2022 LL/WINTER What Does
Ableist Health
Care Look Like?

Are Some People Choosing MAID in Lieu of Care? DABC Supports Federal Challenge to Mental Health Act

transition

The Magazine of Disability Alliance BC

Dying for Health Care

Navigating an Ableist System

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FALL/WINTER 2022

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editorial

by Salina Dewar

What Does Ableist Health Care Look Like?

This Transition looks at how our health care systems are failing people living with disability.

We share those failures through personal stories and the frontline experience of advocates at DABC and other organizations fighting for equity in care.

And we'll look at the ongoing advocacy being done to try to address the systemic problems that flow from ableism.

What is Ableism?

Systemic ableism is a belief system that prioritizes and validates the experiences and ways of being of people who do not have disabilities. At the same time, it discounts and devalues the experiences, views, needs and capacities of people with disabilities.

This belief is so ingrained it operates under the radar, but permeates all aspects of health care from systemic policies to frontline treatment by practitioners.

This inability, or perhaps it is an unwillingness, to acknowledge and meet the health care needs of people with disabilities has led to an ominous development. Some people living with disability, who

can barely get by on disability benefits, have no support for needed treatment and cannot afford safe housing, are considering Medical Assistance In Dying (MAID). They believe they have no way to continue living.

Proving just how much ableism affects the medical community, we are hearing that some medical professionals are going so far as to recommend MAID as "an option" to people with disabilities-not because of intolerable physical pain, but because the lack of social supports has left them in a state of desperation. In my opinion, and that of some of my colleagues, something else comes into play as well. Some doctors base these recommendations on their view of how "tolerable" their patient's pain or condition may be, rather than listening to their patient's view of what is tolerable.

These alarming trends led DABC to issue our strong opposition to MAID's current form and any further expansion of its criteria, until the underlying social gaps that are leading people to this desperate step have been addressed.

In short, there is something deeply wrong with our vision and provision of health care.

Key Systemic Issues

The overarching issue is a lack of vision around dignity and quality of life for people living with disability. Many health care options that are offered remain mired in the medical model. Too often, treatments are attempts to manage symptoms at best—surviving rather than thriving—with little consideration for the person's quality of life.

Not only is this model trapping people with disabilities in a descending spiral of health and well-being, it is also short-sighted economically.

For example, disability benefits recipients are expected to use the least costly mobility device that will meet their needs. Occupational therapists assisting clients come with this "bare minimum" mindset—an extremely narrow view of what "required" means that leaves the client minimally able to function, minimally able to participate and, when they cannot work because of this poor support, it reinforces the idea that a person with a disability is incapable and a "drain on the system."

These kind of assumptions and the effects on our ability to live beyond the bare necessities lead doctors and others to believe that life is just too difficult or painful. So, MAID, can be seen as a kindness, rather than the systemic abdication it represents.

Another pressing systemic issue is that over half a million people in BC no longer have a family doctor. This has a negative effect on treatment for everyone, but especially for people living with disability.

This belief is so ingrained it operates under the radar, but permeates all aspects of health care from systemic policies to frontline treatment by practitioners.

Those who have no family doctor, a new doctor or use walk-in clinics or telehealth, do not have a health professional who has long-term experience with their disability. These practitioners are much less able to assist with crucial applications for benefits or suggest appropriate treatments. And many physicians do not have a good understanding of eligibility criteria for various disability benefits, so they can harm rather than help their patients' chances of qualifying for benefits and programs.

The Role of Practitioners

Health care practitioners are most people's point of connection with the health care system. They play a critical role in the wellness of everyone in BC, and are a vital link to the economic well-being of many people with disabilities and chronic health conditions.

Provincial and federal assistance and benefits programs require certification from a practitioner to determine eligibility. They have become gatekeepers for both health and financial resources. So, it is essential that we continue to find ways to address ableism within these professions through education and firsthand experience.

Some of our staff were glad to have the opportunity earlier this year

to speak with students of social work, occupational therapy, nursing and dietetics at UBC. I hope some eyes were opened by our own and our clients' personal experiences of barriers and discrimination in health care. It would be good to see more medical students studying to become doctors in attendance in future collaborative work.

What is Being Done?

Some of the organizations advocating for changes to health care provision and supports contributed to this edition. They talk about the work being done to challenge ableism; the fight for a livable, dignified basic income for people with disabilities; and, the frontline work assisting people with disabilities to qualify for the meager benefits that currently exist.

DABC will continue our work to educate doctors and other health professionals about systemic ableism. Those who are entrusted with our care on a one-to-one basis need to be more informed and do better.

YOU CAN SEE PART 2 OF THIS EDITORIAL ON PAGE 16: WHAT CAN YOU DO IF YOU EXPERIENCE DISCRIMINATION IN CARE?

SALINA M. DEWAR, B.A., LL.B. IS A LAW CLINIC ASSISTANT WITH DABC'S DISABILITY LAW CLINIC AND A PERSON LIVING WITH A DISABILITY.



Here are just a few examples of ableism our clients have related to our advocates:

- Not taking a person on as a patient because "the office does not take complex cases."
- "Firing" a patient for missed appointments, without regard for how their disability might affect their ability to attend on time.
- Refusing to consider whether a patient is eligible for a benefit, even when the patient provides records supporting their limitations.
- Assuming a patient with an invisible disability is exaggerating their condition.
- Refusing to perform diagnostic treatment because the person with a disability needs assistance during the examination and did not bring "their caregiver" or, conversely, not permitting a support person to be present to ensure medical treatment is accessible to the person with a disability.
- Refusing to consider life factors, such as trauma or poverty, or other medical conditions and disabilities, that may impact a client's behaviour or demeanor.
- Suggesting to a person with a complex disability or health condition that they consider medically assisted dying, without any indication from the patient that they wish to end their life.



I'm Fighting to Live, But...

