disabled persons. What is sorely needed now is a single Minister to effectively monitor these efforts, without disrupting their present administrative arrangements. The Minister's mandate should be to maximize cooperation among all these Departments and Agencies, while keeping additional bureaucracy to a minimum.

**Responsibilities:** The primary activity of the Minister would be to fight at the Cabinet level for programs and policies affecting disabled persons. He or she would also be responsible for the following activities:

- **MONITOR** Federal Department policies and programs to ensure that they are promoting the fullest possible participation of disabled persons in society.
- **CO-ORDINATE** measures to improve the status of disabled persons at the Federal level.
- **PERFORM** a public information and liaison function by keeping in contact with organizations of disabled persons and individuals, and by issuing publications.
- **ENSURE** Federal-Provincial consultation on issues relating to the status of disabled persons.

**Backward Step:** Disabled persons are striving to overcome the obstacles caused by segregation and of being prevented from participating in everyday Canadian society. The creation of a separate Department would only reinforce both the image and the fact of segregation.

**Influence Needed:** The new Minister should be attached to a major Department which already has significant involvement with disabled persons. This will provide the Budget and Cabinet influence needed to get things done. The importance of this attachment was summed up by the Honourable Lloyd Axworthy when he appeared before the Committee:

“Unless you are connected with a big line department with a lot of clout and a lot of ability, you are limited strictly to a role of persuasion. The portfolio should not be isolated because it would weaken the position of the Minister.”

**Not Health:** While major Department affiliation is essential, the new Minister should not be attached to the Department of National Health and Welfare. Programs administered through that Department reinforce a tendency to see disabled persons as unfortunate victims who are sick. This attitude must be changed.

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**“Unless you are connected with a big line department with a lot of clout and a lot of ability, you are limited strictly to a role of persuasion. The portfolio should not be isolated because it would weaken the position of the Minister.”**

# BACKGROUND

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## CONTRIBUTORS

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### — WRITTEN SUBMISSIONS —

#### GENERAL

FEDERAL GOVERNMENT DEPARTMENTS, AGENCIES AND CROWN CORPORATIONS  
PROVINCIAL, TERRITORIAL AND MUNICIPAL AUTHORITIES

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SUBMISSIONS TO SUB-COMMITTEES AT REGIONAL HEARINGS

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WITNESSES (OTTAWA)

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INTERNATIONAL BRIEFINGS

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COMMITTEE STAFF

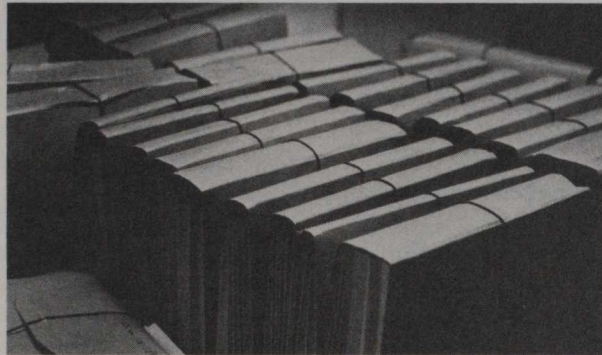
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## GLOSSARY OF THE TERMS USED IN THIS REPORT

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# CONTRIBUTORS

## WRITTEN SUBMISSIONS



The Special Committees received more than 600 briefs from individuals and organizations

## GENERAL

### A

- Able Services Ltd.; Halifax, Nova Scotia  
 Ability Centre; Ottawa, Ontario  
 Accessibility Action Committee; St. John's, Newfoundland  
 Action for the Dependent Handicapped; Winnipeg, Manitoba  
 Action League for Physically Handicapped Adults of Kitchener-Waterloo; Ontario  
 ADAPT 81; Belleville, Ontario  
 Alberta Association of the Mentally Retarded; Edmonton, Alberta  
 Alberta Children's Hospital; Calgary, Alberta  
 Alberta Committee of Action Groups of the Disabled; Edmonton, Alberta  
 Alcohol and Drug Addiction Foundation of Newfoundland Labrador; St. John's, Newfoundland  
 Algoma District Mental Retardation Service; Sault Ste. Marie, Ontario  
 Alliance for Life; Winnipeg, Manitoba  
 Alpha Huron (Awareness League of Physically Handicapped Adults); Clinton, Ontario  
 ARM Industries; Brandon, Manitoba  
 Arseneau, Mr. Marcel; Edmundston, New Brunswick  
 Ashwin, Dr. James; Ottawa, Ontario  
 L'Association des handicapés de Jonquière; L'Association pour la promotion des droits des handicapés; L'Association F.E.A.S. de la Paroisse de Fatima; Chicoutimi, Québec  
 L'Association de paralysie cérébrale du Québec Inc., Chicoutimi; (Chapitre de l'Estrie) Sherbrooke, Québec  
 Associated Disabled Persons of B.C. Society (The); Victoria, British Columbia  
 Association Générale des Insuffisants Rénaux; Longueuil, Québec  
 Association des handicapés du diocèse de St-Jérôme; Québec  
 Association of Creative Dyslexic Adults; Ottawa, Ontario  
 Association of Hearing Impaired Adults; Montreal, Quebec  
 Association of Kinsmen Clubs (The); Cambridge, Ontario  
 Association of Treatment Centres of Ontario; Sarnia, Ontario  
 Association for Relatives and Friends of the Mentally Ill, Ottawa, Ontario; Montreal, Québec

Atkinson, Mr. Fred A.; Woodstock, Ontario  
 Atlantic Conference on Learning Disabilities; Dartmouth, Nova Scotia  
 Atlantic Provinces Special Education Authority; Halifax, Nova Scotia

## B

Baer, R. E.; Kitchener, Ontario  
 Baker, Beverly; Toronto, Ontario  
 Barr, Mrs. Bonnie J.; Kamloops, British Columbia  
 Beach, Arliemarie; Brandon, Manitoba  
 Beadle, Mr. and Mrs. J.; Newmarket, Ontario  
 Bélanger, Mrs. Thérèse; Sherbrooke, Québec  
 Bellan, Ruth; Winnipeg, Manitoba  
 Bellemare, Aurelien; Timmins, Ontario  
 Big Brothers of Canada; Burlington, Ontario  
 Blind Organization of Ontario With Self Help (BOOST); Hamilton, Toronto, Ontario  
 Bosek, Mr. John; Vancouver, British Columbia  
 Bowerman, Miss Elly; Victoria, British Columbia  
 Boy Scouts of Canada; Ottawa, Ontario  
 Boyd, Mr. and Mrs. Gary; Moncton, New Brunswick  
 Braithwaite, Mrs. Lillian M.; Surrey, British Columbia  
 Brandon Citizen Advocacy; Brandon, Manitoba  
 Brandon General Hospital; Brandon, Manitoba  
 Brandon Mental Health Centre; Brandon, Manitoba  
 Brandt, Elizabeth P.; Regina, Saskatchewan  
 British Columbia Association for Children with Learning Disabilities; Surrey, British Columbia  
 British Columbia Association for the Mentally Retarded; Vancouver, British Columbia  
 British Columbia Coalition of the Disabled; Vancouver, British Columbia  
 Brock University; St. Catharines, Ontario  
 Brown, Mrs. Freda M.; Winnipeg, Manitoba  
 Burill, Mrs. Cliff; Tilston, Manitoba  
 Burrows, Norman; Montreal, Québec  
 Buttle, Lawrence G.; Kingston, Ontario

## C

Cadillac Fairview, Toronto, Ontario  
 Canada Safeway Ltd.; Regina, Saskatchewan  
 Canadian Association for Children with Learning Disabilities, Ottawa, Ontario; Saint John, New Brunswick.  
 Canadian Association for the Mentally Retarded, Charlottetown, Prince Edward Island; Halifax, Nova Scotia; Moncton, New Brunswick; St. John's, Newfoundland; Toronto, Ontario.  
 Canadian Association of the Deaf; Toronto, Ontario  
 Canadian Association of Guide Dog Users; Ottawa, Ontario  
 Canadian Association of Occupational Therapists; Toronto, Ontario  
 Canadian Association of Optometrists; Ottawa, Ontario  
 Canadian Association of Physical Medicine and Rehabilitation; London, Ontario  
 Canadian Association of Prosthetists and Orthotists; Victoria, British Columbia  
 Canadian Association of Rehabilitation Personnel; Toronto, Ontario



Canadian Association of Social Workers; Ottawa, Ontario  
 Canadian Association of University Schools of Rehabilitation; Halifax, Nova Scotia  
 Canadian Association on Gerontology; Winnipeg, Manitoba  
 Canadian Bankers Association; Toronto, Ontario  
 Canadian Cablesystems Ltd.; Toronto, Ontario  
 Canadian Cancer Society; Toronto, Ontario  
 Canadian Chamber of Commerce; Montreal, Québec  
 Canadian Civil Liberties Association (Timmins Chapter); Timmins, Ontario  
 Canadian Coordinating Council on Deafness; Ottawa, Ontario  
 Canadian Council for the Blind (Manitoba) and Canadian National Institute for the Blind; Manitoba  
 Canadian Council of Rehabilitation Workshops; Toronto, Ontario  
 Canadian Council on Social Development; Ottawa, Ontario  
 Canadian Deaf, Blind and Rubella Association; Owen Sound, Ontario  
 Canadian Dental Association; Ottawa, Ontario  
 Canadian Hearing Society (The), Kitchener, Ontario; Toronto, Ontario  
 Canadian Hospital Association; Ottawa, Ontario  
 Canadian Institute for Studies in Telecommunications; Pierrefonds, Québec  
 Canadian Institute of Child Health; Ottawa, Ontario  
 Canadian Jewish Congress; Winnipeg, Manitoba  
 Canadian Labour Congress; Ottawa, Ontario  
 Canadian Library Association; Ottawa, Ontario  
 Canadian Life Insurance Association; Toronto, Ontario  
 Canadian Manufacturer's Association; Toronto, Ontario  
 Canadian Medical and Biological Engineering Society; Ottawa, Ontario  
 Canadian Mental Health Association, (Alberta Division), Edmonton; (Halifax Branch), Nova Scotia;  
 (Québec Division), Montreal; (Newfoundland Division), St. John's; (National Office), (Ontario  
 Division), Toronto, Ontario; (Waterloo Branch), Ontario; (Manitoba Division), Winnipeg  
 Canadian Motor Coach Association; Ottawa, Ontario  
 Canadian National Institute for the Blind (C.N.I.B.), (Maritime Division), Halifax, Nova Scotia;  
 (Newfoundland and Labrador), St. John's, Newfoundland; (National Office), (Ontario  
 Division), Toronto, Ontario; (B.C. and Yukon Division), Vancouver, British Columbia  
 Canadian Organization of Small Business; Edmonton, Alberta  
 Canadian Pacific Air; Vancouver, British Columbia  
 Canadian Paraplegic Association, Fredericton, New Brunswick; Halifax, Nova Scotia; St. John's,  
 Newfoundland; Toronto, Ontario; Winnipeg, Manitoba  
 Canadian Parks and Recreation Association; Ottawa, Ontario  
 Canadian Physiotherapy Association; Ottawa, Ontario  
 Canadian Psychiatric Association; Ottawa, Ontario  
 Canadian Public Health Association; Ottawa, Ontario  
 Canadian Rehabilitation Council for the Disabled, St. John, New Brunswick; Toronto, Ontario  
 Canadian Schizophrenia Foundation; Regina, Saskatchewan  
 Canadian Urban Transit Association; Toronto, Ontario  
 Canadians for Health Research; Westmount, Québec  
 Cant, Peter; Belleville, Ontario  
 Care for Families Who Care; Sydney, Nova Scotia  
 Carrefour Adaptation Québec; Montréal, Québec  
 Cassellholme Residents' Council; North Bay, Ontario  
 Cathro, James; London, Ontario  
 Causeway Work Centre; Ottawa, Ontario  
 Centre for Personal and Community Development of Lethbridge; Lethbridge, Alberta  
 Centre François Charron; Québec City, Québec  
 Centre Hospital, University of Sherbrooke; Sherbrooke, Québec  
 Centres Offering Independent Lifestyles; St. John, New Brunswick

