Identity, Disability and Language

New Annualized Earning Exemption

Is Living With Disability Inspirational?

SPRING 2015

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The Magazine of Disability Alliance BC (formerly BC Coalition of People with Disabilities)

Talking About Disability

DABC PRESIDENT
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inside

featured articles

Editorial by Christine Gordon 4

An Online Conversation on Disability 6

Understanding and Defining Mental Illness 9

A Different Definition of Disability 10

How the Law Defines Disability by Frances Kelly 14

What Happens When Disability is Seen as "Inspirational"? 16

Identity, Disability and Language by Jewelles A. Smith 18

Advocates Explain Disability Benefits 20

ME and FM Challenge Definitions of Disability 22

selected content

Last Call for Swing Into Spring! 8

Annualized Earnings Exemption by Jane Dyson 13

"What Does Disabled Mean?" Campaign 24

Port Mann Bridge Tolling Exemption 30

regulars and others

Book Your Emergency Training Today 12

Fill Your Prescription at No Frills and Help DABC 26

TRANSITION Ads and Sponsorships 27

Need Help with the RDSP or DTC? Contact Us 28

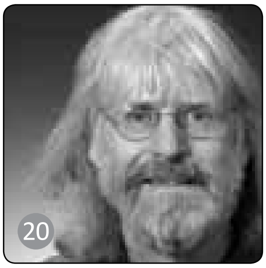
Consider Planned Giving 29

We Couldn't Do it Without You 31


4


14


18


20

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editorial

BY CHRISTINE GORDON

The history of people with disabilities is a gut-wrenching one of abuse, violation and discrimination that parallels the history of other marginalized people whose differentness posed a threat.

There is no darker history than the history of the treatment of people with disabilities. Differentness has provoked extreme reactions through the ages from the infanticide practiced by the Romans, the shunning of the Middle Ages and the institutionalization and eugenics movements of the 18th, 19th and 20th centuries.

If you were a person with a disability during any of these periods, you would have been right to try and hide it if you could. If you could not hide it, then it is likely that all of your rights of citizenship would have devolved to the "best interests" judgments of administrators, physicians, health care professionals and social workers who ran the business of managing people who were different.

I remember hearing stories from people with cerebral palsy who, as children, were forced into wrenching and painful manipulations to straighten their spasming limbs. This was the best science available at the time and it was aimed at making children with cerebral palsy look more normal.

The history of people with disabilities is a gut-wrenching one of abuse, violation and discrimination that parallels the history of other marginalized people whose differentness posed a threat. However, unlike others, for people with disabilities this treatment has crossed social, economic, political, religious, cultural and geographic lines. It has not mattered who, what or where you are in the world–as a person with a disability your chances of being treated badly have been very high. In general, people with disabilities do not have much in common except for this–they know their differentness can expose them to the potential for harm, discrimination and loss.

Is this realization enough to enable people with disabilities, who as individuals may be as different as the proverbial snowflake, to form common cause? Can a commitment to common cause make a difference?

Here is what our recent history tells us. The deficit or medical model of disability was weakened, if not completely overcome, in the western world by the convergence of the disability rights, normalization and deinstitutionalization movements in the last half of the twentieth century. The self-advocacy and self -determination movements that took hold in the 1990s engendered the Convention on the Rights of Persons with Disabilities in 2007.

All of these movements pushed the definition of disability from the shameful differentness of the deficit model to the inclusiveness of the social-ecological model. This model views disability as a universal human experience that can happen to anyone if there are changes in personal capabilities or environmental demands (see page 10).

All of these movements pushed the definition of disability from the shameful differentness of the deficit model to the inclusiveness of the social-ecological model.

The social-ecological approach focuses attention on the individualized supports that are needed to make sure that the impact of this "every person" experience does not lessen the quality of life for any individual who is experiencing it. In other words, disability is not an "us and them"–
it is all of us.

If the transformation to this universal definition of disability has lessened some of the danger of declaring a disability, it has not yet made life easier because changing the conceptual world has not brought much real difference yet in the practical world.

The citizenship and quality of life movements in this century will have to focus on achieving the ideal of citizenship rights and individualized supports to ensure that disability is on equal footing with other kinds of human experience.

Is this enough incentive for the fluid, heterogeneous community of people experiencing disability to speak with one voice for this common cause? I hope so because history tells us that there is no other way.

CHRISTINE GORDON IS POLICY AND PROGRAM CONSULTANT FOR DABC AND THE MODERATOR OF THE BC PERSONAL SUPPORTS NETWORK.

Our Survey

DABC conducted an online survey on Talking About Disability–who decides what it means, what the consequences of these labels are, and how people see this discussion evolving in the future.

You'll see some of our readers' comments throughout this TRANSITION. We thank the many people who took the time to share ideas and experiences with us.

An Online Conversation on Disability

TRANSITION surveyed people on how and when they use disability labels, and how those choices affect them.

How do you decide when to talk about your disability/illness?
I talk about my disability when it's beneficial for the sake of supporting others. As someone studying sociology and having worked in various non-profit organizations, it is something that is openly discussed in terms of increasing accessibility and promoting inclusivity.

There is a lot of stigma so I'm careful who I talk to about my limitations. If I know them already and have positive impressions, I'm more likely to share.

I only talk about it when I need help or need to explain cancelling something I would be charged for—and that's only to trusted people.

If someone asks directly, I will mention it. I'm very careful not to talk too much about it. People get bored or disbelieving very quickly when I talk about my illness. But if some rare person shows an interest and asks questions, I'll answer openly and hopefully not at length.

I only choose to mention my disability when absolutely necessary. Although I've become more accustomed to it after all these years, it's still difficult to say it out loud every time.

> **At first, the term "disability" was frightening. Now that I'm used to it, it helps me feel more legitimized that, yes, I have a disability and I need accommodations for it.**

Every program/service has different eligibility criteria. If I need something, I have to fit it into their policy-driven categories, so I tailor my words accordingly. But, if I tell the plain truth, (i.e. I have an unmanaged seizure disorder, profound autism, global developmental delay) bureaucrats usually find a way to "disqualify me" by referring me to another government ministry.

What are the positive consequences of using a label?
I feel that people are more accepting.

I've always had this disability and I see it as cultural. It's a part of me, like skin colour. It makes people listen to me. I am not weak. I am not sick. I am not stupid. I use wheels instead of legs.

Positive consequences are being able to get prescriptions, dental care, eyeglasses and some alternative care.

It validates what is occurring and helps me to accept what is beyond my full control.

People can be kind and encouraging to me. Sometimes they tell me how great I am at keeping going and remaining cheerful.

Some people thank me or appreciate that I'm willing to speak out.

I get a lot of "wow, you are amazing/brave/so capable/strong" which sounds positive on the surface, but is actually negative because it indicates surprise that a person with a disability can do things. I use the opportunity to try to educate.

What are the negative consequences of using a label?
Negative consequences include being denied work opportunities because of assumptions around reduced work ethic or making other people feel uncomfortable.

Some people might not believe that you really have a disability because they can't physically see it, so they automatically assume that you must be faking it.

I am seen as a liability, rather than an asset.

Some people shy away or become uncomfortable in public, others become extra helpful and still others ignore me completely.