I by Madeline

The energy I'm using to write this article is costing me dearly. But, if I don't tell my story, I don't have a chance at survival.

y name is Madeline. I'd like to tell you how and why I find myself at a place where I've applied for and been accepted for Medical Assistance in Dying (MAID).

The lack of financial support for the health care I need is driving me to a preventable slow, excruciatingly painful and isolated death.

I'm not using my real name because my medical team advised me that my health is so fragile that public scrutiny and pressure could kill me. The energy I'm using to write this article is costing me dearly. But, if I don't tell my story, I don't have a chance at survival.

My Life So Far

For four decades, I've lived with post viral syndrome which requires a range of essential treatments—none of which are covered under BC's Medical Services Plan (MSP) because the disease has been virtually ignored in medical research.

Over the years, I did my own extensive research and found treatments

that helped. I have been able to pay for some myself through a combination of the Persons with Disabilities (PWD) benefit, accumulating massive personal debt and donations through a GoFundMe page. But these minimal treatments were just enough to keep me alive. I continued to deteriorate.

The donations are going to run out very soon. The treatments will stop and I will die.

Let me be clear: I want to live.

Since my disease disabled me 25 years ago, I've appealed to MSP, the Ministry of Health, the Ministry of Social Development and Poverty Reduction, my MLA and my MP.

One of the problems I've faced—on top of the devastating nature of my illnesses—is the gender bias in medical research. Because most of my diseases affect women more than men, they have not been given proper attention, legitimacy and funding. The result is a lack of coverage for my life-saving treatments.

This bias has ensured my deterioration to the point where I face an early—and avoidable—death. It will be slow and brutal. I'll be unable

to move, speak or eat—trapped and isolated, in a poverty-level care home.

Given this reality, I applied for MAID and was approved in the spring of 2021.

Disability and Poverty

How can this be the only choice left to me and people with conditions like mine?

It begins with the financial and health-related supports for people receiving PWD which don't come close to covering the costs of living with disability. BC's PWD rates are far below Canada's poverty line. Add to this all of the extra costs of living with disability and we inevitably fall further and further into poverty.

Then, twenty years ago, the BC government cancelled coverage for critical treatments that helped me, like physiotherapy and naturopathy. At the time, I was in a self-employment program for people with disabilities. I paid for my treatments on credit, but the debt I started to accumulate was crushing. I had to end treatment, my condition deteriorated and I couldn't continue the program.

In my situation, denial of support for my treatments has been not only inhumane, but fiscally irresponsible. If my disease had been properly diagnosed, managed and treated 20 years ago, the government would have saved money. Now, the financial cost to turn around my deterioration will be massive—if it is even possible. And, if some treatments had been covered by MSP, I may have been well enough to work and pay for additional treatments myself.

Being Silenced

When I did my first news story, I was warned by an advocate that the government might retaliate. While I am grateful that didn't happen, someone with experience actually thought it might.

This is why some people with disabilities who receive income assistance are afraid to use the laws that are meant to protect us. So, nothing changes—unless people with some power speak up.

When health supports were cut 20 years ago, one podiatrist kicked up a fuss for his PWD patients who lost coverage for orthotics. He was able to have coverage reinstated.

If just one committed doctor could do this, can you imagine what could change if physicians spoke up collectively? One part of my post viral syndrome, Myalgic Encephalomyelitis (ME), receives just \$280,000 a year in research funding—a fraction of funding devoted to other diseases like MS and Parkinson's.

So, I ask the politicians, the medical community and the general public, "Where have you been? Where are you now?" What is happening to

What is happening to me can happen to anyone, especially with the onset of long COVID affecting 10% of those with the virus.

me can happen to anyone, especially with the onset of long COVID affecting 10% of those who have had the virus.

There was a small flicker of hope this summer from BC's Select Standing Committee on Finance and Government Services. The Committee put forward a recommendation for next year's provincial budget to create billing codes for ME. This would mean that doctors could recommend treatments for ME patients that would be covered under MSP.

This would be a huge step forward for this misunderstood, under-diagnosed illness. However, even if the recommendation is accepted, the changes will come too late for me.

Last Thoughts

But none of this says who I am. Maybe a poem a family member wrote when I was little sums it up.

"My child dances like a feather, always singing all the time.
Runs outside in snowy weather, cold and snow she thinks are fine. If we're sometimes not together, always she's My Valentine."

I'll say it one last time: I want to live.

YOU CAN LEARN MORE ABOUT MADELINE AND SUPPORT HER AT: HTTPS://WWW.GOFUNDME.COM/F/MADELINESMIRACLE

I DABC STAFF ON MAID

In theory, I completely support Medical Assistance in Dying, but in practice I can't. When the federal government announced they were going to broaden access to people who have chronic mental health issues, something changed in online discussions. People began saying they wanted access to MAID just because they didn't have safe, affordable housing. They felt proper housing would improve their mental health to the point they'd no longer consider MAID.

...

People should have the choice to die with dignity, but when they don't have access to housing, food and health care, access to extended health that's based on income, the option of "choosing" MAID becomes perverse. I don't think our society can use or safeguard MAID appropriately. We need to address these other inequalities first.

•••

A friend of mine lost his access to opiates as part of a push to get "opiates out of pain management." Because of his disabilities, this left him in extreme pain. His doctor's solution was to suggest that he access MAID!

See the GlobalNews report:
"How poverty, not pain, is driving some disabled Canadians towards medically assisted death." https://globalnews.ca/news/9176485/
poverty-canadians-disabilities-medically-assisted-death/



The Right Fit is a multi-partner service designed to address the crisis in wheelchair accessible housing. We help match affordable, accessible homes and independent living supports with people who need them in the Vancouver region.

Need a Vacant Accessible Unit?

If you are a wheelchair user or an organization representing wheelchair users, please contact: Isabelle Groc, Right Fit Program Manager rightfit@disabilityalliancebc.org

Have a Vacant Accessible Unit?