Cerebral Palsy Association in Alberta; Calgary, Alberta  
 Cerebral Palsy Association of British Columbia; Vancouver, British Columbia  
 Chandler, Mark; Vancouver, British Columbia  
 Chaulk, Mr. Douglas; Kitchener, Ontario  
 Chedoke-McMaster Hospital; Hamilton, Ontario  
 Cheshire Homes Foundation; Toronto, Ontario  
 Chiasson, Mrs. Rosemary; Amherst, Nova Scotia  
 Child Development Centre; Whitehorse, Yukon  
 Choudry, Mr. M. N.; Ottawa, Ontario  
 Church, Miss Sandra; Halifax, Nova Scotia  
 Citizen Advocacy Society of Calgary; Calgary, Alberta  
 Clark, Miss Dorothy M.; Stratford, Ontario  
 Clark, Paul; Waterloo, Ontario  
 Coalition des Organismes provinciaux de promotion des droits et intérêts; Montreal, Québec  
 Coalition for Usable Transportation; Toronto, Ontario  
 Coalition of Provincial Organizations of the Handicapped; Winnipeg, Manitoba  
 Cochrane Temiskaming Centre; South Porcupine, Ontario  
 Coleman, Muriel; Kitchener, Ontario  
 Collins, Clark; Dundas, Ontario  
 Collins, Wayne; Truro, Nova Scotia  
 Comité Provincial des Malades; Montreal, Québec  
 Commission des droits de la personne du Québec; Montreal, Québec  
 Community Occupational Therapy Services; Halifax, Nova Scotia  
 Community Services Council; St. John's, Newfoundland  
 Consumers' Association of Canada; Ottawa, Ontario  
 Cordi House; Ottawa, Ontario  
 Corolis, Miss Helen; Toronto, Ontario  
 Coughler, Mrs. Margery; Ottawa, Ontario  
 Craig, Jean; Whitehorse, Yukon  
 Crippled Children's Committee; Sault Ste. Marie, Ontario  
 Cruickshank, Dr. David; Calgary, Alberta  
 Curran, Mrs. Viola; Toronto, Ontario

## D

Dacey, Dorothy; Toronto, Ontario  
 Dalrymple, Mrs. Bessie; Stewiadree, Nova Scotia  
 Darrock, Lee D.; Charlottetown, Prince Edward Island  
 Daudelin, Mrs. Leo; Wainfleet, Ontario  
 Dawson, H. B.; Ottawa, Ontario  
 Deschamps, Mr. M.; Ottawa, Ontario  
 Dessureault, Marcel; Pierrefonds, Québec  
 Dessureault, Mrs. Mary; Pierrefonds, Québec  
 Disabled Living Resource Centre; Vancouver, British Columbia  
 Dompierre, Marcel; Timmins, Ontario  
 Drummond, Kathryn; Toronto, Ontario  
 Duncan and District Association for the Mentally Handicapped; Duncan, British Columbia  
 Dutton, William; Woodstock, Ontario

## E

Edmonton Social Planning Council; Edmonton, Alberta  
 Elliott, Mrs. Margaret; London, Ontario  
 Epilepsy Association Metro Toronto; Toronto, Ontario  
 Epilepsy Canada (National Office); Toronto, Ontario  
 Ernest C. Drury School; Milton, Ontario  
 Equalaction for the Physically Disabled; Stratford, Ontario  
 Exon House; St. John's, Newfoundland

## F

Fagan, Mr. Ron; Cambridge, Ontario  
 Family Support Group; Winnipeg, Manitoba  
 Fearnside, Mrs. F.; Sherbrooke, Québec  
 Federated Anti-poverty Groups of B.C.; Abbotsford, British Columbia  
 Federation of Canadian Municipalities; Ottawa, Ontario  
 Federation of Senior Citizens; Montreal, Quebec  
 Fehr, Mr. Jake; Ottawa, Ontario  
 Fitzsimmons, Mrs. Marlene; Ottawa, Ontario  
 Fort Garry Local Advisory Council; Winnipeg, Manitoba  
 Forum des citoyens âgés de Montréal; Montréal, Québec  
 Francoz, Marjorie; Orillia, Ontario  
 Fraser, Mrs. Joyce; Princeton, British Columbia  
 Friesen, Benno, M.P., (on behalf of Mr. and Mrs. Hendrickson); Vancouver, British Columbia  
 Fripps, William A. Thomas; Vancouver, British Columbia  
 Fullerton, D. H.; Ottawa, Ontario

## G

Garaventa (Canada) Ltd.; Surrey, British Columbia  
 Gerontological Nursing Association; Toronto, Ontario  
 Ghorayeb, Mr. Joseph; Montreal, Québec  
 Gifford, Mrs. Rae; Dunnville, Ontario  
 Gill, Marjorie; Charlottetown, Prince Edward Island  
 Gingras, Dr. G.; Charlottetown, Prince Edward Island  
 Girl Guides of Canada; Toronto, Ontario  
 Glaver, Mrs. Donna; Richmond, British Columbia  
 Godbeer, Mary W.; Sutton, Québec  
 Go Getters Club; Charlottetown, Prince Edward Island  
 Golden Society for the Handicapped; Golden, British Columbia  
 Goodyer, Mrs. Jean; Listowel, Ontario  
 Gould, Mr. and Mrs. Stan; Kenton, Manitoba  
 Green, Ms. Joan; St. John, New Brunswick  
 Grey-Bruce Association for Parents of Physically Disabled Children; Woodstock, Ontario  
 Griffiths, D. H.; Oakville, Ontario  
 Gulak, Mrs. Rose; Winnipeg, Manitoba

## H

Haley, W. J.; London, Ontario  
 Hamilton, Darlene/Yack, Patricia; Ottawa, Ontario  
 Handicapped Action Group Incorporated; Thunder Bay, Ontario  
 Handi-Transit Operations; Winnipeg, Manitoba  
 Handler, Denyse, Editor, *The Uncertified Human*; Toronto, Ontario  
 Hard of Hearing Club of Ottawa; Ottawa, Ontario  
 Harmony Club; Woodstock, Ontario  
 Hart, Thomas L.; Coquitlam, British Columbia  
 Hatton, Mr. John; Marie Morell, Prince Edward Island  
 Hay, Mrs. Bette; Ottawa, Ontario  
 Hayes, Dr. Charles; Halifax, Nova Scotia  
 Health Sciences Centre, Winnipeg, Manitoba  
 Helmuth, Mrs. Margaret; Stratford, Ontario  
 Hemsley, Mrs. David; Ottawa, Ontario  
 Henderson, Richard and Yvonne; Brandon, Manitoba  
 Hickling-Smith; Ottawa, Ontario  
 Hicks, Noreen; Vancouver, British Columbia  
 Hill, Mrs. Helen; Brandon, Manitoba  
 Hôpital d'Youville; Sherbrooke, Québec  
 Horbay, Mrs. L.; Saskatoon, Saskatchewan  
 Horizons Unlimited Group of Brandon; Brandon, Manitoba  
 Hub, (The); St. John's, Newfoundland  
 Hudson, Yvonne; Winnipeg, Manitoba  
 Hunt, Mrs. Evelyn; Surrey, British Columbia  
 Huntington Society of Canada; Cambridge, Ontario  
 Huronia Handicapped Association; Penetanguishene, Ontario  
 Hutton House; London, Ontario

## I

Ide, T. R.; Scarborough, Ontario  
 Ireland, Jay; Scarborough, Ontario  
 Israeli, Dr. Julius; New Castle, New Brunswick  
 Ives, Mr. Edward; Cochrane, Ontario

## J

Johnston, Anne; Toronto, Ontario

## K

Kanary, Mr. Ronald; Sydney, Nova Scotia  
 Kellerman, Mr. John; Toronto, Ontario  
 Kelowna United Handicapped; Kelowna, British Columbia  
 Kerr, Dr. Robert, University of Ottawa; Ottawa, Ontario

Kerry's Place; Clarksburg, Ontario  
 Keyes, Mr. A. A.; Ottawa, Ontario  
 Khan, Azmut-Ullah, B.P.T., M.C.P.A.; Kitchener, Ontario  
 Kidney Foundation of Canada; Ottawa, Ontario  
 Kilgour, Mr. Donald; Sherbrooke, Québec  
 King, Miss Audrey; Don Mills, Ontario  
 Kirk, Mr. Charles; Winnipeg, Manitoba  
 Kitchener Public Library, Mobile and Visiting Library Services; Kitchener, Ontario  
 Kitchener-Waterloo Counselling Services Inc.; Kitchener, Ontario  
 Kitchener-Waterloo Hospital, Management Committee Rehabilitation Unit; Kitchener, Ontario  
 Kitchener-Waterloo Rotary Children's Centre; Kitchener, Ontario  
 Kitchener-Waterloo Services for the Physically Disabled; Kitchener, Ontario  
 Kleiner, Mr. Steven; Ottawa, Ontario  
 Krenz, E. A. D.; Winnipeg, Manitoba  
 Kruger, Mrs. Florence; St. Boniface, Manitoba

## L

Laforge, Lynn; Chicoutimi, Québec  
 Laird, Edward; St. John South, New Brunswick  
 Lalby, Mrs. E. P.; Sooke, British Columbia  
 La Leche League in Canada; Ottawa, Ontario  
 La Magnétothèque; Montreal, Québec  
 Largith, Mr. Clifford; Lunenburg, Nova Scotia  
 Latimer, Mr. Carl; Delisle, Saskatchewan  
 League for Life of Manitoba; Winnipeg, Manitoba  
 LeBlanc, Mr. Guy; St. Antoine-de-Kent, New Brunswick  
 Lee, Dr. Alan; Calgary, Alberta  
 Lefebvre, Mr. Floyd; Cornwall, Ontario  
 Lefley, Mr. William L.; Peterborough, Ontario  
 Lewish, Mrs. Elaine; Chase, British Columbia  
 London and District Association for the Mentally Retarded; London, Ontario  
 Lower Fraser Valley Cerebral Palsy Association; Surrey, British Columbia  
 Lower Mainland Housing Coalition; British Columbia  
 Lumsden, Elizabeth; Ottawa, Ontario  
 Lyndon, Susan; Ingersoll, Ontario