People make all kinds of assumptions. Sometimes it reminds them of the ways that they might be considered "unwell" and that scares them. There's an assumption of being abnormal or less than. Sometimes even in personal relationships, people just tell you to "get over it."

Sometimes they will respond with "I know someone who has that and they are fine. They work and don't complain. Why don't you?" This hurts, but I remind them everyone is different and disability is not just one issue. Most disabilities come with a list of extra issues.

> **People make all kinds of assumptions. Sometimes it reminds them of the ways that they might be considered "unwell" and that scares them.**

How do you feel about using this label for yourself?
Okay, if there wasn't so much stigma and misunderstanding.

I don't like labels. I avoid them if I can.

I'm glad to have various labels to choose from as needed to get me through my day and to get what I need. It's only part of who I am or what my life is about, whether others see or understand that or not.

I feel so weak and "less than" when I label myself with Chronic Fatigue Syndrome because I keep thinking it's my fault that I don't get better, since I hear there are others who do.

I prefer not to use labels, but it's what society seems to need.

At first, the term "disability" was frightening. Now that I'm used to it, it helps me feel more legitimized that, yes, I have a disability and I need accommodations for it. I'm not making it up, and it's not my fault.

Doesn't bother me. However, other people's perceptions bother me.

I don't mind now. But it used to bother me a lot, simply because society insists that disability is a negative, when in reality, the negative aspects are imposed by a society that doesn't care about providing decent levels of access (both physical and social).

I have come to accept my limitations. But I also don't want to spend my limited energy dealing with misinformed people who question me or provide unhelpful "helpful hints". So I don't use labels unless I have to, and mostly avoid situations where I have to deal with it.

Perfectly fine. It did, however, take me years to get this comfortable with the labels I have chosen to use when talking to others.

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We'll also be announcing our **2015 Outstanding Employer of the Year Award** winner and an Honourary Mention winner.

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Understanding and Defining Mental Illness

Some of our survey respondents are people living with a mental illness. These disabilities are among the most misunderstood in terms of how disability is defined and how these disabilities affect all aspects of daily living and connecting with others.

How do you decide when to talk about your disability/illness?

There is so much stigma around mental health terminology, it's hard to talk about it with people. There is also a common "me-too" response. If you say that you have anxiety, people jump in and say "Oh, me too". It puts you in a position where you have to either explain the severity of the impact on your life and disclose personal things or just smile and nod.

I self-identify when I think it's important to be public about having a mental health disability—depression.

I am very open about my mental illness and discuss it with anyone who shows interest in learning or hearing about mental illnesses and the life of someone living with one. I'm very open about how it leaves me unable to perform in ways that many others take for granted and about what positives it has given me that may not have come in my life otherwise. I do not, however, refer to my mental illness as a disability; I allow my words to describe my disability without actually saying the word.

I talk about it only when asked why I do not work. Even then, I use as few words as possible and refer only to my physical disability and not my mental disability due to discrimination and unfair judgment.

When you use the label(s)" you just described, what are the negative consequences?

Others sometimes judge me based on their prejudice about those with mental illness.

There's a lot of stigma, either by making assumptions about how I must look or behave or by assuming I must not be very smart. It can go the other way as well though. Some health services go overboard with the mentality: "help the patient help themselves" and "the patient knows what they need best". Saying "How can we help you?" is not helpful when I don't know what help you have to offer or how your different programs work. On a more personal level, "you don't look depressed" is my most loathed phrase. If I smile when I greet you, it does not mean I'm happy. It means I have been struggling with this long enough to know how to hide it from you. Because of the stigma that surrounds mental illness, many people don't believe that you are deserving of the label "disabled", even if your illness confines you to your home and leaves you unable to perform many of the basic necessities in order to survive.

How do you feel about using this label for yourself?

"Mental health issues" or "chronic condition" are validating to me—so freeing, I guess.

I wish I didn't feel like it was wrong that I use the label "disabled", but people often don't talk about or include mental illnesses when they advocate for disability awareness. People view disability as being inherently physical, but fail to recognize the mind as a physical thing. Add on the, "if it cannot be seen, you are not disabled" mentality, and I feel downright scared to admit that I am disabled to anyone other than my mother. For a person with a mental illness, this makes allowing oneself to use the label not only scary, but adds on another layer of criticism on top of the mental health stigma they already face. T

A Different Definition of Disability

The Socio-Ecological Model of Disability

The field of disability has undergone significant changes in perceptions of, and supports of, individuals with disabilities. Several paradigm shifts have occurred as individuals with disabilities take their place in society. This evolution can be characterized as moving from isolation/segregation to integration/inclusion to inclusion and now to empowerment and self-determination. However, remnants of the past still influence the present—in our own thinking and in how supports and services are developed.

The isolation and segregation decades are predicated in the beliefs that people with disabilities are defined by their impairments or medical conditions. They are disempowered, dependent and need to be cured or fixed, controlled and looked after. The professional or helping expert is in charge. Individuals with disabilities vigorously reject this medical model, though that mindset and system still pervades today.

John Lord and Peggy Hutchinson, in their book, *Pathways to Inclusion*, describe the values of "The New Story" or social-ecological model, as:

- Human rights and social justice.
- Diversity and person-centeredness.
- Participation and empowerment.
- Hospitality and community.

The social-ecological model believes that disability is caused by the society in which we live and is not the "fault" of an individual. The World Health Organization of the United Nations states:

"… disability is not something that a person has but, instead, something that occurs outside of the person—the person has a functional limitation. Disability occurs in the interaction between a person, his or her functional ability, and the environment. A person's environment can be the physical environment, communication environment, information environment, and social and policy environment."

This new definition helps us to understand that disability is a matter of degree: one is more or less disabled based on the intersection between self, functional abilities, and the types of environments in which one interacts. Moreover, designing environments to accommodate varying functional abilities can minimize the experience of disability and provide individualized solutions when needed.

Excerpted from: *Awareness Training for Library Staff–Services to People with Disabilities.* Presenter's Reference Guide*. (Vancouver: British Columbia Library Association, 2014)*. For information about the Awareness Training for Library Staff, contact Deb Thomas at deb.thomas@bpl.bc.ca.

In our online TRANSITION survey, we asked people with disabilities what they think of this definition of disability. Here are a few of the varied responses we received.

I like it. It's more respectful to see disability not as an integral part of the person. This definition makes me feel that I'm still me here and worthy of regard.

I feel this definition is convoluted.

I think this may apply more to certain disabilities like paraplegia. If the world is more barrier-free for someone in a wheelchair, maybe their disability seems less restricting. If I was lying still, doing nothing, the experience of chronic illness would still be there, it would still be something I "have." I can feel awful physically, even if aspects of the environment and function are removed. It doesn't occur "outside of my person" because it is in my person. For sure, I want society to accommodate me in whatever way I need and, I think more importantly, to shift its values about what is considered a purposeful and valuable life. However, unlike some, say, in the deaf community, who might not see their functional limitation as a disability and so choose not to intervene to change it, I don't know anyone with a chronic disease who would not give anything to rid themselves of it. Ultimately, I don't want my disease accommodated, I want it treated or cured. I just need it accommodated because there is no treatment or cure.