If you are a housing provider in the public or private housing market, and have an accessible vacant unit or would like to learn more about our

Accessibility Checklist, please contact:

Dalton Finlay, Project Manager / Navigator

Individualized Funding Resource Centre Society

RightFit@IFRCSociety.org

604-777-7576

Disability Alliance BC (DABC) is the Right Fit's sponsoring organization and oversees the program. The Individualized Funding Resource Centre (IFRC) is responsible for client management.

Community and Residents Mentor's Association

ver the past year, DABC's Community and Residents Mentor's Association (CARMA) program has been intensely focused on the resettlement of George Pearson Centre residents, collaborating with Vancouver Coastal Health (VCH).

We are working on individualized and discharge planning with 44 residents who will be moving to the Cambie Gardens condominium development on the Pearson site.

The moves were scheduled to begin in March 2022, but were delayed first by supply chain issues and then by a dispute between the developer and the City of Vancouver. Residents created considerable media attention by speaking out about the oppressive heat conditions, the deterioration of care and the real harms posed to residents by the delay in the Cambie Gardens move.

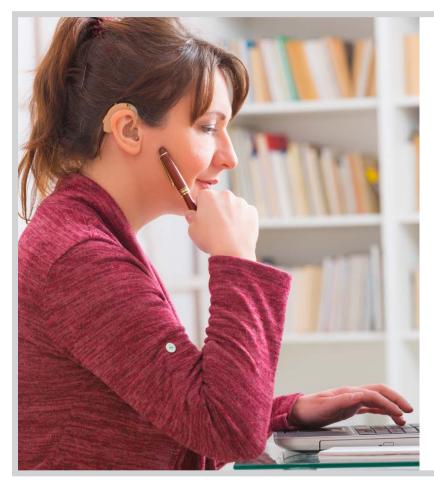
In August, VCH filed a civil suit against the developer, ONNI Group, claiming that significant damages had been incurred by the delay. The City of Vancouver announced that an agreement in principle had been reached with ONNI Group, opening the door to the hope that the moves will begin in the fall of 2022.

CARMA also worked on two very complex resettlements of other residents. This proved to be a real test of the New Path Memorandum

of Understanding (MOU) that DABC signed with VCH in 2017. This MOU enables all Pearson residents who choose to live off the site to have individualized planning and support plans that promote community inclusion.

These experiences will help to strengthen the process around implementation of the MOU. CARMA's close working partnership with the Individualized Funding Resource Centre made these resettlements possible and successful.

For more information, see https://disabilityalliancebc.org/program/carma/ or phone (604) 321-3231, local 3126.





Funding is available for hearing aids, restorative supports such as canes and crutches, vehicle modifications, and other assistive devices you may need for work!

1-844-453-5506 workbc-ats.ca





This program is funded by the Government of Canada and the Province of British Columbia.

Support for a Canada Disability Benefit

I by Nousha Bayrami and Kate Fish

As citizens, we have more power than we think, especially when we team up with our allies to mobilize and create change.

or people living in poverty, it's a struggle to cover the bare necessities let alone things vital to managing health and disability.

Disability Without Poverty (DWP) is a federal disability-led, grassroots movement working to secure public support for ending disability poverty and influence the government to design and implement a Canada Disability Benefit (CDB).

DWP was formed in 2020 in response to a Throne Speech where a commitment was announced to establish a monthly CDB.

There were few details about this promise other than the goal of modelling it on the Guaranteed Income Supplement for seniors, and making it available to Canadians aged 18-65.

Leaders in the disability community knew this was a time for action, and that:

- Ending disability poverty is an act of love and justice. Every Canadian, regardless of disability, should be able to afford the bare essentials of life and enthusiastically participate in society without financial, physical or social barriers.
- Canada has the resources to end disability poverty, as demonstrated by other targeted benefits for children and seniors.

 Breakthroughs happen during periods of societal upheaval.
 COVID-19 shone an even brighter light on the discrimination people with disabilities experience, particularly regarding accessing financial resources. The quick rollout of the \$2,000 CERB payment was a prime example of what can be done when the will is there.

Disability Without Poverty BC (DWP BC) is a chapter of the Canada-wide DWP movement. We are building support for a CDB from a BC perspective, focusing on provincial needs, and drawing on the provincial context.

Conversations, and work related to getting DWP going in BC, have been ongoing for some time, and many people have been involved in planning and organizing. Thanks to that work, we received funding from the Vancouver Foundation and regional disability groups that started in October 2021.

Some Early Accomplishments

In the first part of 2022, Disability Without Poverty BC:

- Participated at the Basic Income Guarantee Conference as panelists
- Presented at the Abilities Expo
- Gave multiple media interviews on disability and poverty

- Joined the BC Poverty Reduction Coalition
- Submitted recommendations to the BC Budget 2023 Consultation
- Facilitated a focus group on the Canada Disability Benefit
- Supported people who wanted to connect with their Member of Parliament
- Partnered with the Alberta chapter of DWP to host an Innovation Booth at the Canadian Congress on Disability Inclusion conference
- Built relationships with individuals and organizations across the province

Why Do We Need a CDB?

22% of Canadians and 24% of British Columbians live with a disability and are disproportionately living in poverty. Nationally, PWD's represent 41% of those living below the poverty line.

Most Transition readers will not be surprised to hear that people with disabilities have extra living costs that most people never have to consider. These can be significant investments, such as home renovations or vehicle modifications for transportation. And there are day-to-day costs, including those related to essential health care, that add to the financial burden.

More and more Canadians with disabilities are sharing their stories and experiences of deep poverty, as well as the disturbing trend covered in this Transition: people with disabilities seeking access to MAID out of necessity because they cannot afford to live.

Everyone, including people with disabilities, deserves the opportunity to live a good life, not to merely survive. Today, many cannot even achieve this low bar.