## M

Mackenzie, Christelle; Souris, Prince Edward Island  
 Maclean-Hunter; Toronto, Ontario  
 Maheaux, M<sup>me</sup> J.; Thetford Mines, Québec  
 Manitoba Association for Children with Learning Disabilities; Winnipeg, Manitoba  
 Manitoba Association of Social Workers; Winnipeg, Manitoba  
 Manitoba Coordinating Council for the Hearing Impaired; Winnipeg, Manitoba  
 Manitoba Federation of the Visually Handicapped; Winnipeg, Manitoba  
 Manitoba League of the Physically Handicapped; Winnipeg, Manitoba  
 March of Dimes (Ontario), Toronto, Ontario; (Québec), Montreal, Québec; (Waterloo), Ontario  
 Marshall, Edith M.; Winnipeg, Manitoba

Mauser, Mrs. J. M.; London, Ontario  
 Maybee, Mr. J. F.; Mississauga, Ontario  
 Mayers, Mr. F.; Hamilton, Ontario  
 Mayor's Task Force on the Disabled and Elderly (Toronto); Toronto, Ontario  
 MacDonald, D. W.; Brockville, Ontario  
 MacDonald, G. R.; Stellarton, Nova Scotia  
 MacLellan, R. A.; Truro, Nova Scotia  
 MacNab Auto Sales Ltd.; Ingersoll, Ontario  
 McAuley, Mr. S.; Scarborough, Ontario  
 McCoy, Florabelle; London, Ontario  
 McMichael, Miss Helen; Kitchener, Ontario  
 McMullen, Beverly John; London, Ontario  
 McMullen, Miss C.; London, Ontario  
 McRae, C.; Ottawa, Ontario  
 Medical Engineering Resource Unit, University of B.C., Department of Surgery; Vancouver, British Columbia  
 Mellor, Mr. John; Kitchener, Ontario  
 Metro Area Community Service Board for the Deaf (Halifax); Halifax, Nova Scotia  
 Metro Toronto Association for the Mentally Retarded; Toronto, Ontario  
 Meyer, Mrs. M.; Vancouver, British Columbia  
 Mobley, Mrs. Christina Lillian; Ajax, Ontario  
 Montreal Children's Hospital, Alexandra Pavilion; Montreal, Québec  
 Montreal Neurological Hospital and Institute; Montreal, Québec  
 Moreau, M. J.; Perkinsfield, Ontario  
 Morin, Maureen; Whitehorse, Yukon  
 Morris, Bernadine; Sooke, British Columbia  
 Morton, Dr. Helen; Ottawa, Ontario  
 Muir, Mrs. F.; Kitimat, British Columbia  
 Multiple Sclerosis Society Association of Canada, Brandon, Manitoba; Charlottetown, Prince Edward Island; Toronto, Ontario  
 Muscular Dystrophy of Canada, Kitchener-Waterloo, Ontario; Sault Ste. Marie, Ontario; Toronto, Ontario.

## N

National Association for Literary Advance; Halifax, Nova Scotia  
 National Indian Brotherhood; Ottawa, Ontario  
 National Sport and Recreation Centre; Vanier, Ontario  
 Newfoundland Association of Cerebral Palsy Adults; St. John's, Newfoundland  
 Newfoundland Coordinating Council on Deafness; St. John's, Newfoundland  
 Newfoundland Society for the Care of Crippled Children; St. John's, Newfoundland  
 Niagara District Homes Committee for the Physically Disabled Inc., Niagara Falls, Ontario  
 Niagara Peninsula Rehabilitation Centre; St. Catharines, Ontario  
 Nolet, Richard; Sault Ste. Marie, Ontario  
 Normalisation Handicap; Chicoutimi, Québec  
 Northwest Territories Council for the Disabled; Yellowknife, Northwest Territories

## O

Oakville Transit; Oakville, Ontario  
 On Our Own: Ontario Patient's Self Help Association; Toronto, Ontario

Ontario Advisory Council for the Disabled; Toronto, Ontario  
 Ontario Advisory Council on Senior Citizens; Toronto, Ontario  
 Ontario Association of Children's Mental Health Centres; Toronto, Ontario  
 Ontario Association of Professional Social Workers; Toronto, Ontario  
 Ontario Association of Prosthetists and Orthotists, Peterborough, Ontario  
 Ontario Crippled Children's Centre; Toronto, Ontario  
 Ontario Federation for the Physically Handicapped; Toronto, Ontario  
 Ontario Friends of Schizophrenics, Metro Toronto Chapter; Toronto, Ontario  
 Ontario Public Service Employees Union; Toronto, Ontario  
 Ontario Society for Autistic Children and Ottawa Valley Autistic Homes, Ottawa Chapter; Ottawa, Ontario  
 Ontario Welfare Council; Toronto, Ontario  
 Orr, Raleigh; Halifax, Nova Scotia  
 Ottawa-Carleton Regional District Health Council; Ottawa, Ontario  
 Ottawa Handicapped Association; Ottawa, Ontario  
 Oxford Lung Association; Woodstock, Ontario

## P

Pacific Association for Autistic Citizens; Vancouver, British Columbia  
 Packer, Dr. Gordon and Mrs. Jean; Vauxhall, Alberta  
 Parent Sharing Group; Timmins, Ontario  
 Parkland Education Employment Coordinating Committee; Yorkton, Saskatchewan  
 Participation House; Ottawa, Ontario  
 Participation House Project; Waterloo, Ontario  
 Paul, Madame Claire; Maniwaki, Québec  
 P.E.I. Association for the Hearing Impaired; Marie Morell, Prince Edward Island  
 P.E.I. Council of the Disabled; Charlottetown, Prince Edward Island  
 P.E.I. Recreation and Sports Association for the Disabled; Charlottetown, Prince Edward Island  
 Pelletier, Armand D.; St. Basile, New Brunswick  
 Pelletier, Marlene; Wawa, Ontario  
 People First; North Vancouver, British Columbia  
 Perkins, Dr. Stanley; Vancouver, British Columbia  
 Perry, M. J.; London, Ontario  
 Peterborough Social Planning Council; Peterborough, Ontario  
 Phillips, Mr. J. L.; Ottawa, Ontario  
 Phillips, John M.; Victoria, British Columbia  
 Physically Handicapped Action Committee Society; Victoria, British Columbia  
 Physically Handicapped Concerns on Campus; Winnipeg, Manitoba  
 Planned Parenthood Association of Nova Scotia; Halifax, Nova Scotia  
 Plante, Reginald; Brandon, Manitoba  
 Porcupine Handicapped Club; Porcupine, Ontario  
 Professional Consulting Services; Oshawa, Ontario  
 Project Lift Inc.; Kitchener, Ontario  
 Provincial Accessibility Committee of Saskatchewan; Regina, Saskatchewan  
 Provincial Association of Protestant Teachers of Québec; Dollard des Ormeaux, Québec  
 Provincial Committee on Positioning Services for the Disabled; Sherbrooke, Québec

## Q

Québec Association of Laryngectomees; Montreal, Québec

## R

Radio Reading Service; Oakville, Ontario  
 Ralph, Bradley; Ottawa, Ontario  
 Recreation Council for the Disabled in Nova Scotia; Halifax, Nova Scotia  
 Redel, Mr. Earl Wm.; Kamloops, British Columbia  
 Regina District Society for the Autistic and the Society for the Promotion of Education and Assistance of Children in the Home; Regina, Saskatchewan  
 Regroupement des aveugles et amblyopes au Québec; Montréal, Québec  
 Rehabilitation Institute of Ottawa; Ottawa, Ontario  
 Rehabilitation Society of Calgary; Calgary, Alberta  
 Reynolds, Kay; Charlottetown, Prince Edward Island  
 Richard, Mr. Rodrigue; St. John, New Brunswick  
 Roehr, G. Allan; Toronto, Ontario  
 Roger, Frederick Baskerville; Ottawa, Ontario  
 Royal Canadian Legion (The); Ottawa, Ontario  
 Royal Canadian Legion (The), Pacific Command; Vancouver, British Columbia  
 Royal College of Physicians and Surgeons of Canada (The); Ottawa, Ontario  
 Royal Ottawa Hospital; Ottawa, Ontario  
 Royal Ottawa Hospital, Ontario Association of Professional Social Workers (Eastern Branch) and Rehabilitation Unit; Ottawa, Ontario

## S

Saint John Transit Commission; St. John, New Brunswick  
 Saskatchewan Association for Children with Learning Disabilities; Saskatoon, Saskatchewan  
 Saskatchewan Association for the Mentally Retarded; Saskatoon, Saskatchewan  
 Saskatchewan Association of Rehabilitation Centres; Saskatoon, Saskatchewan  
 Saskatchewan Committee—International Year of Disabled Persons; Saskatoon, Saskatchewan  
 Saskatchewan Coordinating Council on Deafness; Regina, Saskatchewan  
 Saskatchewan Coordinating Council on Social Planning; Saskatoon, Saskatchewan  
 Saskatchewan Council for Crippled Children and Adults; Saskatoon, Saskatchewan  
 Saskatchewan School for the Deaf; Saskatoon, Saskatchewan  
 Saskatchewan Society of Occupational Therapists; Saskatoon, Saskatchewan  
 Saubolle, Mr. Peter D.; Greenfield, Québec  
 Scarborough Action for Internation Year of Disabled Persons; Toronto, Ontario  
 Semkiw, Elizabeth; Winnipeg, Manitoba  
 Sex Information and Education Council of Canada (SIECAN); Toronto, Ontario  
 Sharkey, Gertrude; Antigonish, Nova Scotia  
 Sheppey, Mr. Charles; Nepean, Ontario  
 Sir Frederick Fraser School; Halifax, Nova Scotia  
 Smith, Mrs. Al; Kazabazua, Québec  
 Smith, Ms. Helen P.; Winnipeg, Manitoba  
 Smith, Mr. Peter D.; Kitchener, Ontario  
 Smith, Mr. William; Ingersoll, Ontario  
 Social Planning Council of Ajax-Pickering, Ontario; of Edmonton, Alberta; of Kitchener-Waterloo, Ontario; of Lakehead, Ontario; of Ottawa, Ontario; of Peel, Ontario; of Peterborough, Ontario.  
 Social Planning and Review Council of British Columbia; Vancouver  
 Society for Crippled Children and Adults of Manitoba; Winnipeg  
 Society for Emotionally Disturbed Children; Sherbrooke, Québec  
 Society for the Treatment of Autism; Calgary, Alberta



South Saskatchewan Hospital Centre; Regina, Saskatchewan  
 Spice, Mary P.; Ottawa, Ontario  
 Spiritual Assembly of the Baha'Is of Fredericton Inc.; New Brunswick  
 Spooner, Mr. Gaston; Sherbrooke, Québec  
 St. Albert Association for the Handicapped; St. Albert, Alberta  
 St. James-Assiniboine School Division 2; Winnipeg, Manitoba  
 St. Lawrence College; Brockville, Ontario  
 Stanford, Mr. Julian; Calgary, Alberta  
 Stanton, Mr. R.; Nepean, Ontario  
 Stewart, Mr. Brian; Winnipeg, Manitoba  
 Sunnyview Parents Association; Toronto, Ontario  
 Surrey Access For All Committee; Surrey, British Columbia  
 Symington, Dr. D. C.; Kingston, Ontario