It's too wordy. Being disabled makes one incapable of functioning on a continual basis in society.

I tend to agree with it. My impairment means I have to use a wheelchair. It becomes a disability when I encounter steps, narrow doors, etc. At the same time, I'm not entirely convinced that the totality of disability occurs outside the person. Whether it is internalized ableism or other issues, it often comes from within as well as from outside influences and circumstances

Too complicated for real people who live with real limitations.

I appreciate this definition because it draws attention away from solely the individual to also emphasizing key aspects of what it means to be disabled.

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Workshop details and costs online at www.disabilityalliancebc.org/epworkshops.htm or please contact Karen Martin at 604-875-0188, karen@disabilityalliancebc.org.

Annualized Earnings Exemption

A first in Canada

BY JANE DYSON

People receiving BC's Persons with Disabilities (PWD) benefit are able to keep up to $800 a month or $9,600 a year in earned income without losing any of their disability benefits cheque. Earned income is generally defined by the Ministry as "any money or value received in exchange for work or the provision of a service."

The amount of earned income that PWD recipients are able to keep without deductions being made to their monthly cheque is known as the earnings exemption.

Unfortunately, many PWD recipients are unable to work because of their disability and the difficulty finding employment that will accommodate their needs. However, BC's earnings exemption is one of the highest in Canada and, for benefits recipients who are able to work, the earnings exemption helps supplement the province's severely inadequate disability benefits rates.

In January 2015, BC became the first province in Canada to implement the Annualized Earnings Exemption (AEE). Under the AEE as the name suggests, earnings are calculated by the year rather than the month. The benefit of the AEE is that it provides more flexibility and consequently more independence to PWD recipients who are able to work. For example, if an individual is offered a six-month contract at $1,200 a month, for a total of $7,200, under the AEE the person can keep the full amount with no deductions from their disability cheque. They would also still be able to earn an additional $1,400 over the rest of the year with no deductions. Under the monthly system, the individual would keep only $800 of their monthly $1,200 contract fee. In this scenario, the monthly limit can be seen to work as a discentive to employment.

The AEE will be particularly beneficial to people with episodic health conditions. It will also help people who get three bi-weekly pay periods in one calendar month (for example, January 2, 16 and 30). Under the monthly system, any earnings over $800 were deducted off their cheque dollar for dollar.

DABC has been urging the province to implement the AEE for a few years now, and we congratulate the Minister for listening to the community and moving forward with this positive initiative. We were very pleased when the Minister first agreed to pilot the AEE and then move ahead to full implementation following the positive feedback from people who had trialed the new system.

With the AEE, it's very important that people keep careful track of their earnings, so they don't exceed the $9,600 annual amount before the year ends. If this happens, it may mean an individual is financially ineligible for PWD until the following year, unless they stop working.

> **The benefit of the AEE is that it provides more flexibility and consequently more independence to PWD recipients who are able to work.**

To help ensure this doesn't happen, the Ministry will write to people who are getting close to their AEE limit to let them know.

As with any change, there will be some who may not like the AEE. It will, as I've mentioned, require people to carefully track their earnings and this may be a bit more challenging than under the monthly system.

But the AEE has many advantages. Most important, it will mean PWD recipients will have the opportunity to keep more of their earnings and have more choices about when they work.

If you have any questions about the AEE, please feel free to contact our Advocacy Access Program at 604-872-1278 or 1-800-663-1278. You can also visit the Ministry of Social Development and Social Innovation's website page on the AEE at: http://www.eia.gov.bc.ca/pwd/aee/index.html.

JANE DYSON IS DISABILITY ALLIANCE BC'S EXECUTIVE DIRECTOR. T

How the Law Defines Disability

Lawyer Frances Kelly explains different laws, particularly the BC Human Rights Code, and how they define disability.

BY FRANCES KELLY

What is the legal definition of "disability" and when can a person be deemed to have a "disability"?

It seems like there should be an easy answer to this question, but unfortunately, that is not the case. There is no single "one size fits all" legal definition of "disability."

Depending on the legal context, "disability" can have a very precise and narrow meaning or it can be more broadly interpreted. So the only accurate answer to this question is "it depends."

I'd like to give you an overview of examples of how some areas of the law narrowly or broadly define disability.

The Narrow Definition

Generally speaking, when the question about defining disability is specific to a statute where government is extending some type of benefit, "disability" will have a narrow legal meaning. Usually "disability" will be precisely defined in the legislation and you will need to provide information showing you meet the qualifying criteria to get the benefit in question.

This can be described as a "medical model" and "functional" approach to disability because this narrow meaning usually requires medical documentation. The individual must also show that her disability results in a "functional limitation" that affects her ability to perform daily activities.

The *Employment and Assistance for Persons with Disabilities Act* which governs the provincial Persons with Disabilities benefit and the *Canada Pension Plan* which governs CPP Disability are both examples of this kind of narrow definition (please see page. 20 for details on these definitions).

The Broad Definition

When "disability" arises under human rights or equality statutes, the term will be given a much broader interpretation. These statutes promote social equality and inclusion for groups, including people with disabilities. For example, both section 15(1) of the *Canadian Charter of Rights and Freedoms*, and the *BC Human Rights Code*, RSBC 1996, c. 210 (the "*Code*") protect against discrimination on the basis of disability.

The *Code*, which is the main focus of this article, protects people with disabilities from, among other things, discrimination in housing, public services, the purchase of property and employment.

In contrast to the EAPD and the CPP, under equality laws the term "disability" is not defined. This allows for a broader approach to what the term might mean.

The Importance of Accommodation

The term "disability" must be considered in light of the purposes of human rights legislation, as it appears in Section 3 of the *Code* which sets out the broad purpose of the *Code*:

The purposes of this *Code* are as follows:

- to foster a society in British Columbia in which there are no impediments to full and free participation in the economic, social, political and cultural life of British Columbia;
- to promote a climate of understanding and mutual respect where all are equal in dignity and rights;
- to prevent discrimination prohibited by this *Code*;
- to identify and eliminate persistent patterns of inequality associated with discrimination prohibited by this *Code*;
- to provide a means of redress for those persons who are discriminated against contrary to this *Code*;

The discriminatory barriers experienced by people with disabilities most often come about through a failure to accommodate. This is because mainstream society has not, in many cases, been designed with people with disabilities in mind. In many ways, the everyday barriers faced by people with disabilities are caused more by social attitudes than by a physical or mental condition. From this perspective, discrimination is imposed by society on the person (please see *A Different Definition of Disability* on page 10).

Considered in this context, "disability" is not just a medical or functional condition. The focus is on what can be done to accommodate the needs of the person to ensure her participation.

Proving "Disability" under the Code

A person claiming disability discrimination under the *Code* must, at the outset, prove three things to have the claim accepted for further consideration:

- that they have an actual or perceived "disability";
- that something bad has happened to them in relation to one of the areas protected under the *Code*, such as tenancy, services or employment; and
- that "disability" can be linked to the bad treatment.

Under the broad approach to disability, individuals do not have to demonstrate that they have a "functional limitation" because of their condition.

The courts have, however, also stated that to claim protection the person must show that the disability has lasted for some time and is of some severity.