Canada's Poverty Line

Provincial disability benefits do not raise people to the poverty line or provide funds for adequate housing.

In Canada, the poverty line is measured using the Market Basket Measure (MBM). The MBM is based on the cost of a specific basket of goods and services representing a modest, basic standard of living for a reference family of two adults and

two children. It is important to note that the MBM does not account for higher costs associated with disability.

We've calculated the amount for one person, rather than a family of four:

- Provincial poverty line for single person: \$1928
- Amount people on provincial disability benefits receive: \$1358

How You Can Help

As citizens, we have more power than we think, especially when we team up with our allies to mobilize and create change. Here are some things you can do to help make the Canada Disability Benefit a reality:

 Consider contacting your MP and MLA to share why a CDB would be important to you, a family

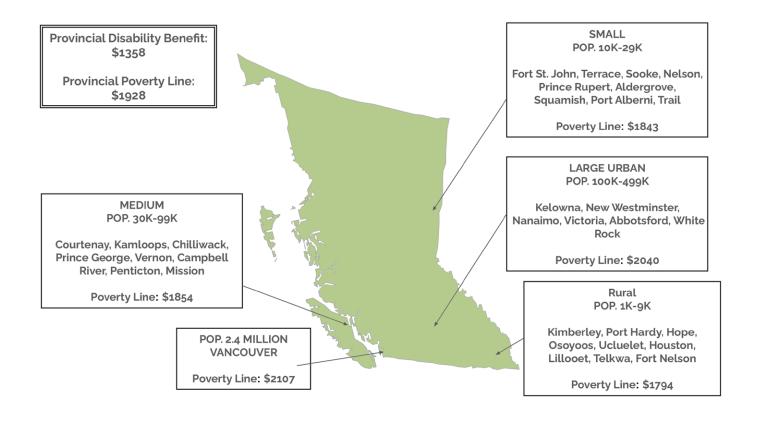
- member, or someone you know. See the contact information below to find your representatives.
- Discuss disability poverty and the CDB, with your networks.

What do you think is important to include in a Canada Disability Benefit? Know an organization or individual we should connect with? We'd love an introduction! Email us at bc@disabilitywithoutpoverty.ca.

Find contact information for your MP and MLA at.

- MPs: https://www.ourcommons.ca/members/en/search
- MLAs: https://www.leg.bc.ca/learn-about-us/members

NOUSHA BAYRAMI AND KATE FISH ARE COMMUNITY ORGANIZERS FOR DISABILITY WITHOUT POVERTY AND ADVOCATES FOR THE CDB. HTTPS://WWW.DISABILITYWITHOUTPOVERTY.CA



www.disabilityalliancebc.org Disability Alliance BC

DABC STAFF ON HEALTH CARE

One of our advocates had an issue with clients who need medical equipment.

The Ministry sometimes employs contract workers, like physiotherapists and occupational therapists, to decide if the equipment is appropriate for a client. But these contractors don't meet the client or even talk with them by phone. They decide on this crucial need based on the application alone.

The main role of an occupational therapist is to meet with a client and assess their needs!

• • •

Over the years, GPs, ER doctors, and dentists who have treated me have confirmed that, while they are aware of Cerebral Palsy, they do not really know much about it.

Clients have told me similar stories about doctors' lack of understanding of their disability.

..

UBC has a clinic that is supervised by doctors and run by residents. The resident doctors will come by and chat with me about my health. The quality of my care and management of my disability has dramatically improved at this clinic. We need more centres like this!

How to Access DABC Services

DABC has now opened up our office, offering both in-person and remote appointments. In-person services are available by appointment only.

Please see below to learn how you can contact our core programs for information or to book your appointment.

Thank you for your patience and stay safe.

Advocacy Access

If you need help with provincial disability benefits or CPP Disability, contact Advocacy Access:

advocacy@disabilityalliancebc.org

604-872-1278 or 1-800-663-1278 (Toll-free)

Tax AID DABC

If you are a person with a disability who needs assistance filing your income taxes, contact Tax AID DABC:

taxaid@disabilityalliancebc.org

236-477-1717 or 1-877-940-7797 (Toll-free)

Book an appointment online at https://disabilityalliancebc.org/ direct-service/file-income-taxes/tax-appointment/

Access RDSP

If you need help with the Disability Tax Credit or Registered Disability Savings Plan, contact Access RDSP:

rdsp@disabilityalliancebc.org

604-872-1278 or 1-800-663-1278 (Toll-free)

https://www.rdsp.com/supports-and-services/

Disability Law Clinic

Our Disability Law Clinic can help with legal issues related to disability rights:

LawClinic@disabilityalliancebc.org

(236) 427-1108

ACCESSIBLE BC ACT

Helping "Prescribed Organizations" Improve Accessibility I by Mike Prescott

have been involved in disability and accessibility issues for the past 20 years, including being the Manager of Accessible Tourism for the 2010 Olympic and Paralympic Games. I worked with parks, tourism and governments to develop accessibility strategies.

This experience helped prepare me for my current role as the Project Manager for the Accessible Organizations Project at DABC.

This project arises from Part 3 of our new *Accessible BC (ABC) Act* which requires over 750 "Prescribed Organizations" in BC to establish accessibility committees, develop accessibility plans and create public feedback mechanisms by September 1, 2023. These Organizations include government, libraries, police and education sectors.

My role is to work with these organizations so they can, not just meet, but exceed the goals of the ABC Act.

To accomplish this, we are developing resources and services such as an accessibility hub website, templates, toolkits, training and much more.

The next few months will be spent learning more about how we can best serve the Prescribed Organizations and the accessibility committees they will work with. The flexibility of the legislation allows these committees to work in a way that will be most effective for them.

Ultimately, the goal is to make British Columbia more accessible and inclusive, and the Accessible Organizations Project is one piece of the puzzle.