## T

Tanny, Robert L.; Brockville, Ontario  
 Taylor, A. W.; Montreal, Québec  
 Tenant Action Committee; Vancouver, British Columbia  
 Ten Ten Sinclair Housing Inc.; Winnipeg, Manitoba  
 Thames Valley District Health Council; London, Ontario  
 Thompson, Mr. Gerard; Ottawa, Ontario  
 Thunder Bay Parent Sharing Group; Thunder Bay, Ontario  
 Timmins Handicapped Residents' Action Group; Timmins, Ontario  
 Timms, Mrs. Doreen; Montreal, Quebec  
 Tindall, Mr. Frank; Toronto, Ontario  
 Tooke, Dorry; Don Mills, Ontario  
 Toronto Orthopaedic Centres Headquarters; Toronto, Ontario  
 Toronto Transit Commission; Toronto, Ontario  
 Total Accommodation and Recreation Association; Burnaby, British Columbia  
 Touround, Mr. George; Roncanville, Saskatchewan  
 Traffic Injury Research Foundation of Canada; Ottawa, Ontario  
 Trudeau, Mr. Paul; Calgary, Alberta  
 Truro Committee—International Year of Disabled Persons; Truro, Nova Scotia

## U

United Church of Canada; Toronto, Ontario  
 United Ostomy Association; St. John, New Brunswick  
 United Way of the Lower Mainland; Vancouver, British Columbia  
 University of British Columbia, Department of Surgery, Faculty of Medicine; Vancouver  
 University of Waterloo, School of Optometry; Waterloo, Ontario  
 University of Western Ontario, Faculty of Physical Medicine and Rehabilitation, Dr. M. G. P.  
 Cameron; London, Ontario

## V

Vaillancourt, Mr. André; Anjou, Québec  
 Vance, F. E.; Don Mills, Ontario

Vancouver-Richmond Association for the Mentally Retarded; British Columbia  
 Vesely, Mrs. Doria; Kamloops, British Columbia  
 Visiting Homemakers Association; Toronto, Ontario  
 Vocational and Rehabilitation Research Institute (The); Calgary, Alberta  
 Voice of the Handicapped; Regina, Saskatchewan  
 Voice for Hearing Impaired Children; Toronto, Ontario

## W

Waechter, Mrs. Beatrice; Waterloo, Ontario  
 Wagner, Margaret; Weston, Ontario  
 Wallis, Mrs. Gertrude; London, Ontario  
 War Amputations of Canada; Ottawa, Ontario  
 Wascana Hospital; Regina, Saskatchewan  
 Waterford Hospital; St. John's, Newfoundland  
 Waterloo County Cerebral Palsy Council; Kitchener, Ontario  
 Waterloo Regional Social Resources Council; Kitchener, Ontario  
 Weagle, Mr. Anthony; South Brookfield, Nova Scotia  
 Widdicombe, Mr. Alan; St. Catharines, Ontario  
 Wilke, Reverend Harold; White Plains, New York, U.S.A.  
 Williams, Wendy; Dixville, Québec  
 Williamson, Mr. Colin; Aylmer, Québec  
 Winnipeg-Assiniboine Liberal Association; Manitoba  
 Wise, Mr. Lou; Toronto, Ontario  
 World Media Institute; Brandon, Manitoba

## X, Y, Z

YMCA/YWCA of Windsor and Essex County; Windsor, Ontario  
 Yukon Association for Children with Learning Disabilities; Whitehorse, Yukon  
 Zachowski, Marian; Calgary, Alberta

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# SUBMISSIONS FROM FEDERAL GOVERNMENT DEPARTMENTS, AGENCIES AND CROWN CORPORATIONS

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Advisory Committee to the President of the Treasury Board  
 Air Canada  
 Canada Council  
 Canadian Advisory Council on the Status of Women  
 Canadian Broadcasting Corporation  
 Canadian Human Rights Commission  
 Canadian International Development Agency  
 Canadian Radio-Television and Telecommunications Agency  
 Chief Electoral Officer, Office of the  
 Department of Agriculture  
 Department of Communications  
 Department of Consumer and Corporate Affairs  
 Department of Employment and Immigration  
 Department of the Environment  
 Department of External Affairs  
 Department of Finance  
 Department of Indian Affairs and Northern Development  
 Department of Industry, Trade and Commerce  
 Department of Justice  
 Department of Labour  
 Department of National Defence  
 Department of National Health and Welfare  
 Department of National Health and Welfare Expert Group on Clinical Guidelines in Speech  
     Pathology and Audiology  
 Department of the Post Office  
 Department of Solicitor General  
 Department of Transport  
 Department of Veterans Affairs  
 Ministry of State for Science and Technology  
 National Arts Centre  
 National Film Board  
 National Gallery  
 National Library  
 National Museums  
 National Research Council  
 Public Service Commission  
 Statistics Canada  
 Status of Women Canada  
 Treasury Board  
 Via Rail

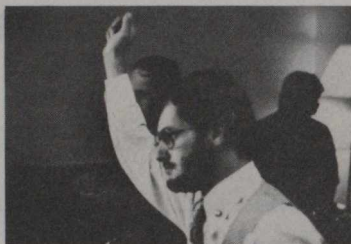
# SUBMISSIONS FROM PROVINCIAL, TERRITORIAL AND MUNICIPAL AUTHORITIES



Alberta Office of the Ombudsman  
 British Columbia Ministry of Health  
 British Columbia Ministry of Labour  
 City of Calgary, Social Services Department  
 City of Edmonton, Transportation Systems Design  
 City of Halifax, Social Planning Department  
 City of Peterborough  
 City of Timmins  
 City of Vancouver, Special Council Committee on the Disabled  
 Commission des droits de la personne du Quebec  
 Human Rights Commission of British Columbia  
 Manitoba Department of Community Services & Corrections, Agency Relations Branch  
 Manitoba Department of Community Services & Corrections, Mental Retardation Programs  
 Mayor's Task Force on the Disabled and the Elderly, City of Toronto  
 Municipality of Metropolitan Toronto, Department of Social Services  
 New Brunswick Department of Health  
 New Brunswick Department of Social Services  
 Newfoundland and Labrador Department of Health  
 Newfoundland and Labrador Department of Social Services  
 Northwest Territories Department of Health  
 Nova Scotia Department of Health  
 Nova Scotia Department of Social Services  
 Nova Scotia Human Rights Commission  
 Prince Edward Island Department of Health and Social Services, Social Services Branch  
 Regional Municipality of Hamilton-Wentworth, Department of Social Services  
 Regional Municipality of Ottawa-Carlton  
 Regional Municipality of Peel  
 Saskatchewan Department of Social Services  
 Wheel-Trans Advisory Committee, Municipality of Metropolitan Toronto  
 Yukon Department of Health and Human Resources

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## WITNESSES WHO APPEARED AT REGIONAL HEARINGS



### SUB-COMMITTEE A

#### WINNIPEG, MANITOBA SEPTEMBER 2, 1980

Mr. D. M. Plummer, Family Support Group  
 Mr. John Lane, Canadian Paraplegic Association, Manitoba Division  
 Mrs. Alice Rothney, Action for the Dependent Handicapped Inc.  
 Dr. Arthur Majury and Mr. J. S. Carmichael, The Society for Crippled Children and Adults of  
 Manitoba  
 Councillor John Angus and Mr. Jarvis Kohut, Handi-Transit Operations Advisory Committee,  
 Winnipeg Transit Department  
 Mrs. C. Johnson and Mrs. B. Scarcella, Manitoba Association for Children with Learning Disabilities  
 Mr. A. Simpson, Mr. H. Miller and Mr. G. McDonald, TenTen Sinclair Housing Inc.  
 Ms. Irene Crofts, Mr. B. Jack, Mr. D. M. Plummer and Mr. G. Battstone, Manitoba Co-ordinating  
 Council for the Hearing Disabled  
 Dr. W. Max Setliff, Health Sciences Centre  
 Mrs. Pat Soenen, League for Life  
 Mr. David Matas, Winnipeg Assiniboine Liberal Association  
 Mrs. Lorraine Swanson  
 Mr. William Stevens for Mrs. Rose Gulak  
 Mr. Brian Stewart  
 Miss Beth Hussey, Manitoba Association of Social Workers  
 Mr. Allan Simpson, President, Coalition of Provincial Organizations of the Handicapped (COPHO)  
 Mr. Arnold Cohen, Executive Director, Canadian Mental Health Association, Manitoba Division  
 Mr. Paul Bridgens, Flyer Industries  
 Mrs. P. Simpson and Miss C. Waters, The Physically Handicapped Concerns on Campus, University  
 of Manitoba  
 Mr. Frank Rogodzinski and Mr. Michael Rosner, The Manitoba League of the Physically  
 Handicapped  
 Mr. D. Legge for Mrs. Helen P. Smith  
 Miss Elizabeth Semkiw  
 Mrs. Dorothy Solodiuk  
 Mrs. R. Bellan  
 Miss M. Fulton

**BRANDON, MANITOBA****SEPTEMBER 3, 1980**

Mrs. Jane Daniels and Mr. Wayne Cearnas, World Media Institute  
 Mr. Glenn E. Chapman, Executive Director, Brandon General Hospital  
 Mr. Joerg Gruldenpjenning and Mrs. L. Cruickshank, Arm Industries Ltd.  
 Dr. Glen Lowther, Director, Mental Retardation Programs, Province of Manitoba  
 Mr. Don Butler and Mrs. E. Connelly, Multiple Sclerosis Society of Canada, Manitoba Division,  
 Brandon and District Chapter  
 Mr. William Brown and Mr. Murray Black, Canadian National Institute for the Blind, (CNIB)  
 Manitoba Division  
 Mr. Doug Wark, Westbran Work Activity Project  
 Mrs. Margaret Sparrow and Miss C. Winkler, Horizons Unlimited  
 Mrs. Elizabeth Gibson, Brandon Mental Health Centre  
 Mrs. Norma Burrill  
 Mrs. Helen Hill and Mr. Nash, Services for the Handicapped  
 Mr. David P. Wetherow, Canadian Association for the Mentally Retarded, Winnipeg Branch  
 Miss Arliemarie Beach

**REGINA, SASKATCHEWAN****SEPTEMBER 4, 1980**

Mrs. Ruth Warwick, Saskatchewan Co-ordinating Council on Deafness  
 Mr. Irwin J. Kahan, Canadian Schizophrenia Foundation  
 Ms. Joan Blanchett, The Provincial Accessibility Committee of Saskatchewan  
 Mr. N. M. Knebel, Canadian Safeway Ltd.  
 Mr. Charles Fox, Saskatchewan Association for the Mentally Retarded  
 Mr. Huntley Schaller, Canadian Mental Health Association  
 Dr. Elizabeth P. Brandt  
 Mr. Jim Wasilenko, Saskatchewan Council for Crippled Children and Adults  
 Mr. R. G. Osiowy, The South Saskatchewan Hospital Centre  
 Mrs. Randall, Saskatchewan Association for Children with Learning Disabilities  
 Mrs. Pat Danforth, Voice of the Handicapped  
 Miss Yvonne Peters  
 Mr. Howard Miller, Saskatchewan School for the Deaf  
 Mr. Jean-Claude Gauthier, Mrs. M. Beatty and Mr. H. Snellard, Canadian National Institute for the  
 Blind (CNIB)  
 Mrs. Lucy Horbay  
 Mr. Wayne Zimmer, Saskatchewan Association of Rehabilitation Centres  
 Mr. Ron Bell, Regina District Society for the Autistic  
 Dr. Houston