Perceived Disability

The courts have interpreted disability broadly, in a manner that ensures that the *Code* meets its goal of ending discrimination. You may be surprised to learn that it is possible for a person to claim protection of the *Code,* even if the person does not have a disability. This is because the *Code* protects individuals on the basis of both actual and perceived disability.

What this means is, if people think you have a disability and treat you badly because of that perception, they can be said to have discriminated against you. For example, it would be discrimination if you apply for a job and the employer does not hire you because he thinks you have cancer or he is afraid that you might develop cancer. Though you do not in fact have that condition, and may never get it, you can still claim employment discrimination because you were treated negatively on the basis of the employer's perception that you might or could have such a condition.

This makes sense because the purpose of equality law is to remove barriers that people with disabilities might encounter. If an employer is discriminating against a person because he thinks that person has a disability, you can be assured that he will discriminate against a person who actually has a disability.

Final Thoughts

So, there is no single legal definition of disability; it depends on context. If you are claiming disability benefits under a statute, you will need to review the statute carefully to see what you have to provide. You will then want to be certain that you provide all of the necessary information to qualify. You can contact advocates to assist you with this process. You will need to fulfill a functional and medical definition of the term.

While the question is approached more broadly under human rights statutes, a person pursuing a human rights complaint still needs to show they have a (real or perceived) disability, that they have been badly treated, and that the disability was a factor in that adverse treatment.

If you think you have been a victim of discrimination, you can contact an advocate to assist you.

FRANCES KELLY SPECIALIZES IN ADMINSTRATIVE AND CONSTITUTIONAL LAW WITH COMMUNITY LEGAL ASSISTANCE SOCIETY, A NON-PROFIT LAW FIRM. CLAS' MANDATE IS TO ADVANCE THE RIGHTS OF DISADVANTAGED GROUPS THROUGH TEST CASES. WWW.CLASBC.NET. T

What Happens When Disability is Seen as “Inspirational”?

Are we only acceptable if we’re inspirational? What if we’re not?

We doubt that Stella Young was ever called shy. Stella made one of the most provocative presentations at the TED Talks Conference in 2014. Sadly, she passed away later the same year.

She used the phrase “Inspiration Porn” to refer to the idea that, because society usually sees disability as a bad thing, living with it makes you exceptional and inspirational. “Pornography” she says, is objectifying one group to benefit another group. In her opionion, “inspirational” themes about disability objectify people living with disabilities for the sake of people who don’t have a disability–to help them feel better about their own lives.

Here are a few quotes from Stella’s TED talk that you can view at https://www.youtube.com/watch?v=SxrS7-I_sMQ.

“‘The only disability in life is a bad attitude’. The reason that’s bull---- is ...no amount of smiling at a flight of stairs has ever made it turn into a ramp. No amount of standing in the middle of a bookshelf and radiating a positive attitude is going to turn all those books into braille.”

“Inspiration porn shames people with disabilities. It says that if we fail to be happy, to smile and to live lives that make those around us feel good, it’s because we’re not trying hard enough. Our attitude is just not positive enough. It’s our fault. Not to mention what it means for people whose disabilities are not visible, like people with chronic or mental illness, who often battle the assumption that it’s all about attitude. And we’re not allowed to be angry and upset, because then we’d be ‘bad’ disabled people. We wouldn’t be doing our very best to ‘overcome’ our disabilities.”

We asked about disability and “inspiration porn” in our TRANSITION survey. A cross-section of our readers’ strong opinions follows.

I feel only people who “overcome” their disabilities to some extent through rehabilitation, assistive devices or pharmacological aids are seen as inspirational. Those of us who can’t benefit from those and therefore have to be courageous and tenacious in the face of untreated (and often unbelieved) illness and unassistable limitations are not often celebrated. Fighting illness/disability is supported, accepting illness and limitations because it leads to reduced symptoms and better quality of life is not supported or understood. These attitudes inform government spending, fundraising campaigns, public support and understanding—pretty much everything.

When someone says I’m inspirational or impressive for living with ME/CFS, I feel recognized for how hard my life is–it validates my experience. I can’t get any praise for accomplishments any more since mine sound wimpy—like washing my hair or actually getting to go shopping–whereas my bragging rights used to be doing a 10-hour hike, working, volunteering or travel. However, the bad part is that people may be distancing themselves from me. I suspect they fear how such an illness onset could happen to them and they think it would devastate their lives, so they exalt how I’m doing.

The majority of ill or disabled people are not idolized; they are marginalized and mistreated by society, employers and communities. Making heroes of a few is pointless.

I think it adds to the stigma and stereotypes of people with disabilities. Being inspirational is relative to one’s own abilities and these stories are too often told in the context of what able-bodied people find inspirational which is very problematic.

I really detest “inspiration porn.” It serves no good purpose toward the greater understanding of the disability spectrum.

I think it can be a good thing on one hand. Others can see that people can live vibrant, engaged lives even with a disability, so it brings awareness of this issue to light and better understanding. On the other hand, when I hear “inspiration” (as in people are surprised that the person is going over and above what is expected), it makes me feel that people expect individuals with disabilities to be only able to live with a minimum quality of life. And that’s just plain wrong!

The vast majority of us are seen with pity or are not seen at all. The rare heroic figures such as Rick Hansen and Terry Fox and Helen Keller have done a lot to get public support and funding for us on the positive side. But on the down side, their accomplishments make some of the healthy public look down on us even more, as if they think “why can’t you do amazing things too?”

Celebratory discussions around disabled bodies are highly problematic. They often highlight the “you can do it despite your challenges” clichés which suggests there is a certain amount of choice and volition within disability. This is not the case. People with disabilities can do many things, but there are people who would like to do more, but can’t because of things that are out of their control.

I think being called “inspirational” for living with daily challenges does not add anything good to understanding the lives of people with disabilities. If society insists on putting people with disabilities on an inspired pedestal, it will put added pressure on all of us to be an inspiration.

It’s horrible. I’m not amazing because I can’t drive or because I sometimes have trouble seeing certain things. I am smart, educated, compassionate, but that isn’t because of or in spite of my disability. I reject both pity and inspiration. I am a person doing ordinary things.

It’s ableism. Recognize an individual for their achievements, not because of their disability. Period. The “inspirational disabled” creates a mindset that “if this disabled person could do it, then that disabled person can do it.”

I do not encourage nor subscribe to “inspirational porn.” I believe a simple dialogue is far more effective than “inspirational figures.”

Identity, Disability and Language

BY JEWELLES A. SMITH

If you move within the disability community at all, you may be familiar with the sometimes complex discussions about language and labeling. Language evolves and shifts according to many influences.

When I am writing or speaking at an event, I think about the language choices I am making: Why select one word or phrase, and reject another? Too often, in common speech, word choice is a form of laziness. Perhaps by thinking about the weight of our words, and with a little conscious planning, we as a community can consider how our words have the power to build up or to tear down those who encounter them.

Two events in my life the past couple of months have prompted me to think about disability language. The first involves the reading related to the exams for my PhD program, and the second was initiated by a heated online discussion about identity, disability and language.