Because of the diversity and complexity of this task, we will be reaching out to the disability community to address their challenges and priorities.

Ultimately, the goal is to make British Columbia more accessible and inclusive, and the Accessible Organizations Project is one piece of the puzzle.

For more information about ABC, see: https://www.canlii.org/en/bc/laws/stat/sbc-2021-c-19/latest/sbc-2021-c-19.html.

If you are interested in learning more about our project, please visit us at https://bcaccessibilityhub.ca.



Meet Mike

- A manual wheelchair user who has had a disability for 35 years
- BSc from the University of Illinois
- MBA from Simon Fraser University
- MA in Urban Planning from the University of Waterloo
- PhD in Rehabilitation Sciences from the University of British Columbia
- Currently, Mike is a post-doctoral fellow in Geomatics at Université Laval and Gerontology at Simon Fraser University

The Act views and treats mental health issues as moral failings that can be disciplined out of people.



Human Rights vs. BC's Mental Health Act

BY KENDRA MILNE

ental health advocates in BC have been sounding the alarm for decades: our *Mental Health Act* is one of the most archaic and discriminatory pieces of our ableist health care system.

Ableism plays out in mental health law and policy by reinforcing ideas that there are certain "normal" ways of thinking, interacting and participating in community. These ideas often reflect colonial and neurotypical lenses on the world.

BC's Mental Health Act sets out when you can be admitted to hospital and treated for what the Act calls a "mental disorder" because either you ask for that care or because you are being detained and involuntarily treated.

The Act views and treats mental health issues as moral failings that can be disciplined out of people.

This law impacts people diagnosed with mental illness, brain injuries, dementia, substance-use-related health issues, and many other disabilities or health conditions.

The *Act* was passed in 1964 and many portions of it are the same today.

Every patient is subject to the direction and discipline of the facility staff. They can be confined in solitarily seclusion rooms, restrained to their beds, or otherwise punished during their time in hospital. There are no limits and no review on when, how or why someone can be subject to these restraints.

This is still true, even though a 2021 investigation into the *Mental Health Act,* by the Representative for Children and Youth, concluded there should be strict limits on restraints.

When any citizen accesses health care, the law protects our right to make our own health care consent decisions. If we are incapable of understanding and making a health care decision, the law protects our right to have the people who know us best make the decision.

That is, unless you are involuntarily committed under the *Mental Health Act*—then you have no such rights. All involuntary patients can be given any form of psychiatric treatment without consent and supporters are excluded from decision-making.

Other countries have acknowledged the need to modernize their mental

health laws and have taken action. For example, Victoria, Australia's recently tabled new *Mental Health Act*, rooted in human rights, ensures Indigenous people receive culturally safe services and establishes adequate oversight. The UK also commissioned an independent review recognizing that its mental health law entrenched systemic racism, and relied heavily on coercion.

There is growing evidence that our *Mental Health Act* is not serving BC well, and needs to be modernized to protect human rights and wellbeing. Emerging investigations from independent offices, and compelling stories from people and their families with experience of the mental health system, all point to the same conclusion.

BC needs an independent review of the *Mental Health Act* to create reforms that respect human rights, promote evidence-based care, and build in oversight from an independent provincial Mental Health Advocate.

KENDRA MILNE IS A LAWYER AND EXECUTIVE DIRECTOR OF HEALTH JUSTICE. LEARN MORE AT https://www.healthjustice.ca.

Disability Alliance BC

DABC Supports Challenge to Mental Health Act I by Andrew Robb



On June 23, 2022, the Supreme Court of Canada released a decision finding that the Council of Canadians with Disabilities (CCD) has public interest standing to challenge parts of BC's Mental Health Act (MHA) because it violates Canada's Charter of Rights and Freedoms.

The Attorney General of BC had argued that CCD was not entitled to public interest standing, unless there was an individual co-plaintiff who had been directly affected by the MHA.

This decision is part of CCD's ongoing challenge to laws regarding involuntary psychiatric treatment. CCD says the MHA violates the Charter and the courts should force the government to change it.

BC is the only place in Canada where patients with involuntary status, including people detained in psychiatric facilities, are "deemed" to consent to all forms of psychiatric treatment, without safeguards.

For example, under the MHA, a patient can be forcibly administered psychotropic medications and electroconvulsive therapy, without consent from the patient or their legal guardians or family members.

The issue before the Supreme Court of Canada was a procedural question about whether CCD would be allowed to bring the case forward at all, without an individual co-plaintiff. The Supreme Court of Canada did not consider whether the MHA

The Supreme Court of Canada's decision is very important to CCD and people in BC who are detained under our MHA.

violates the Charter. That issue will now be decided by the BC Supreme Court.

The Supreme Court of Canada's decision is very important to CCD and people in BC who are detained under the MHA. It means CCD's legal challenge to the MHA can continue, but the legal process takes a long time; it may be years before the courts make a final decision about whether the MHA must be changed. The Supreme Court of Canada's decision will also set a precedent that will be helpful to other groups who want to challenge discriminatory and other unconstitutional laws in court.

CCD is a national organization of people with disabilities working for an accessible and inclusive Canada. Disability Alliance BC is a member organization.

DABC staff assisted the CCD committee that works with CCD's pro bono lawyers. We are proud to play a role in this important case.

ANDREW ROBB IS STAFF LAWYER WITH DABC'S DISABILITY LAW CLINIC. T

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THANK YOU!

EDITORIAL PART 2

What Can You Do if You Experience Discrimination in Health Care? I by Salina Dewar

What can you do if you believe you've been discriminated against? We'll talk about some possible steps in this article, but it's important to know that few offer the quick solution you may need around immediate diagnosis or treatment.

Talk to Your Practitioner

The first option is to raise your concerns with the practitioner. This option is a difficult one, but it may be the best way to find a solution.