**VANCOUVER, BRITISH COLUMBIA****SEPTEMBER 5, 1980**

Mrs. Elise Clarke, Mrs. Mildred Deehaan and Dr. Ronald Neufeld, British Columbia Association for  
 the Mentally Retarded

Miss Barb Goode, Mr. Conrad Alberts and Mr. Brian Baudet, People First  
 Mrs. B. Havens, Dr. Crawford, Dr. Wylie, Dr. Guttman and Mr. S. Holiday, Canadian Association  
 on Gerontology  
 Mr. James Ludvington, Total Accomodation and Recreation  
 Alderman Marguerite Ford, Vancouver Council Committee on the Disabled  
 Mr. Paul Grocott, Mr. Herb Lett, Mr. Don Hume and Mr. Richard Watson, Cerebral Palsy  
 Association of British Columbia  
 Mr. Paul E. Thiele, Canadian Library Association  
 Mr. Walter Paetkau, Mr. Tom Parker, Miss E. Bartlett and Mrs. L. Freeman, Social Planning and  
 Review Council of British Columbia  
 Mr. Ben Chud, British Columbia Association of Social Workers  
 Mrs. Doreen Wahl and Mrs. J. Douglas, Consumers Association of Canada  
 Mr. Owen Dolan and Mr. J. Caruk, Canadian National Institute for the Blind (CNIB), British  
 Columbia-Yukon Division  
 Mr. James Foort  
 Mr. John Barclay and Mr. Yosihnoru Tanabe  
 Mr. William Jensen  
 Miss Margaret Roberts, Canadian Hearing and Speech Association  
 Mr. James Hamilton  
 Mrs. M. Hepher  
 Mrs. Pat McRae

## VANCOUVER, BRITISH COLUMBIA

### SEPTEMBER 6, 1980

Ms. Debbie Krentz, British Columbia Coalition of Disabled  
 Mr. H. Guttormson, Mr. D. Nystedt and Mr. L. Wegleitner, Surrey Access for All Committee  
 Mrs. Hazel Moran  
 Mr. Ming Lee  
 Mr. Howard Crosley and Mr. D. Mowat, Commissioners, B.C. Human Rights Commission  
 Ms. Joanne Neubauer, Handicapped Action Committee  
 Mr. Douglas Ottenbreit, The Associated Disabled Persons of B.C. Society  
 Mr. David Chappell and Mr. Elmanski, Lower Mainland Housing Coalition  
 Mrs. Lois Meyerhoss, Pacific Association for Autistic Citizens  
 Mr. and Mrs. Ronald Barton  
 Mr. Brandford Bentley  
 Mr. David Brear  
 Mrs. Denise Hodgson  
 Miss Sandra McRae  
 Mr. Lyle Meredith  
 Mr. O. Klassen  
 Mr. Thomas Hart  
 Ms. Susan Sketchley  
 Miss D. Pocock  
 Miss Merle Smith  
 Mr. Wally Prescott  
 Mr. Goodman Florence  
 Miss Sally Gyles

## WHITEHORSE, YUKON

### SEPTEMBER 8, 1980

Mrs. Diane Doyle, Department of Social Services, Government of Northwest Territories  
 Mrs. Maureen Morin  
 Mrs. Pam Freisen, Alberta Association for the Mentally Retarded  
 Mr. Arthur Giovinazzo  
 Mrs. Margie Crown, Department of Health, Government of Northwest Territories  
 Mrs. Joyce Williams, Council for Disabled Persons, Northwest Territories  
 Mrs. Dorothy Olsen, Child Development Centre, Whitehorse  
 Mrs. F. Landon  
 Mr. Julius Hager  
 Mrs. Betty Toews  
 Mrs. Dorothy Lattim, Yukon Rehabilitation Centre Society  
 Mr. Roger Kimmerly, Yukon Mental Health Association  
 Mr. Irwin Armstrong  
 Miss Kay Burtness, Health Services Branch, Government of the Yukon  
 Mrs. Diane Sutherland  
 Mrs. M. Pryor  
 Mrs. J. Craig

## CALGARY, ALBERTA

### SEPTEMBER 9, 1980

Mr. Gerrit Groenweg and Mr. Littlejohn, The Vocational and Rehabilitation Research Institute  
 Mr. Ross B. McLeod and Mrs. D. Monroe, Epilepsy Association of Calgary  
 Mr. Walter Coombs, Canadian Mental Health Association  
 Mr. Robert Metcalfe, Alberta Rehabilitation Council for the Disabled  
 Ms. Ruth Cripps, Community Outreach Services  
 Mr. Leroy Thompson, Alberta Committee of Action Groups of the Disabled  
 Dr. Robert Steadward  
 Mr. G. Latham  
 Mr. and Mrs. Gordon Packer  
 Miss Rae Fountaine  
 Mr. Len Seaby  
 Mr. Paul Trudeau  
 Mr. Herman Wieringa  
 Mrs. Kathy Duchesne, Alberta Association for the Mentally Retarded  
 Mrs. Norma Birg, Brooks and the County of Newell  
 Mr. Tom Inverarity  
 Mrs. Eyla Rogers, St. Albert Association for the Handicapped  
 Mr. David Mikkelsen, Society for Treatment of Autism, Calgary Division  
 Mr. Ernest Orford and Mr. Neil Deringer, Corporation of the City of Calgary  
 Mr. David Cruickshank  
 Mr. Guy La Courière  
 Mr. Guy Woodland and Miss Wendy Eddy, Canadian National Institute for the Blind (CNIB) and  
 Canadian Council of the Blind  
 Mr. Dan Horrigan and Mr. W. T. Hammond, Canadian Organization of Small Business



Mr. Ken Cope  
 Mrs. Winthers  
 Mrs. Betty Biddell, Parents of Handicapped of Southeastern Alberta

**KITCHENER, ONTARIO**  
**SEPTEMBER 11, 1980**

Mr. R. E. Baer  
 Miss Norma Walsh, Ms. Pat Ford and Mr. Ross Robertson, Department of Social Services, Regional Municipality of Hamilton-Wentworth  
 Mr. Donald A. Schaefer, Mr. Rolland Desgrosseillers and Mr. Emerson Woodworth, The Canadian Association of Optometrists  
 Mr. Virgel Gingrich, Action League for Physically Handicapped Adults of Kitchener and Waterloo  
 Miss Helen McMichael  
 Mrs. Beatrice Waechter  
 Mr. Douglas J. Jackson, The Waterloo Region Social Resources Council  
 Mr. John Mellor  
 Mrs. Wendy Wright, Social Planning Council of Kitchener-Waterloo  
 Mr. Harry Collentz  
 Mr. Martyn Wayne  
 Mr. Kenneth Pender  
 Mr. G. W. Blundell and Ms. Loretta Burke, The Waterloo County Cerebral Palsy Council  
 Mrs. Muriel Coleman  
 Ms. Angela Conlin, Ontario Society for Crippled Children, The Easter Seal People  
 Mr. Roy E. Brown, Kitchener-Waterloo Rotary Children's Centre  
 Mr. Robert G. Fleming, Mobiles and Visiting Library Services, Kitchener Public Library  
 Mrs. Barbara Evans and Mr. Doug Mayer, Kitchener-Waterloo Services for the Physically Disabled  
 Mr. David A. Dirks, Ontario March of Dimes  
 Miss Dorothy M. Clark  
 Ms. Margaret Motz and Dr. David Barnes, Canadian Mental Health Association, Waterloo Regional Branch  
 Mr. Bruce Lumsden, Participation House Project  
 Ms. Nancy Finkle, The Canadian Hearing Society, Waterloo Regional Office  
 Mr. Vic Selner  
 Mr. Carl Collins  
 Miss Nancy Hudson  
 Ms. Carole Moogk-Soulis  
 Mr. Leo McNeil  
 Mr. Doug Chaulk  
 Mr. W. S. Houghliam, Waterloo County Board of Education

**TORONTO, ONTARIO**  
**SEPTEMBER 12, 1980**

Mr. L. Wise  
 Mr. Frank Bean and Mr. J. Crozier, The Regional Municipality of Peel  
 Mr. G. M. Devlin, Mr. Patrick Burns and Mr. Robert Foster, Canadian Life Insurance Association Inc.

Alderman Anne Johnston and Mrs. Belinda Morin, Metropolitan Toronto Council  
 Ms. Ann Johnston  
 Dr. Jeff Ernie  
 Mr. R. Waterhouse  
 Dr. David Symington, Mr. Jack Sarney and Mr. David White, Canadian Rehabilitation Council for  
 the Disabled  
 Mr. Patrick Johnston, Canadian Council on Social Development  
 Mr. Robert Mercer and Mr. Euelict H erie, Canadian National Institute for the Blind (CNIB)  
 Mrs. Adrienne Caruso  
 Mr. James Conrad  
 Alderman Anne Johnston, Mr. John Rae, Mrs. J. Staub and Mr. A. Larochelle, Working Committee  
 on the Mayor's Task Force on the Disabled and the Elderly  
 Mr. Phillip Lind, Mrs. Pat Dervey and Mr. Sanderson Layng, Canadian Cablesystems Ltd.  
 Mr. R. Michael Warren and Mr. Gary Webster, Toronto Transit Authority  
 Mr. R. J. Evans, Oakville Transit  
 Mr. Don Weitz, On Our Own  
 Mr. Craig Ostopovich  
 Miss Morris, Miss D. Gutierrez, Miss T. Brown and Miss S. Cloutier, The Canadian Hearing Society  
 Mr. Michael Trotman, Canadian Physiotherapy Association  
 Mr. William Lefley  
 Mrs. B. Dugan, Metropolitan Toronto Association for the Mentally Retarded  
 Mr. Michael Bailey, Sunny View Parents Association

## TORONTO, ONTARIO

### SEPTEMBER 13, 1980

Mr. T. E. Stuckey, Mr. Jack Amos and Dr. Alfred Neufeldt, Canadian Council of Rehabilitation  
 Workshops  
 Dr. A. Roeher  
 Mr. Don King, Mrs. Chris McMonagle, Mrs. Allison Walton and Mrs. Jane Szilvassy, Ontario  
 March of Dimes  
 Mrs. Jeanne Wilkins and Miss Liz Mullen, Canadian Association of Occupational Therapists  
 Mr. John Roe and Mr. John Ogilvie, Blind Organization of Ontario with Self-Help Tactics (BOOST)  
 Mr. Claude Buck, Mrs. Eunice Buck, Mrs. D. Moore and Mr. P. Worth, The Ontario Association for  
 the Mentally Retarded  
 Miss Linda Penny  
 Mr. F. E. Vance  
 Mrs. Dorry Tooke  
 Mrs. Beryl Potter, Scarborough Action for the International Year for Disabled Persons  
 Mr. Bruce H. Gorrell, Kerry's Place, Clarksburg, Ontario  
 Mr. Gordon Norman, Radio Reading Service, Oakville, Ontario  
 Mr. Donald Campbell  
 Mr. Alex Noble  
 Mr. John Kellerman  
 Mrs. Belinda Morin  
 Mr. Bill Owen  
 Mr. Bob Ranalli