> **People first language is often the best choice when discussing disabilities, and how policy and resources affect people. It is important to be conscious of wording and individual preference, especially if you identify as able-bodied.**

In preparing for my exams, I read about the various models of disability (e.g. medical, social, complex). Identity and the history of disability language figure prominently. Given this history, I want to acknowledge the work of disability activists and their families who have challenged language, especially in the last 30 years.

One key movement has been around people first language which evolved to identify individuals living with a disability as people before a diagnosis. For example, “Danny is a person with cerebral palsy (you can insert any disability into this sentence)”. This shift in phrasing was very important in the human rights movement to gain equality for people who live with disabilities. In particular, people first language was created to challenge the notion that, once a person was medically categorized within a specific diagnosis, they were thereafter dehumanized by that diagnosis.

People first language is often the best choice when discussing disabilities, and how policy and resources affect people. It is important to be conscious of wording and individual preference, especially if you identify as able-bodied. There is a difference between being an insider of a specific community, choosing to self-identify within a given context, and being an outsider of these categories.

However, people first language is not without detractors. A quick Google search of “criticism of people first language” will reveal dozens of articles and blogs written by disability activists who argue against the language. The arguments maintain that phrasing does not change the nature of a disability, nor does language order improve underlying prejudice and discrimination.

Many people identify within the community of disabled people. Some identify with other characteristics they have (race, gender, marital status, political alliances, culture, religion, etc.), more than or equal to their disability label.

Personally, I most often use the term “disabled woman”—my identity as a woman being equal to my identity as disabled and, depending on the context, I might highlight one or another aspect of my identity (i.e. artist, mother, student). These word choices are a political act.

In my research related to disability and mothering, I most often use the term “disabled mothers”, not because I believe that the specific medical diagnosis of a mother suggests her entirety as a parent, but because I believe that this particular intersection between disability and mother informs specific experiences of discrimination within community and family.

I do, however, take issue with terms that are used to degrade or demean another individual. Why is it that terms like moron, lame, crazy, and retard continue to be used to insult non-disabled people? Although there has been some awareness with the “R” word Campaign, I regularly hear people simply replacing the “R” Word with another term from the disability repertoire. Calling someone a “moron” instead of a “retard” doesn’t address the issue.

The second incident occurred recently when I witnessed a volatile conversation online. A commentator took offense to an article shared on a Facebook page because the article didn’t use people first language.

Several commentators attempted to provide her with articles that provided some history and information about respect for communities and individuals who choose the identity of disabled. However, she remained steadfast in her language position. As the conversation progressed, she called the page’s moderator and myself “morons” for not using people first language. She didn’t understand how hurtful this name-calling was, nor did she understand why her comments elicited a backlash from other followers of the page.

I believe this illustrates part of the problem with people first or any other language choices–it can become rhetoric without meaning. This commentator had clearly been schooled to use people first language, without the history lesson to inform that knowledge. She was also unconscious of the contradiction between her use of the slur “moron” to belittle the disability community for not using language she felt was “correct.”

> **As those of us in the disability community are well aware, language is a tricky thing. Following whatever is the current word campaign without thinking about why certain words or order of words have changed, does little to address the reasons behind language shifts.**

As those of us in the disability community are well aware, language is a tricky thing. Following whatever is the current word campaign without thinking about why certain words or order of words have changed, does little to address the reasons behind language shifts.

Identity and language are often personal, but they are also political. When language becomes dogmatic, the power is lost. The original people first language movement was created to engage non-disabled individuals in an awareness campaign of how categorizing a person by their medical disability can erase their humanity. It remains a critical lens that can be used to address ableist privilege.

However, as many disability activists rally around the category of disability as a powerful position and a community from which to advocate for equality, many (myself included) have begun to emphasize their status as disabled in identifying connection to a larger community.

JEWELLES SMITH JUGGLES LIFE AS A SINGLE MOTHER OF TWO TEENAGED SONS, WITH THE PURSUIT OF A PHD AT UBC-OKANAGAN, HUMAN RIGHTS ACTIVISM, WRITING AND A PASSION FOR PAINTING. SHE IS ON THE BOARD OF DIRECTORS WITH THE NATIONAL EDUCATIONAL ASSOCIATION OF DISABLED STUDENTS, THE COUNCIL FOR CANADIANS WITH DISABILITIES, AND PACIFIC DISABLED WOMEN’S NETWORK. WWW.JEWELLESSMITH.COM. T

Advocates Explain Disability Benefits

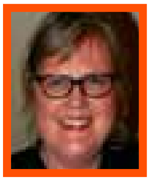
DABC front-line advocates help people apply for and appeal denials of provincial and federal disability benefits.

Many of the people who call the DABC Advocacy Access office ask us about eligibility for the various disability benefits. We do our best to help people understand the programs and we also help people apply, if they are eligible.

Every disability benefit program has its own definition of disability, eligibility criteria and application forms. We'd like to explain the definitions of disability used in provincial disability assistance (PWD), federal disability benefits (CPP Disability) and the federal disability tax credit (DTC).

We'll also look at how people with disabilities may or may not qualify for these programs and what benefits they may receive.

Persons with Disabilities Benefit



by Annette Murray
Senior Advocate

The Persons with Disabilities benefit (PWD) is administered by the province of BC through the Ministry of Social Development and Social Innovation (MSDSI). Every province has its own disability system that is non-transferable to other provinces. So, if you received disability benefits in one province, this doesn't mean you're automatically accepted for the benefits in another.

At over 20 pages, the PWD application requires much time and detailed work from the medical professionals who fill it out. The form largely focusses on mobility-related limitations and less on other health restrictions, such as visual impairment or cognitive impairment.

A single person on PWD receives $906.42 a month and can purchase an annual bus pass for $45 a year. Family maintenance, Canada Pension Plan, Employment Insurance, and other social and private insurance payments, are deducted dollar for dollar from the PWD a person receives.

PWD recipients are not eligible for rental subsidies offered through BC Housing and Safer. There is modest coverage for dental care, medical equipment and supplies. User fees for optometrist, physiotherapist, and other services are not included and the dental plan covers about 60% of the fees most dentists charge.

The government's rate for PWD is so low it prevents many British Columbians with disabilities from getting the help they need to maintain their health and to live with dignity. In order to apply for PWD, the person must have a very low income. If the person has some regular income from another source such as CPP disability, it must be below the PWD rates.

For example, a person receiving $900 a month from another government source is eligible to apply for PWD because they are getting $6.42 less from that source than they could get for PWD. A person receiving $915 a month from another government source is ineligible to apply for PWD because they are receiving $9.58 more per month than they could receive for PWD. Unfortunately, a person receiving more than $906.42 from another government source can't access the extended medical coverage they may desperately need because the Ministry will only grant enhanced medical coverage to people who have qualified for the PWD designation.

Starting January 1, 2015 every PWD recipient's earned income exemption will be calculated on an annual rather than a monthly basis (see page 13 for details on the new exemption). The new system allows a single person to earn $9,600 in a one-year period before deductions are made from their PWD cheque.

Canada Pension Plan Disability Benefits

by Peter Beaudin,
CPP Advocate

To be eligible for Canada Pension Plan disability benefits (CPP-D), individuals cannot be younger than 18 or older than 65, and they must have worked and made certain minimum contributions to the plan.