Sometimes discrimination arises because the practitioner has made up their mind about your situation, even though they may have very little experience with your condition.

Our current shortage of GPs and other practitioners may be another reason you are understandably reluctant to "rock the boat." It can be a daunting prospect to find a new doctor and start all over to educate them about your disability.

However, even though speaking up may not resolve the issue, it is less difficult and, in some cases, less costly, than other options. Unless you feel the practitioner's conduct creates a serious and imminent threat, this option should be tried before others.

Complain to the Health Authority

If you experience discrimination by staff of a facility managed by a health authority, you can make a complaint to the patient care quality office (PCQO) of that authority.

The PCQO may do an investigation and make recommendations for how you and the health care pro-

vider can resolve the dispute. Some clients have reported they waited a long time without updates only to have the matter remain unresolved.

File a Complaint with a Regulatory Body

You can report your concerns to the college that regulates the practitioner. This may result in an investigation, but it is also a long process that may end or harm your relationship with the practitioner.

File a Human Rights Complaint

You have the choice to file a human rights complaint, but this is the most lengthy process of all. DABC's Disability Law Clinic (DLC) clients have reported long wait times just to learn if their complaint has been accepted by the BC Human Rights Tribunal. It is common for resolution to take more than two years.

Like the other options we have mentioned, a human rights complaint is likely to sour or end your relationship with your practitioner. The amount of time it takes to resolve a complaint is such that, in practical terms, it does not result in improvements in your care. It is also a formal, adversarial process that can be extremely stressful.

A human rights complaint may be a more viable option if you no longer



need care from the practitioner or service. Speaking to others who have accessed health care from the same office or practitioner may support a group complaint. This can have a greater impact, as well as reducing the stigma attached to a single complainant.

Be a Self-advocate

In the current environment, patients, and those they trust, need to be proactive and strategic in their advocacy for the care and services they need—to prevent discrimination, rather than being in a position of reacting after it has happened.

This means being selective about when and how you challenge the perspective of your practitioner. It can also mean always having medical records on hand to give to a new practitioner or one who is being asked to complete a form for a benefit.

Since it can be difficult to remain calm or remember what you want to say when speaking to a doctor who has little time or who may be biased, it can be helpful to bring a trusted person with you to appointments.

Sometimes, effective self-advocacy can resolve a particular concern, as well as educating the practitioner—a win-win situation. In other cases, self-advocacy may mean reaching out to people you trust to find a new practitioner before things become unmanageable or unsafe.

Reach Out to an Organization

There are several organizations that support self-advocates and may be able to help you navigate a difficult situation with your health care provider. Family Support Institute, BC Aboriginal Network on Disability Society and condition-specific organizations, like Autism BC, are some examples of organizations that may be of assistance.

Write to Your MLA

For more systemic concerns, consider writing to your MLA's office to bring the issue to their attention. This can relate to a particular practice in a government-managed medical facility or to the need for funding for specific services.

Please Note: Nothing stated or implied in this article should be taken as legal advice. Anyone considering taking legal action should get legal advice about their specific situation.

SALINA M. DEWAR, B.A., LL.B. IS A LAW CLINIC ASSISTANT WITH DABC'S DISABILITY LAW CLINIC AND A PERSON LIVING WITH A DISABILITY.

DABC STAFF ON HEALTH CARE

As an advocate, I've seen doctors make snap judgements about whether a person is eligible for PWD, rather than going through questions in the application that look at daily limitations. With CPP-D approvals, for example, there is a very low approval rate on application. But we do well at the appeal stage, so what does that tell you?

There are some conditions that have additional burdens of gender bias. Illnesses like Fibromyalgia affect more women than men so are under-researched. And once you have a diagnosis for one of these illnesses—if you're "lucky enough" to even get one—then doctors will often blame any other symptoms on that illness.

Another problem is the "15 minute" limitation for doctors' appointments. The more complex a health condition is, the harder it is to have your issues fully dealt with. We need to advocate for a provincial funding system that trusts doctors when they say a case is more complex and needs more time, and to bill that time appropriately.

www.disabilityalliancebc.org

DABC STAFF ON BIAS IN HEALTH CARE

There is an age bias in health care, too. People with disabilities who are older have been told their health problems are due to age. On the other hand, one of our younger staff was told, "You're young, you'll grow out of it."

• • •

Doctors will occasionally ignore a disability if someone is overweight. They tell the patient to lose weight, instead of determining if the client could benefit from receiving the PWD monthly nutritional supplement, for example.

• • •

Most of the medical community learns about conditions based on research on white or light skinned bodies, so this affects people with disabilities with darker skin. And advocates know that some communities have radically reduced access to pain management based on race.



we are all

DABC Statement on MAID

This is an excerpt from DABC's statement on Medical Assistance in Dying, released in June 2022.

Bill C-7 allows people with disabilities to be eligible for MAID if they are enduring physical or psychological suffering "that is intolerable to them and that cannot be relieved under conditions that they consider acceptable" (Criminal Code s241.2(2)(c)).

This eligibility has been misused to include situations where the intolerable suffering is caused by societal conditions, not medical conditions. These societal conditions include but are not limited to: the inability to afford treatments, the inability to access sufficient care, and the inability to access safe and affordable housing.

In such cases, poverty is the true condition leading to intolerable suffering, not the disability itself.

Allowing access to MAID for those who do not meet the reasonably foreseeable natural death (RFND) requirement, while simultaneously failing to implement adequate safeguards, has inevitably led to people accessing MAID because of unmet societal needs or due to ableism within the medical profession itself, and not due to the effects of medical condition(s) on the people who have them.

DABC has heard directly from clients who have experienced their doctors suggesting the possibility of accessing MAID, even though they never asked for this. Clients have expressed feelings of worthlessness and not feeling safe with their doctor.