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## OTTAWA, ONTARIO

SEPTEMBER 17, 1980

Professor F. Zemans, Rabbi Kelman, Mr. David Lepofsky and Mr. Martin Krossel, Canadian Jewish Congress  
 Mrs. V. Allan, Ottawa Handicapped Association  
 Mr. Richard Stephenson and Mr. George Rohn, Canadian Mental Health Association  
 Mr. Michael Warren, Canadian Urban Transit Association  
 Ms. Mary P. Spice  
 Mr. Herbert Segal, Canadian Motor Coach Association  
 Mr. David Deziel, Hickling-Smith Inc.  
 Mr. E. H. Slater and Mr. H. Hamner, The Royal Canadian Legion  
 Mrs. Betty Hay  
 Mr. Bernard Van Fleet, Ontario Society for Autistic Children, Ottawa Chapter  
 Mr. David L. Jenkins, Treasury Board Advisory Sub-committee on Architectural Barriers  
 Mayor Irene McGinn and Mayor Flynn, Federation of Canadian Municipalities  
 Mr. Charles Rhéaume  
 Mr. Bob Rockwood, Ontario Association for the Deaf  
 Mr. Jim MacDonald, Mr. Ed Abbott and Miss Patty Holmes, Canadian Labour Congress  
 Miss Jean Moore, World of One in Seven Inc.  
 Dr. R. MacBeth and Dr. Burnett, Canadian Cancer Society  
 Mr. Gordon Sheppard and Mrs. G. Haram, Canadian Institute for the Blind (CNIB), Ottawa Branch  
 Mr. Louis Odette, Rehabilitation Institute of Ottawa  
 Mr. Ron Canary, Community Involvement for the Disabled, Sydney, Nova Scotia  
 Mr. F. Algar, Hard of Hearing Club of Ottawa  
 Dr. John Coombs, National Indian Brotherhood  
 Mr. Harley Andrews  
 Mr. Kliner

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## SUB-COMMITTEE B

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## HALIFAX, NOVA SCOTIA

SEPTEMBER 2, 1980

Ms. Judy Pelletier, Atlantic Conference on Learning Disabilities  
 Mr. David Young, Able Services Ltd.  
 Mrs. Sheila Banks, Community Occupational Therapy Services  
 Dr. Travis W. Cushin and Mr. Arnold Jones, Atlantic Provinces Special Education Authority  
 Mr. Arthur T. Conrad, Canadian Association for the Mentally Retarded, Halifax Branch  
 Mr. Harold Crowell, Director of Social Planning and Development, City of Halifax  
 Dr. William Stanish, Recreation Council for the Disabled in Nova Scotia  
 Dr. Charles Hayes  
 Mr. Donald E. Curren and Mr. MacRae, Canadian Paraplegic Association of Nova Scotia  
 Ms. Una Way, Planned Parenthood Association  
 Mrs. Thelma Blinn  
 Ms. Jane Bagnall, Metro Area Community Service Board for the Deaf

Mr. Shawn McCormick, Disabled Individuals Alliance League (DIAL)  
 Mrs. Rosemary Chiasson  
 Mr. Lance Hale, Mental Health, Halifax  
 Mr. Bill Powroz, Canadian Association for the Mentally Retarded, Nova Scotia Division  
 Mr. and Mrs. Penny  
 Ms. Bessie Dalrymple  
 Mr. Lewis Forbes for Wayne Collins  
 Mr. Raleigh Orr  
 Ms. Sandra Church

### **ST. JOHN'S, NEWFOUNDLAND**

**SEPTEMBER 3, 1980**

The Honourable Thomas Hickey, Minister of Social Services, Government of Newfoundland and Labrador  
 Mr. W. D. Vicars and Mr. Bill Westcott, The Hub, Handicap Centre  
 Mr. Martin Cooney, Newfoundland Association of Cerebral Palsied Adults  
 Mr. T. M. Doyle, Alcohol and Drug Addiction Foundation of Newfoundland and Labrador  
 Mr. A. K. Rose, Canadian Paraplegic Association, Newfoundland Division  
 Brother M. Goodland and Mr. Bob Johnston, Canadian Association for the Mentally Retarded, Newfoundland and Labrador Division  
 Mr. E. Pike, Canadian National Institute for the Blind (CNIB), Newfoundland and Labrador Division  
 Mr. Bob Vardy and Mr. Rob Andrews, Canadian Mental Health Association, Newfoundland Division  
 Dr. R. Norman, The Clinical Management of the Waterford Hospital  
 Ms. Diane Duggan and Ms. Anne Nagy, Exon House  
 Mr. Hubert W. Hall, Newfoundland Society for Crippled Children and Adults (CRCD)  
 Ms. Rhonda Raymond

### **MONCTON, NEW BRUNSWICK**

**SEPTEMBER 4, 1980**

Mrs. Theresa Stevens and Mrs. Lorraine Silliphant, Canadian Association for the Mentally Retarded  
 Mr. W. C. van den Hoonard, BahàI Community of Fredericton  
 Mr. B. G. Hallam, Canadian Paraplegic Association, New Brunswick Division  
 Mr. Gérald Fournier, Physically Handicapped Association of Madawaska Inc.  
 Mr. John Bout,  
 Mr. Lutz Ecker, General Manager, Transit Authority, St. John, New Brunswick  
 Mr. Roderick Richard  
 Mrs. Aubrey Forsythe  
 Dr. Julius Israeli  
 Mr. Randy Dickenson, Canadian Rehabilitation for the Disabled, New Brunswick Branch  
 Mr. Donald J. Shea and Ms. Joan Green, Centres Offering Independent Lifestyles Inc.  
 Mrs. Judy Burhoe, New Brunswick Association for Children with Learning Disabilities  
 Mr. David McCallum  
 Ms. Anne Smith  
 Mr. Guy LeBlanc

## MONTREAL, QUEBEC

SEPTEMBER 5, 1980

Mrs. Simpson, Mr. Leckner and Mrs. Paquette, Association of Relatives and Friends of the Mentally Ill  
 Mrs. Gail Desnoyers, Quebec Association for Children with Learning Disabilities  
 Mr. Robert Desmarais, Physically Handicapped Association  
 Mr. Joseph Ghorayeb; Boutros and Pratt  
 Ms. Lorraine Drolet  
 Mrs. Doreen Tims, Multiple Sclerosis Association of Canada, Lakeshore Branch  
 Mr. Jean Chabot, La Coalition des Organismes Provinciaux de Promotion des Droits et Intérêts des Personnes Handicapées du Québec  
 Mr. Michael Bernardin and Ms. Murielle Parkes, Society for Emotionally Disturbed Children  
 Dr. Albert Taylor, Canadian Association of Sport Sciences  
 Dr. John Sims, Montreal Association for the Blind  
 Mr. John Asfour  
 Mr. Jean-Marie d'Amour, Regroupement des Aveugles et Amblyopes du Québec  
 Mr. F. D'Arcy O'Connell, Via Rail  
 Mr. Wayne Rowan, Transport Canada  
 Mr. Earl Taylor, Loisirs Handicapés Physiques Inter-comtés  
 Mr. Paul-Marcel Gélinas, Canadian Health Association, Québec Division  
 Mr. Peter Saubolle  
 Ms. Micheline Roy  
 Mr. Jean-Marc Néron

## MONTREAL, QUEBEC

SEPTEMBER 6, 1980

Mr. Roger St-Louis  
 Mr. Harry Pickard, Mr. Peter Dawson and Mr. Marcel Limoge, Air Canada  
 Mrs. Lucette Hornblower and Mr. Gaspard Massue, Forum-Senior Citizens  
 Mr. D. M. Ferguson, Canadian Institute for Studies in Telecommunications  
 Mr. Gilles Leblanc, L'Aide aux obèses handicapés du Québec  
 Mr. Jean-Paul Tardif, Association des Laryngectomisés du Québec  
 Miss Francine St-Jean, Association Canadienne de l'Ataxie de Friedreich  
 Mr. Jean-Denis Lefèvre, Mr. Paul Chamberland, Mr. Claude Laforce and Miss Denise Beaudry, Carrefour Adaptation Québec  
 Mr. George Peate, Montreal Pro-Life  
 Ms. Louise Martin  
 Mr. Mario Savoie  
 Ms. JoAnne Stump, Mr. James Shand, Mrs. Annie Shand and Mrs. Eleanor Tomlinson, Deaf Community: Deaf Children and Adults  
 Mrs. Madelène Picard  
 Miss Danielle Desmarais, Services et information à domicile pour personne handicapée  
 Miss Lise Benoit, Miss Lucie Ménard and Mr. Marcel Théoret, Lucie Bruneau Residents' Association  
 Mrs. Marie Carpentier

**CHICOUTIMI, QUEBEC****SEPTEMBER 8, 1980**

Mr. Jacques Pelletier, Canadian Association for the Mentally Retarded  
 Mr. Daniel Temple, Normalisation Handicapé  
 Mr. Serge Leblanc, Miss Johanne Déry and Mr. Rodrigue Desmeulles, Cerebral Palsy Association of Québec Inc., Saguenay-Lac St-Jean Division  
 Ms. Lise Fortin, Le Comité d'AFEAS de la Paroisse de Fatima pour l'habitation des handicapés  
 Mr. George Tremblay  
 Miss Louise Lavoie  
 Miss Ginette Lavoie

**SHERBROOKE, QUEBEC****SEPTEMBER 9, 1980**

Mrs. Mary W. Godbeer, Spina-Bifida and Hydrocephalus Association, National Committee  
 Ms. Margaret T. Owens, Selectraide-Estrie  
 Mr. Gérald A. Frost  
 Mrs. Fran Fearnside  
 Ms. Marguerite Côté  
 Mr. Michel St-Laurent and Ms. Denise Dessormeaux, Cerebral Palsy Association of Quebec Inc.  
 Mr. Gaston Spooner  
 Mr. Gérald Gaucher  
 Ms. Elizabeth Churcher, Comité provisoire sur les services de positionnement pour handicapés

**WOODSTOCK, ONTARIO****SEPTEMBER 11, 1980**

Mr. Keith Hudson, London and District Association for the Mentally Retarded  
 Mr. Wally Ross  
 Mr. Don Ramseyer  
 Mr. Tom Burdett, Hutton House, operated by the Association for Handicapped Adults  
 Mrs. Catherine Allen, Harmony Club  
 Mr. J. D. T. Roberts and Dr. M. Cameron, Thames Valley District Health Council  
 Mrs. Mary Jane Lance  
 Mrs. Helen Geissing and Mrs. Mary Horton, Grey Bruce Association for Parents of the Physically Handicapped  
 Dr. R. D. Goodbun and Mr. W. Fenlon, Oxford Regional Centre  
 Mr. Alex Trotter and Mrs. J. Turford, Equalaction for the Physically Handicapped  
 Mr. W. J. Halley  
 Miss Susan B. Lyndon  
 Mrs. M. Ehrismann, Oxford County Lung Association  
 Mr. R. Grant Inglis and Mr. Steve Galcom, Cheshire Homes of London Inc.  
 Mr. Fred A. Atkinson and Mr. Herbert Berzins, Timmys on the Move  
 Miss J. Perry  
 Mrs. Dobbe  
 Miss Jane Hueber  
 Mr. Michael Green  
 Mr. David Best, University of Western Ontario