There are other criteria, but if an individual meets the basic requirements they must then provide medical evidence to prove they are "incapable regularly of pursuing any substantially gainful occupation" and also show that their disability "is likely to be long continued and of indefinite duration or is likely to result in death."

CPP disability benefits focus on the capacity to work not the nature of the disability, though the benefit does not cover people who are temporarily unable to work. And individuals must show they cannot work at or be trained for any job, not just the job they previously held. They must also show their condition is not likely to improve for the foreseeable future.

A Federal Court Judge once commented, "...the threshold for a disability pension under the Plan is a high and stringent one, perhaps one of the highest, if not the highest, in any such legislation in North America." A report from the Organization for Economic Cooperation and Development indicates that 60% of all applications for CPP disability are rejected at intake.

Disability Tax Credit and the RDSP

by Robin Loxton
Coordinator

Unlike provincial disability benefits (PWD) and Canada Pension Plan (CPP-D) disability benefits, the Disability Tax Credit (DTC) does not provide monthly payments. For many years, qualifying for DTC , administered by the Canada Revenue Agency, meant only that you or your family would pay less money in income tax.

However, in 2008 the federal government introduced the Registered Disability Savings Plan (RDSP) and set the DTC as one of the eligibility requirements for this generous savings plan. This meant many more low income people with disabilities have an interest in qualifying for the DTC.

The DTC definition of disability requires that a physical or mental impairment must last for at least 12 months and markedly (or in some cases significantly) restrict a persons ability to perform basic activities of daily living all or almost all the time.

It would be a mistake to assume that someone who qualifies for PWD would find it relatively easy to qualify for DTC. Indeed, of the three disability benefit programs that are described in this article, many people report that the DTC is the most difficult to qualify for.

The DTC application appears to be straightforward because it is shorter than both the PWD and CPP applications. However, it is not unusual for government adjudicators who review applications to send doctors lengthy questionnaires seeking additional information. And, government does not pay doctors for the DTC application or other requested information.

Furthermore, unlike CPP and PWD, the Canada Revenue Agency can grant the DTC for any period of time it chooses, so you can be asked to re-apply at any time. A big concern for DTC recipients is what will happen if you are asked to re-apply and your new DTC application is denied.

It is not surprising that many people with disabilities complain they spend far too much time trying to decipher complex disability regulations, grappling with red tape, or going to doctor's offices asking for letters or forms to be filled out. If they do succeed in qualifying for a disability benefit, people are further frustrated when they find the program does meet their disability-related needs.

Over the years, there has been talk of simplifying disability benefit programs and addressing the service gaps that our community faces every day. For those of us who advocate for these improvements, it is sad and frustrating it is so difficult to achieve these changes.

See the DABC website for more information on the Advocacy Access Program (under Our Work) and the RDSP and DTC programs (under Library/Money & Income Supports) www.disabilityalliancebc.org.

ME and FM Challenge Definitions of Disability

Almost 100,000 people in BC live with these disabling–yet often unrecognized–conditions.

ME (Myalgic Encephalomyelitis, also known as Chronic Fatigue Syndrome) and FM (Fibromyalgia) can be severely disabling and are widely misunderstood.

- ME and FM affect close to 100,000 British Columbians. In Canada, each of these diseases is almost four times as common as Multiple Sclerosis or Alzheimer's Disease, and over ten times as common as Parkinson's Disease.
- Some people believe having ME means you're tired all the time and having FM means you're sore all the time, but they are much more debilitating. People with ME can be so disabled by fatigue and other symptoms that they're unable to prepare a basic meal, make a phone call or even sit up. People with FM can be in such pain that walking, taking a shower or even light pressure on their skin is excruciating.
- Both diseases are lifelong, full recovery is rare and they show the highest rate of disability among chronic diseases in Canada, after only Alzheimer's/dementia and the effects of stroke.
- The causes of ME and FM are unknown, there is no cure and there are still no effective treatments.

For information or to help raise awareness of ME/FM, please contact the ME/FM Societies of BC at http://www.mefm.bc.ca.

People living with ME and/or FM told TRANSITION about some of their experiences living with these invisible and misunderstood disabilities.

Who do you think defines what a disability is? And how do these definitions affect you personally?
Kat: As far as the government is concerned, disability tends to be something that is measurable and widely accepted as a disability by the medical community. For people with ME, it's not uncommon to be told "you're not sick enough to be disabled" when applying for benefits, even though we're so sick that we're unable to work and can barely take care of ourselves. And there are people who think that disability is something they can see. Many people will not define invisible illnesses as disability.

Bara: Definitions of disability are largely defined by government and medical institutions. This shifts control from the individual to people in power and allows for potential entrenched systems of marginalization.

Do you use the word "disability" to describe yourself?
Bara: Coming to terms with being disabled is hard to swallow. Every time you have to say it to someone, it drives that seemingly unreal truth deeper. I struggle with the label disabled because its focus is on the negative. Every person with a disability has a unique experience of the world that is not the "norm", and although this inhibits us from participating in the "norm", it also allows us to carve out our own existence and survival, often leading to excellence in skill, insight and creativity in other abilities.

Kat: In the context of applying for disability benefits, I usually label myself as having a disability. But I don't like that term. I prefer to say my ability is limited and label myself as having chronic illness. I think chronic illness is easier for others to relate to, in as much as they can relate to something they haven't experienced and can't see.

Liz: I use different words to convey different things. I use "disability" to get the accommodations I need without having to give further details or explanations. I feel like I get more respect and less pity than when I use the words "chronic illness." I use "chronic illness" with friends who understand more what I'm living with and how even accommodations and assistive devices can't help me do more like they can for some Wother disabilities. Sometimes the only "assistive device" that will help me do what my disability prevents is for someone else to do it for me. I use "heart condition" for immediate understanding of the kind of limitations I face (but not a comprehensive understanding).

When do you disclose that you have a disability/chronic illness?
Bara: I disclose my disability to any volunteer or job position that I'm starting because of the unpredictable nature of my illness. In social situations, I only mention it if it comes up in conversation or if I know the person well enough and know they won't pigeon-hole me.

Kat: I'm fairly open about it. I share the odd update with all my Facebook friends, partly to keep the people who matter to me up-to-date, but also to help shed some light on a disease that has received so little medical support and research funding.

With an "invisible" disability like ME, do you feel you have to prove your illness, even to the people living with a disability?
Bara: Yes, the greatest challenges of invisible illness are with doctors. Because I'm a healthy-looking young woman, the majority of my experiences have been that I am undermined by doctors, health professionals and government officials.

Kat: Yes. My worst symptom is debilitating fatigue, with brain fog a close second. Friends, family and former co-workers tend to respond with "I get tired too." Then I have to explain that my fatigue is not a normal kind of fatigue. I feel like I've run a marathon every day. And government programs really rely on physical symptoms and diagnostic tests to prove disability. There are no check boxes for level of fatigue or inability to recall words. The belief that my kind of illness is psychosomatic, that it's all in my head, or that I'm exaggerating the limitations of my ability, is common. Many people latch on to the fact that I look healthy and nothing I say will convince them how I look has nothing to do with how I feel.