Until people with disabilities are provided with social support and services that allow them to live a life where their societal needs are met, DABC cannot support Bill C-7, and calls for it to be repealed.

■ Read our full statement at https://disabilityalliancebc.org/dabc-statement-on-medical-assistance-in-dying-maid-and-bill-c-7.

Rediscovering What Matters A Story of Involuntary Detention 1 by Anonymous

on't worry, this story has a happy ending, so far. All the boxes on the "checklist for a happy life" are ticked, like a loving spouse and family, great friends, achievements at university and in the workplace, a secure home and even a couple of dogs to complete the picture.

But the road to this picture of domestic bliss took complex routes through BC's mental health system. I'll summarize by saying that I spent a few of my young adult years experiencing psychosis. I was certified multiple times under BC's Mental Health Act, with accompanying involuntary hospital stays, and then spent a year certified outside the hospital under the Extended Leave Act.

Encapsulating the experience of involuntary treatment is a little more difficult.

Our Act authorizes detention and involuntary treatment related to mental health in hospitals and health care facilities throughout BC.

While involuntary treatment did play a role in eventually determining the medications that worked for me, the side effect of that treatment was ongoing, disabling trauma that went unacknowledged and untreated by the mental health system.

You don't need to have your hands and feet restrained or be put into the solitary confinement of a "quiet room" or be held down and injected with an antipsychotic drug in order to come out of involuntary treatment with significant trauma — though many people have experienced these violations multiple times.

Many people find it disturbing to learn these and other actions are allowed under BC's *Mental Health Act*.

For my part, I refuse to believe our nurses feel intrinsically motivated to tie down another human being, restrict their access to fresh air or drug them against their will. I believe the incitement to those inhumane actions flows from the archaic legislation that still governs involuntary treatment in BC today.

After my own experience coming through the meat-grinder of the mental health system, I was picking up the fragments of my life, feeling threatened and vulnerable. During that time, my incredible spouse gave me a gift. She asked me, "If you could do something, what would you do?"

Pondering the answer gave me back meaningful choice, after it had been taken from me, in the most profound ways. There are infinite ways my wife has supported me over the years, but that question was the seed of so much growth for me, for us, and for the community.

That picture of domestic bliss I mentioned: medication didn't cre-

For my part, I refuse to believe our nurses feel intrinsically motivated to tie down another human being, restrict their access to fresh air or drug them against their will.

ate any of that. It all started with my spouse's asking me one question.

I think questions are a big part of self-determination. The immediate necessary reform of BC's *Mental Health Act* begins with the government having the courage to stop dictating what happens to people living with mental distress, and having the vision to ask the right questions.

We know what we're struggling with and what we need. Ask us.

This will benefit all of the individuals, families and communities in BC who need support with mental health issues.

Take it from someone who has seen a question blossom into a loving, healthful, meaningful life.

ANONYMOUS IS A HEALTH JUSTICE LIVED EXPERIENCE EXPERT. T

Planned Giving

You've always been there for others.

Now, you can continue to give beyond your lifetime.

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

By planning ahead, you can research charities or have someone research charities for you that fit your values.

Why Consider a Planned Gift?

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

You can also provide a significant future donation without reducing your income today.

A gift in your Will to DABC will help us 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.

We're Here to Help

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 us at 604-875-0188 or feedback@disabilityalliancebc.org. We will send you DABC's Planned Giving information to review with your financial planner or lawyer, family and friends.

Planned Giving Resources

- Brochure (https://tinyurl.com/yxbmn3b2)
- Information Sheet (https://tinyurl.com/yxnhgs5f)

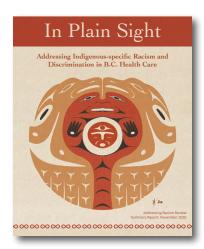
Learn More About Us

https://ww.disabilityalliancebc.org

Disability Alliance BC www.disabilityalliancebc.org

Indigenous Racism in Health Care

In June 2020, BC's Minister of Health, Adrian Dix, launched a review of Indigenous-specific racism in the provincial health care system. Over a six-month period, almost 9,000 individuals directly shared their perspectives with the review, and approximately 185,000 Indigenous individuals were reflected in the analysis of health sector data. Below are the five key findings of the *In Plain Sight:* Addressing Indigenous-specific Racism and



Discrimination in BC Health Care, Summary Report. https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf

Widespread Indigenous-specific stereotyping, racism and discrimination exist in the BC health care system.

"I am afraid to go to any hospital. When I do have to, I dress up like I'm going to church [in order to receive proper treatment]. It's ridiculous."

Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous peoples in BC.

"Racism is not just hurtful words or ideas—in health care, it leaves Indigenous peoples suffering without proper care. In the moment when you need health care, it is too much of a burden..."

Indigenous women and girls are disproportionately impacted by Indigenousspecific racism in the health care system.

An obstetrician told the review about the terrible treatment received by an Indigenous woman who has a history of trauma and sexual assault. The woman attended a BC hospital to have a child by C-section...[t]he obstetrician witnessed an anesthesiologist [saying] that, "People like her should be sterilized."

Current public health emergencies magnify racism and vulnerabilities, and disproportionately impact Indigenous peoples.

An elderly Indigenous woman who has multiple medical issues – including one that complicates the ability to communicate ... made two visits to the local hospital ... She was experiencing severe abdominal pain, cramping and constipation...Despite her communication challenges, she was not permitted to have a family member attend hospital with her due to COVID-19 policies.

Indigenous health care workers face racism and discrimination in their work environments.

"My 17-year career-long experiences demonstrate that Indigenous-specific racism and discrimination is found at every level of the health care system, and throughout educational and professional environments."

A New Tool to Report Racism

According to the World Health Organization, up to 4 in 10 patients can be harmed in health care settings. For Indigenous patients, this harm can be both more likely and more frequent.