## TORONTO, ONTARIO

### SEPTEMBER 12, 1980

Mrs. Shirley Post and Dr. William Cochrane, Canadian Institute of Child Health  
 Mrs. Margaret Archibald and Mr. Connors, Muscular Dystrophy Association of Canada  
 Mr. Bob Hunn and Mr. N. D. Clarke, Canadian Paraplegic Association  
 Mr. G. T. Ironside, Mr. Joe Ross and Mr. Bill Adair, Ontario Crippled Children's Centre  
 (Recreation)  
 Ms. Cathleen Morrison, Ontario Association of Children's Mental Health Centres  
 Mr. David Hallman, the United Church of Canada  
 Mrs. Margaret Wagner  
 Mrs. Evelyn Browning  
 Aldermen Holnbeck and Barker, City of Peterborough  
 Ms. Peg Graeb, Mrs. Chris McMonagle, Mr. Jim Gerrond, Mr. Lyle Kersey, Miss Jane Szilvassy and  
 Mr. John MacMillan, The Ontario Federation for the Physically Handicapped  
 Mr. Clifford Goodall  
 Mr. Robert Foster, Canadian Mental Health Association, Ontario Division  
 Mr. G. Scattergood, Mr. Leslie Mezei, Mrs. Barbara Lewington, Ms. Frances Mezei and Mrs.  
 Dorothy Scott, Voice for Hearing Impaired Children  
 Mr. Paul Sayer, Goodwill  
 Mr. Kazumi Tsurvoka, United Handicapped Group of Ontario, (COPOH)  
 Mr. Claire McLaughlin, Ontario Friends of Schizophrenics, Metropolitan Toronto Chapter

## TIMMINS, ONTARIO

### SEPTEMBER 13, 1980

Mr. Joe Torlone, Handicapped Residence Actions Group Inc.  
 Alderman Don Dewsbury, Transportation for the Physically Disabled, City of Timmins  
 Mr. Phil Klimack, Parents Sharing Group for Hearing Impaired Children  
 Dr. John Wilson, Canadian Hearing Society  
 Ms. Mary McKay, Cochrane-Temiskaming Centre for Physically Handicapped Children  
 Mr. D. S. Hayter, Canadian National Institute for the Blind (CNIB)  
 Ms. Martha Laughren, Canadian Civil Liberties Association, Timmins Chapter  
 Mr. T. W. Tkachuk, Timmins Association for the Mentally Retarded  
 Mr. Fred Boegel  
 Mrs. Florence Tremblay  
 Mr. Marcel A. Dompierre  
 Mr. Jack Wixson  
 Miss Mavis Gibson  
 Mr. Gérald Jeoffroy  
 Mrs. Ann Mallows  
 Mr. Fernand Chèvrefils

## CHARLOTTETOWN, PRINCE EDWARD ISLAND

### SEPTEMBER 15, 1980

Mr. J. Vernon Richards, Prince Edward Island Council of the Disabled  
 Mr. Frank MacIntyre and Mr. Phil Bower, Prince Edward Island Recreation Association

Mr. Percy Worth, Go Getters Club  
 Ms. Janet McPherson, Multiple Sclerosis Society of Canada  
 Ms. Kay Reynolds, Institutional Living  
 Ms. Marjorie Gill  
 Dr. O. Maryniak, Charlottetown Rehabilitation Centre  
 Mr. Lee D. Darrach  
 Mr. Basil Haire and Mr. Victor Svacek, Canadian Association for the Mentally Retarded, Prince Edward Island Division  
 Mr. C. K. Dillman, Mr. Edgar Ducette, Mr. Chris Stark, Mr. John Bullen and Mr. Phil Bower, Canadian National Institute for the Blind (CNIB), Maritime Division  
 Mr. John Hatton, Prince Edward Island for the Hearing Impaired  
 Mr. Bernard Wilson

## OTTAWA, ONTARIO

### SEPTEMBER 17, 1980

Mr. H. C. Chadderton, War Amputations of Canada  
 Mr. A. A. Keyes  
 Mr. Stephen Stein, Mr. Harold Ashenmill and Mr. Alfred Coll, Kidney Foundation of Canada, Ottawa Valley Chapter  
 Dr. J. C. Martin, Dr. Gustave Gingras and Sister Mary Lucy, Canadian Hospital Association  
 Mrs. R. H. Dickey, Canadian Association for the Mentally Retarded  
 Mrs. Brenda Singer, Causeway Work Centre  
 Dr. H. R. Robertson and Mr. Reg Warren, Traffic Injury Research Foundation of Canada  
 Dr. Helen J. Morton  
 Mrs. Joan Brinning, Association of Relatives and Friends for the Mentally Ill  
 Mr. K. George Wolf and Mr. Pierre Noël Léger, Canadian Co-ordinating Council on Deafness  
 Dr. Sidney Dinsdale and Mr. Peter Roberts, Royal Ottawa Hospital  
 Mrs. Jacqueline Holzman, Social Planning Council of Ottawa-Carleton  
 Mr. Lawrence G. Buttle and Mr. Fred Mohlmann, Joyceville Institution  
 Mr. D. H. Fullerton  
 Mr. Robert Kerr, Faculty of Health Sciences, University of Ottawa  
 Dr. Covit, Dr. Moran and Mr. Hubert Drouin, Canadian Dental Association  
 Mr. Larry Ketcheson, Canadian Parks and Recreation Association  
 Mrs. Zora Jackson, Ontario Association of Social Workers  
 Ms. Nancy Chénier, Ms. Julyan Reid and Ms. Linda MacLeod, Canadian Advisory Council on the Status of Women  
 Mr. Mohammed Choudari

\* \* \* \* \*



## WITNESSES WHO APPEARED AT OTTAWA HEARINGS

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### JULY 9, 1980

**Department of Transport:**

Mr. D. H. Pratt, Director General, Surface Policy and Urban Transportation;  
Ms. Janice Tait, Senior Policy Adviser, Surface Policy and Urban Transportation.

**Department of National Health and Welfare:**

Mr. André LeBlanc, Director, Bureau on Rehabilitation and Special Adviser to the  
Committee.

### JULY 16, 1980

**Canadian Human Rights Commission:**

Mr. R. G. L. Fairweather, Chief Commissioner;  
Mrs. Linda Poirier, Special Policy Adviser.

**Department of Justice:**

Mr. P. Gravelle, Assistant Deputy Minister, Policy Planning and Development.

### JULY 18, 1980

**Canada Mortgage and Housing Corporation:**

Mr. J.-R. Champagne, Adviser, Housing for Disabled Persons.

WITNESSES WHO  
APPEARED AT  
OTTAWA HEARINGS

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**Department of Public Works:**

Dr. J. H. Davison, Director, Equal Opportunities Programs;

Mr. H. F. Hull, Director, Property Management, Property Administration Branch;

Mr. D. N. Henning, Senior Architect, Environmental Sciences Directorate.

**JULY 23, 1980**

**The Honourable Monique Bégin, Minister of National Health and Welfare**

**Department of Public Works:**

Dr. J. H. Davison, Director, Equal Opportunities Programs;

Mr. H. F. Hull, Director, Property Management, Property Administration Branch;

Mr. D. N. Henning, Senior Architect, Environmental Sciences Directorate;

Mr. R. A. Hill, Property Manager, Parliament Hill.

**Department of Employment and Immigration:**

Mr. Stuart Conger, Director, Occupational and Career Analysis Development Branch;

Mr. Jim Whitford, Special Adviser, Affirmative Action Division;

Mr. Tom Dent, Director, Local Employment Assistance Program;

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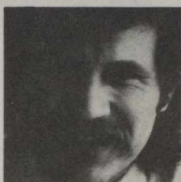
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# GLOSSARY OF TERMS USED IN THIS REPORT

*NOTE: This glossary is intended to provide brief explanations of terms used in the Report which may be unfamiliar to some readers. No attempt has been made to create detailed or official definitions.*

*Definitions for which no source is supplied are based on a wide range of materials, particularly submissions to the Committee and evidence of witnesses at the Committee hearings.*

## ADULT OCCUPATIONAL ACTIVITY CENTRE

A centre which provides stimulation and occupational therapy for individuals who are incapable of gainful employment.

\* \* \* \* \*

## AFFIRMATIVE ACTION

Result oriented program designed to increase the representation of minorities at all levels of the workforce. Its major aim is to eliminate discrimination in employment and to maximize the use of under-utilized human resources.

\* \* \* \* \*

## ARTHRITIS

An inflammation of the joints, sometimes with involvement of other systems. Although there are many kinds, three of the most common are:

### (1) Rheumatoid Arthritis (RA)

A chronic progressive systemic disease of unknown origin, manifested primarily by inflammation of the peripheral joints, especially

the hands and feet. Drug and physical therapies are basic treatments. R.A. has a variable course sometimes affecting organs, e.g. lungs, liver or kidneys.

### (2) Osteo-Arthritis

A degenerative joint disease marked by degeneration of the cartilage between the joints (articular cartilage) and hypertrophy of the bone at the margins (enlargement of the ends of bone). Weight bearing joints such as hips, spine and knees are most commonly affected. It is a frequent cause of neck and back pain.

### (3) Gout

A hereditary form of arthritis marked by hyperuricemia (excess of Uric Acid in the blood) and by recurrent sudden arthritic attacks, often on a single joint.

(Source: Canadian Human Rights Commission, Employ-ability—A Resource Guide).

\* \* \* \* \*

## ATTENDANT

Trained person who assists a disabled person on a regular but limited basis in such activities as eating or personal hygiene.

\* \* \* \* \*

**AUTISM**

A behavioural disorder which may include some or all of the following:

- (1) Severely impaired speech or complete lack of speech.
- (2) Inability or impaired ability to relate to others and social inaccessibility to all persons—children, parents and other adults.
- (3) Extreme distress, for no discernible reason, due to minor changes in the environment.
- (4) Lack of intellectual development or retardation in certain areas, sometimes accompanied by normal or superior abilities in other areas.
- (5) Repetitive or peculiar use of toys and objects in an inappropriate manner and/or similar repetitive and peculiar body motions such as incessant rocking.
- (6) Unusual reactions to perceptual stimuli, such as seeming not to hear certain sounds and overreacting to others, e.g., holding hands over ears or “looking through” objects, poor eye contact, unable to perform certain gross and/or fine motor activities—walking with a peculiar gait, limpness in fingers, inability to hold a pencil appropriately.
- (7) Onset of disorder at birth or apparent normal early development followed by deterioration in functioning.
- (8) Hyperactivity or passivity.
- (9) Apparent insensitivity to pain.

\* \* \* \* \*

**BLINDNESS AND LEGAL BLINDNESS**

This category includes those who have no sight, as well as those who have severely reduced vision, including the following conditions:

- (1) Central visual acuity in the better eye 20/200 or less with corrective lenses.
- (2) Central vision better than 20/200 but with a visual field or peripheral vision which is reduced to 20% or less.
- (3) Light perception only, or ability to read only large headlines.
- (4) Ability to see form or motion, or sufficient sight to get about unaided.
- (5) Night blindness. This is a condition of reduced dark adaptation resulting from a temporary vitamin A deficiency or permanently from retinitis pigmentosa or other peripheral retinal disease.

(Source: Employ-ability)

\* \* \* \* \*

**BONA FIDE  
OCCUPATIONAL REQUIREMENT**

Essential education, skill or experience needed to do a job.