How do you think the public discussion around disability and chronic illness needs to change?
Bara: It needs to include discussions on housing, income assistance and food accessibility. It needs to focus less on symptoms and more on cause and triggers, such as poverty and environmental factors, as well as medical causes. It needs to include positive labels that allow understanding of people with disabilities beyond limitations. It needs to focus on employment opportunities that allow inclusion and flexibility. It needs to keep doctors accountable. I could go on and on!

Kat: The ads I've seen to promote public discussion around disability focus on people with visible limitations. It would be great if people with invisible illnesses got more recognition and public support.
I don't know if it is true, but I've heard that people who become paraplegic return to their pre-injury level of happiness within two years. People with ME very seldom return to their pre-illness level of happiness. Because public spaces have made accommodations for those who use wheelchairs, for example, people are more aware of disability and how the public can adapt. People with ME or chronic pain have almost no public support.

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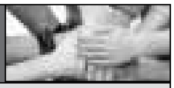

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Please make cheques payable to Disability Alliance BC (DABC) and send to TRANSITION, c/o DABC, 204-456 W. Broadway, Vancouver, BC V5Y 1R3.

THANK YOU!

"What Does Disabled Mean"? Campaign

What does disabled mean? You'd be surprised to hear that many people in BC don't know the answer to that question.

So, in summer 2013, Spring Advertising set out to work with the Disability Alliance BC (DABC) to change that by creating a simple message out of existing disability parking stall markers. How did they do it? Simple. By changing the wheelchair symbol into a question mark, followed by the real question, "What does disabled mean?"

This "graffiti for good" sparked a conversation and we want to continue that conversation over the next couple of years.

This campaign has great potential as an awareness-raising campaign that could drive public discussion about disability issues.

Hopefully with time, the campaign will positively inform public perception and opinion and lead to tangible, targeted goals that improve the lives of people living with disabilities.

Watch for this symbol on the streets of Metro Vancouver in summer 2015!

SUPPORT DABC

BECOME A DABC MEMBER

Numbers matter. The more members we have, the stronger our voice in the community.

Please become a Disability Alliance BC (DABC) member today. You can be a voting member or a non-voting member, and we welcome both individuals and groups.

I accept your invitation to join the DABC and enclose my membership fee of $15 (individuals) and $25 (groups).

I am also including a tax-deductible donation of $__________. (Donations over $10 are tax deductible).

Please return your payment/donation with this form to:
DABC, 204-456 W. Broadway, Vancouver, BC V5Y 1R3.

You can also become a member or donate online at:
http://www.disabilityalliancebc.org/supportadvertise.htm.

THANK YOU FOR YOUR INVALUABLE SUPPORT

Please check the applicable boxes:

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Voting members are people with disabilities and self-help groups where at least 50% of members have a disability.

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ABOUT US

Our mission is to support people, with all disabilities, to live with dignity, independence and as equal and full participants in the community. We champion issues impacting the lives of people with disabilities through our direct services, community partnerships, advocacy, research and publications.

FRONT LINE SERVICE
Our Advocacy Access Program provides one-on-one assistance with provincial and federal (Canada Pension Plan Disability) income supports and other benefits.

PROGRAMS AND PROJECTS
Our projects respond to community need and increase people's ability to participate and contribute.

MAKING NEW PARTNERSHIPS
We keep connected with a large network of community organizations across BC and regularly provide them with updates about issues of importance to the disability community.

FREE PUBLICATIONS
We publish a range of capacity-building self-help guides and advocate resources, in reader-friendly language. Resources are provided free of charge, either by mail or from our website.

TRANSITION thanks...

DABC and TRANSITION thank everyone who contributed their experience and insight for this TRANSITION edition on Talking About Disability.

Our sincere thanks to:

Peter Beaudin

Christine Gordon

Frances Kelly

Robin Loxton

Annette Murray

Jewelles A. Smith

A special thanks to the many people who responded to our online TRANSITION survey.

We'd also like to thank our hard-working volunteers who help us with many aspects of producing TRANSITION four times a year, from inputting to mailout.

Fill Your Prescription at No Frills and Help DABC

Prescriptions filled at No Frills Pharmacy, 310 West Broadway in Vancouver, will help raise funds for Disability Alliance BC (DABC).

How to participate

- Register in-person with Nicole or Chloe at the DABC office, Suite 204-456 West Broadway in Vancouver.
- Complete a short form and receive a stamped Loblaws Card.
- Take the card with you to No Frills Pharmacy, 310 West Broadway, in Vancouver.

How the program works

After you register at the DABC:

- Present the card when you are filling out your prescription.
- No Frills will contact your old pharmacy and transfer over your client information.
- You can receive free home delivery of No Frills Pharmacy prescriptions, anywhere in the Lower Mainland.
- If you have to pay for part of your No Frills prescription, you will receive a discount voucher for No Frills groceries.

Please note

- You must fill a prescription first, to be eligible for these benefits.
- This program is only available at the No Frills Pharmacy's West Broadway location and is not applicable to the grocery section of the store.

For more information, please call Nicole or Chloe at 604-875-0188.

Our thanks to No Frills for their ongoing generous support.

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TRANSITION Ads and Sponsorships

COLOUR PAGES			
Ad size | position	Number of editions booked		
	1	2-3	4
COVER PAGES			
Outside back cover	2200	1900	1700
Front inside cover	n/a	n/a	n/a
Back inside cover	n/a	n/a	n/a
INSIDE PAGES			
Full page	1235	1050	850
2 columns	915	770	650
3 column | large	870	740	620
3 column | small	455	375	325
2 column | small	410	350	285
2 column | mini	340	280	245
1 column	455	375	325
1 column | mini	275	235	200

BLACK PAGES			
Ad size | position	Number of editions booked		
	1	2-3	4
COVER PAGES			
Outside back cover	n/a	n/a	n/a
Front inside cover	1200	1020	850
Back inside cover	1000	850	660
INSIDE PAGES			
Full page	950	800	650
2 columns	700	600	510
3 column | large	675	550	485
3 column | small	350	300	250
2 column | small	315	265	225
2 column | mini	260	225	190
1 column	350	300	250
1 column | mini	210	180	150

Non-profit organizations receive a 35% discount. Prices subject to change without notice.

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- Two inside colour pages to profile and promote your organization, service or business
- A hyperlink from the TRANSITION PDF and web page to your website/email
- A quarterly thank you in our e-newsletter, for one year

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- A 1/3 page, colour banner ad on the back cover
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- Two thank yous in our e-newsletter

Ad Design

Sponsors may design their own banner ad or we will design it for you at no charge. We can also design interior pages for you from text and graphics you provide.

Contact Us

For more information on advertising or sponsorships, please contact Jody at 604-875-0188 or transitionads@gmail.com.

Need Help with the RDSP or DTC?

Contact us for information and assistance.

Thank you to Vancity and PLAN for their support of our RDSP work

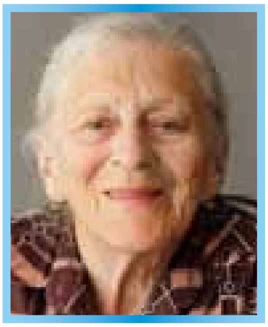
We'd like to remind TRANSITION readers that Disability Alliance BC (DABC) helps people to apply for the Registered Disability Savings Plan (RDSP) and Disability Tax Credit (DTC).