\* \* \* \* \*

**CEREBRAL PALSY**

A term used to describe various non-progressive muscular dysfunctions which may result from injury to, or malformation of, those areas of the brain which control motor functions of the body.

Cerebral palsy is a group of disorders manifesting themselves in degrees of impairment ranging from mild to severe. Some of the possible manifestations of C.P. are stiff movements of the arms and legs (spasticity), staggering gait, involuntary motion of the arms and legs, drooling, difficulty in speaking, chewing or swallowing.

(Source: Canadian Human Rights Commission, Employ-ability)

## CONTRACT COMPLIANCE

“Contract compliance” refers to a requirement that organizations benefitting from government contracts (for example, contracts to supply goods or services, manufacture equipment, construct buildings) must comply with certain special terms, such as the anti-discrimination provisions of federal human rights legislation, accessibility guidelines, affirmative action policies.

\* \* \* \* \*

## DISABILITY (IMPAIRMENT, HANDICAP)

**Impairment** is a generic term that embraces any disturbance of or interference with the normal structure and functioning of the body, including the systems of mental function. (It is characterized by a permanent or transitory psychological, physiological, or anatomical loss or abnormality, and includes the existence or occurrence of an abnormality, defect, or loss in a limb, organ, tissue, or other structure of the body, or in a functional system or mechanism of the body).

**Handicap** is the disadvantage that is consequent upon impairment and disability. (It represents the social and environmental consequence to the individual stemming from the presence of impairments and disability).

**Diability** is the loss or reduction of functional ability and activity that is consequent upon impairment. (It is characterized by excesses and deficiencies of behaviour and other functions customarily expected of the body or its parts. It involves functional limitation and/or activity restriction).

(Source: World Health Organization).

\* \* \* \* \*

## ENVIRONMENTAL CONTROL DEVICE

A technical aid which permits a disabled person to control his or her immediate surroundings without assistance. Its technological components are a switch, control box, feedback information display and the appliances to be controlled. The person operates the switch to turn lights, radio, television or tape recorder on and off, use a telephone or dictaphone, unlock doors, activate alarms, etc.

A variety of switches-operated by touch (rocker, lever, button, switches, or a disc which responds to light touch) or by mouth (suck/puff) ensure that the equipment can be operated easily regardless of disability.

(Source: Canadian Rehabilitation Council for the Disabled, “Independence through Environmental Control Systems”).

\* \* \* \* \*

## EPILEPSY

An epileptic is a person who is likely to have epileptic seizures, which are erratic or uncontrolled electrical discharges within the nervous system. These can be produced by a variety of organic or chemical disorders, or may result from injuries affecting the brain.

**Any** individual may have a seizure if his or her nervous system is subjected to sufficient stimulus. For example, certain drugs or toxic substances can produce seizures in anyone. Epileptics simply have an abnormally low threshold for certain stimuli.

There is no such thing as an “Epileptic Personality”. Each person must be viewed as an individual rather than being labelled as part of a general group. Epilepsy does not affect the individual’s intellectual functioning. Most of those taking anti-convulsive drugs are seizure free and can live and work normally.

(Source: Canadian Human Rights Commissions, Employ-ability).

\* \* \* \* \*

**HANDICAP, SEE DISABILITY**

\* \* \* \* \*

**HEARING IMPAIRMENTS**

It is estimated that there are over 200,000 profoundly deaf people in Canada, and an additional 1,500,000 with hearing impairments.

Deafness may occur due to: hereditary factors, maternal diseases (rubella), the side effects of certain drugs, birth traumas, scarlet fever, meningitis measles or severe ear infections.

Deafness is of two types:

- (1) Nerve deafness (sensorineural) is due to cochlear disease (disease of the spiral tube forming part of the inner ear) or interruption of the nerve fibres within the inner ear.
- (2) Conduction deafness is due to disease of the middle ear: otosclerosis (formation of spongy bone in the capsule of the labyrinth of the ear); chronic otitis media (inflammation of the middle ear); or rupture of the ear drum. Conduction deafness can often be corrected by surgery.

\* \* \* \* \*

**IMPAIRMENT, SEE DISABILITY**

\* \* \* \* \*

**INDEPENDENT LIVING SERVICES**

Those services which are uniquely required by the physically disabled person in order to maintain an independent lifestyle in the community. Such services may include a personal care attendant or an intervenor.

\* \* \* \* \*

**INTERVENOR**

Refers to gestural (sign) interpretation, reader services or provision of information on cassettes or in braille.

\* \* \* \* \*

**LEARNING DISABILITY**

A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written. This may manifest itself in an imperfect ability to listen, think, speak, read, or spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal dysfunction, dyslexia, and developmental aphasia. It does not include learning problems caused by retardation, emotional disturbance, environmental, cultural, or economic disadvantage.

\* \* \* \* \*

**LIEUTENANT-GOVERNOR'S WARRANT**

An order made by the Lieutenant-Governor of a province, which requires that a person be detained in a mental institution for an indefinite period. There are two findings under Canadian criminal law (Criminal Code Sections 542-547) which may result in a Lieutenant-Governor's Warrant. A person accused of a crime may be found "unfit to stand trial"; that is, deemed to be temporarily or permanently unable, because of mental disability, to understand the proceedings or instruct his or her lawyer. The other finding is "not guilty by reason of insanity". At the end of a criminal trial, it may be decided on the evidence that the accused performed an act or acts constituting a crime, but was incapable of appreciating the nature and quality of the act, or knowing it was wrong. In both cases, the judge orders that the person found "unfit", or "insane" be kept in custody "until the pleasure of the Lieutenant-Governor is known". The Lieutenant-Governor of the province then has the power to make an order of indefinite detention in a mental institution, the Lieutenant-Governor's Warrant.

\* \* \* \* \*

**MOBILITY LIMITATIONS**

**Monoplegia**

Paralysis of all muscles of one limb.

**Hemiplegia**

Paralysis of one side of the body. This is the most common type of paralysis, often associated with cerebrovascular accidents. (strokes)

**Paraplegia**

Paralysis of both legs, commonly associated with spinal cord disease or spinal cord injury.

**Quadriplegia**

Paralysis of all four limbs, commonly associated with spinal cord disease or spinal cord injury in the neck.

(Source: Canadian Human Rights Commission, Employ-ability)

\* \* \* \* \*

**MULTIPLE SCLEROSIS**

One of the most common chronic progressive neurological diseases. Its cause is undetermined. It is characterized by demyelination (loss of the myelin which is the fatty sheath surrounding the axon of nerve fibres) in certain portions of the nervous system. Some classical features include impaired vision, nystagmus (involuntary movement of the eye ball), dysarthria (a form of speech impairment), and ataxia (failure to control muscular action often characterized by unsteady gait and problems with balance).

The average age of onset is 35, this condition may remit and recur for thirty years or more.

(Source: Canadian Human Rights Commission, Employ-ability).

\* \* \* \* \*

**RESPITE CARE**

Provision of alternate care so that the primary care-giver may have a rest or holiday.

\* \* \* \* \*

**SHELTERED WORKSHOP**

A business organization specifically designed for disabled persons who would otherwise be unable to find unemployment.

\* \* \* \* \*

**TELEVISION CAPTIONING**

Television captioning is the provision of subtitles (such as in a foreign film) which appear on the television screen in order to show hearing-impaired viewers what is being said on the program. A captioning system is called "open" if all viewers see the subtitles, whether or not they wish to, and a system is called "closed" if only those viewers whose television sets are specially adapted or equipped can see the captions.

A closed captioning system operates through the imposition of electronically encoded visual subtitles in a portion of the television picture that is normally not seen (on Line 21 of the vertical blanking interval). The encoded caption material is transmitted by the television station along with the regular audio and visual portions of a program, but becomes visible only when decoded by a special device either attached to or built into the TV receiver.

\* \* \* \* \*

**TELECOMMUNICATION DEVICE FOR THE DEAF (TDD)**

A telecommunication device for the deaf (TDD) is any device such as a teletypewriter or Visual Ear, which provides deaf persons with access to the public telephone network, by enabling them to type and read their messages over telephone lines rather than speak and hear them in the normal fashion.

\* \* \* \* \*



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- LABOUR GAZETTE: *Page 65.*
- NATIONAL CAPTIONING CENTRE, Boston: *Pages 64, 70.*

\* \* \* \* \*











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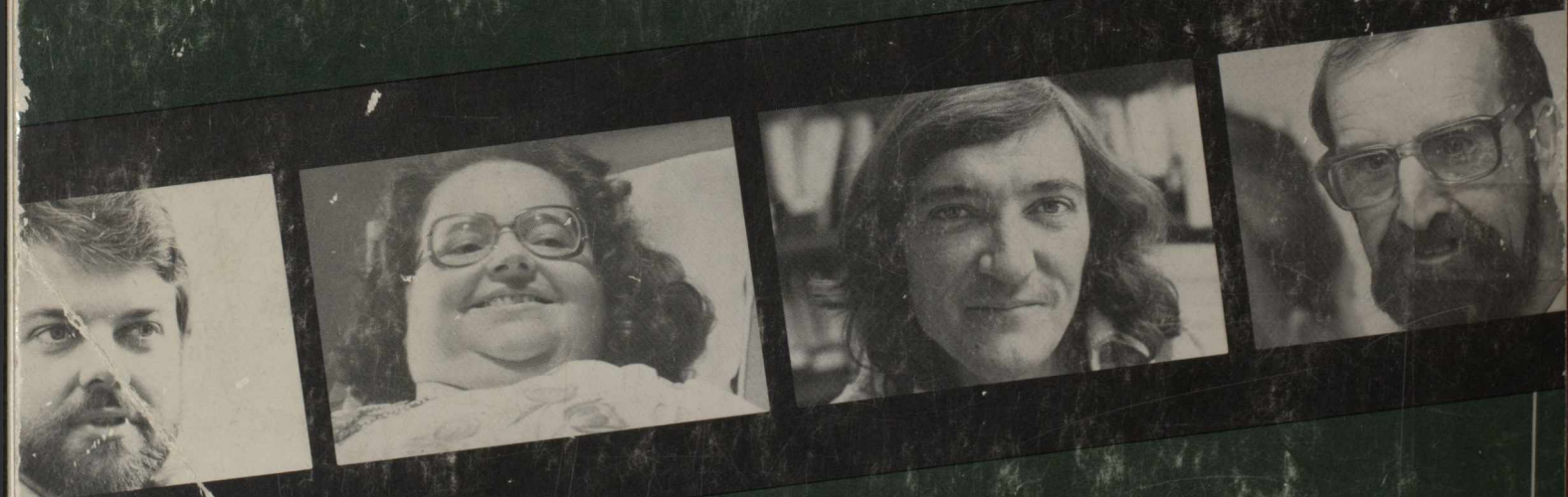
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REPORT OF THE SPECIAL COMMITTEE ON THE  
DISABLED AND THE HANDICAPPED



"Canada is one of the greatest nations in the world and I am proud to be a Canadian.  
But I am not proud to be a disabled Canadian.  
This country lags far behind other nations of the western world  
when it comes to the lifestyle of the disabled and there is absolutely no excuse for it."

*RONALD KANARY, SYDNEY, NOVA SCOTIA*

*Statement from Brief presented to the Special Committee  
July 1980*