This assistance can include going with someone to their bank to help them with the RDSP. We also provide workshops on the RDSP and DTC for community organizations and people with disabilities.

The RDSP is a great savings opportunity, even for people living on very low incomes. Here are some of the reasons why:

- ✓ A person opens an RDSP when they're 30 years old and deposits their $250 GST cheque each year, by the time they're 60 their RDSP could be worth as much as $75,000.
- ✓ People can open an RDSP with no deposit and individuals living on low income are entitled to receive a $1,000 bond from the federal government every year for up to 20 years.
- ✓ People who deposit $500 a year are entitled to a $1,500 grant every year for up to 20 years.
- ✓ People receiving income assistance who open an RDSP can access $150 through the Endowment 150 program from the Vancouver Foundation.
- ✓ People receiving disability benefits can put money in or take money out of an RDSP without it impacting their monthly cheque.

For more information, please contact Lillian at 604-872-1278 or 1-800-663-1278.



Consider Planned Giving

You've always been there for others. It's part of who you are. Now, you can continue to give beyond your lifetime.

The DABC has a Planned Giving program. Planned Giving is the opportunity to think ahead about causes or organizations that you may want to financially support beyond your lifetime.

You can take the time now to gather information and leave instructions in your will.

By planning ahead, you can research charities, or have someone research charities for you, that fit your values. You won't feel rushed or pressured to make a decision and you can ensure that your money is spent in the way you want.

Benefits

There are many benefits to Planned Giving. By writing down your wishes, you will have increased peace of mind and control over your finances.

Through Planned Giving, you can provide a significant future donation without reducing your income today.

A gift in your will to a registered Canadian charity is tax-deductible.

And, your Planned Gift helps the DABC to be here in the future for those who need us.

Tax Savings

You can realize significant tax savings with Planned Giving. For example, stocks, bonds and mutual funds that you may have in a trust can be transferred in your will to a charity and a tax receipt will be issued.

A bequest from your estate of cash or RRSPs will reduce the taxes that your estate will be required to pay.

Other ways of donating give twofold value: by naming the DABC as the beneficiary in a life insurance policy, you do not incur any costs now and a tax receipt is issued when the estate is settled.

To Learn More

Our donors are important to us and we'll work with you to be recognized in the way that you'd prefer.

If you would like more information about Planned Giving, please contact Nicole at the DABC at nicole@disabilityalliancebc.org or 604-875-0188. She will send you DABC Planned Giving information for you to review with your financial planner or lawyer, family and friends.

ABOUT TRANSITION

Editorial Statement
The views and opinions expressed within the pages of TRANSITION are not necessarily those held by the total membership or Board of Directors. The material presented is meant to be thought-provoking and to promote dialogue.

Planning Team
Jane Dyson, Shelley Hourston, Nicole Kiyooka, Ann Vrlak

Editor and Layout
Ann Vrlak

Cover Design
Fiona Gamiet

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Submissions and Reprints

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Contact Us

Disability Alliance BC
204-456 W. Broadway,
Vancouver, BC V5Y 1R3
T: 604-875-0188 F: 604-875-9227
TRANSITION general:
transdisabilityalliancebc.org
Ads:
transitionads@gmail.com
Web:
www.disabilityalliancebc.org/transition
DABC general:
feedback@disabilityalliancebc.org

HSA

HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

DABC would like to thank the Health Sciences Association for their donation toward our Disability Benefits Help Sheets series.

These self-help guides on topics ranging from the Persons with Disabilities Benefit to the Registered Disability Savings Plan are DABC's most requested and downloaded resources.

We're grateful to the HSA for their ongoing and generous support of these Help Sheets.

Port Mann Bridge Tolling Exemption

There are certain vehicles and drivers who are exempt from being charged the toll to cross the new Port Mann Bridge. People with disabilities may qualify for this exemption.

All exempt users are liable for tolls until:

- Your exempt status is approved and registered in the TReO system.
- Your vehicle is using a registered TReO decal.

Toll exemptions granted by TReO apply only to trips taken on the Port Mann Bridge and do not apply to travel on the Golden Ears Bridge.

What are the criteria for exemption?

In order for people with disabilities to be eligible for the toll exemption, they must:

- Be a BC resident
- Own or lease the exempt vehicle
- Install a TReO decal on the exempt vehicle
- Provide documentation for one of the following:
  - PWD designation from the Ministry of Social Development and Social Innovation
  - Have been approved for and are currently receiving Canada Pension Plan Disability Benefit
  - A stamped physician's certification of permanent disability

How Do I apply?

- Either call, visit one of our Customer Service Centres or download the TReO Application for Port Mann Tolling Exemption.
- Provide the following information with the signed application form.
  - A copy of your current ICBC insurance
  - Provide one of the following:
    - Proof of your PWD designation
    - Official documentation of Canada Pension Plan Disability Benefit
    - Completion of the Physician Certification section of the TReO Application for Port Mann Tolling Exemption - PWD form.

Download the Form

https://www.treo.ca/media/88300/treo-persons-with-disabilities-form.pdf

Contact TReO for full details at:

- 604-516-TREO (604-516-8736)
- 1-855-888-TREO (1-855-888-8736) toll-free outside the Lower Mainland

We couldn’t do it without you.

Thank you to these organizations, government departments and companies who support our work on behalf of people with disabilities.

A1 Wheelchairs Unlimited

BC Association for Individualized Technology and Supports for People with Disabilities

BC Government and Services Employees Union

BC Housing, HAFI Program

BC Hydro Employees Community Services Fund

Canadian Union of Public Employees of BC Local 1936

City of Vancouver

Council of Canadians with Disabilities

Government of Canada’s Social Development Partnership Program-Disability Component

Health Sciences Association of BC

Home Medical Equipment Dealers Association of BC

Homelessness Partnership Strategy: Human Resources and Skills Development Canada

Hospital Employees Union, People with Disabilities Committee

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Provincial Health Services Authority

Shoppers Drug Mart Life Foundation

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TELUS Employees Charitable Giving Program

Trial Lawyers Association of BC

United Way of the Lower Mainland

Vancity

Vancity Credit Union Fairview Community Branch

Vancouver Coastal Health

Vancouver Taxi Association

Wheelin’ Mobility

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dabc
disability alliance bc
we are all connected

Suite 204, 456 West Broadway, Vancouver, BC V5Y 1R3
(604) 875-0188 • fax (604) 875-9227 • tty (604) 875-8835
trans@disabilityalliancebc.org • www.disabilityalliancebc.org

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Your Last Chance to Join Our Celebration!

If you don't have tickets yet for DABC's annual Swing Into Spring fundraiser, there's still time! This year's event on April 9th will be held at the Croatian Cultural Centre.

Join all of us at DABC, along with our special guests CBC's Stephen Quinn and crowd-pleasing comic David C. Jones for a wonderful evening.

See full details inside on page 8.

A special thank you to our Event Sponsors

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Vancouver Taxi Association

hmeda Home Medical Equipment Dealers Assoc. Of BC

CUPE BC Local 1936

TRIAL LAWYERS ASSOCIATION of BC

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