When patients report harm, it can be a risky process. The relationship between you, your provider and the health system can be damaged. In serious situations, this loss of trust changes how your provider interacts with you or means a loss of health care access.

While we do not know how frequently this occurs, Indigenous patients have reported that those who harm may seek to discredit their experiences as they work to defend themselves.

The British Columbia Association of Aboriginal Friendship Centres (BCAAFC) has partnered with the Safespace Networks pilot project to give Indigenous patients across BC the ability to submit their positive and negative health care experiences through a safe, anonymous online portal. The portal also provides resources to support you after you've shared your experience.

You can see and use this new tool at the site below.



BCAAFC Safespace https://safespace.healthcare/bcaafc



Improvements to the DTC Application You Should Know About 1 by Cynthia Minh

n June 2022, the federal government updated eligibility for the Disability Tax Credit (DTC) in the categories of mental functioning and life-sustaining therapy. These positive changes come after many years of feedback that the categories were too restrictive.

The DTC is a principal disability support, not only because it provides tax relief for people with disabilities, but because it is a gateway to other important benefits including the Canada Worker's Benefit, Child Disability Benefit and, significantly, the Registered Disability Savings Plan.

While the tax credit is available for anyone with severe and prolonged restrictions in physical or mental health, people who apply under the mental functions category consistently see the most rejections compared to other categories.

Here are some highlights of what these changes mean.

Mental Functioning

The mental functioning category was previously divided into three sections:

- adaptive functioning,
- memory, and,
- problem-solving, judgement and goal setting, taken together.

From 2021 onwards, the mental functioning category has been further broken down into these subcategories:

- adaptive functioning
- attention

- concentration
- goal setting
- judgement
- memory
- perception of reality
- problem-solving
- regulation of behaviour and emotions
- verbal and non-verbal comprehension

Medical practitioners are asked to assess how severely their patient is restricted in each sub-category by evaluating their limitations in certain activities listed on the form. Someone with very limited capacity in any sub-category or some limitations in multiple sub-categories will qualify for the DTC.

Life-sustaining Therapy

People who need therapy to support a vital function will now require therapy only two times a week (instead of three) for 14 hours a week.

These hours can now include time spent on:

- medical food or formula required for therapy
- assistance from others to perform activities related to therapy
- recuperation after therapy
- time spent on calibrating dietary or exercise restriction or regimes, if they are related to prescribed therapy or medication

After years of advocacy efforts to relax eligibility for those requiring insulin therapy, people living with Type-1 diabetes no longer have to

show proof of the number of hours spent on insulin therapy. Under the new criteria, they will now automatically qualify for the DTC from 2021 onward.

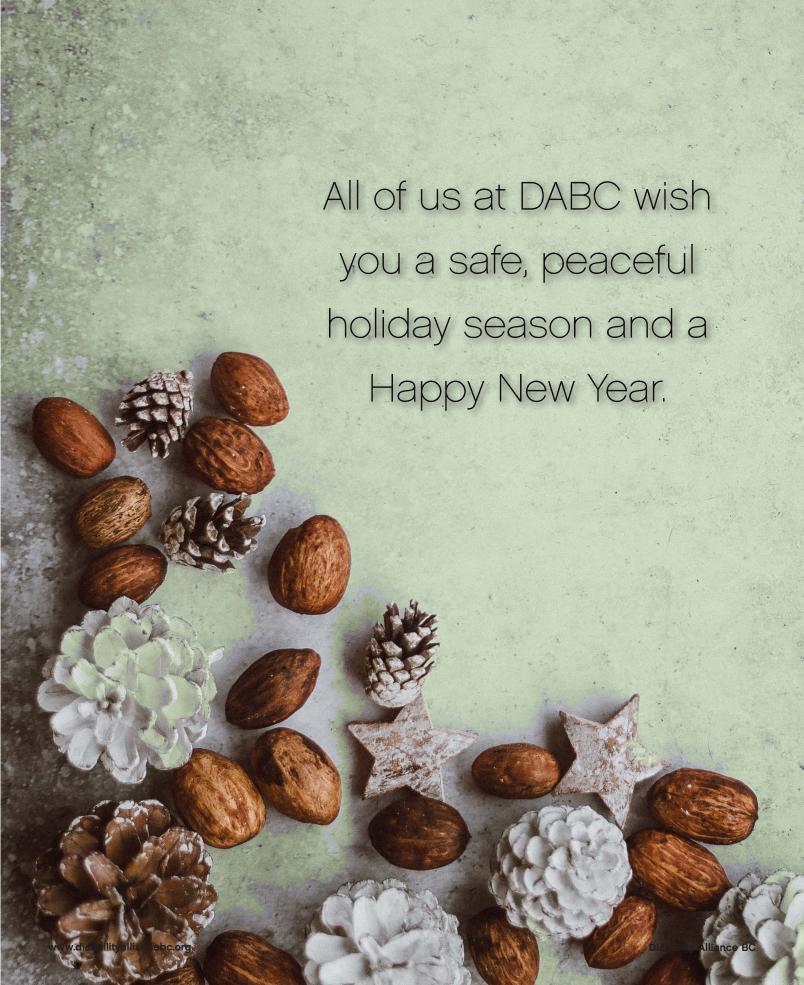
It remains to be seen how these changes will affect DTC approval ratings. While the Canada Revenue Agency (CRA) hopes that these changes will clarify eligibility criteria in these specific areas, there is less space for practitioners to provide examples of restrictions that are not listed on the form. This may cause many eligible applicants to think that their conditions do not qualify.

At DABC, our Access RDSP advocates are still advocating for changes to the form that will more adequately capture people's lived experience and will continue to work with individuals and practitioners to prepare DTC applications. Considering the many disability benefits and supports that are connected to the DTC, it is vital that everyone that would benefit from the DTC still tries to apply.

More information on these changes can be found here: https://www.canada.ca/en/revenue-agency/services/forms-publications/publications/rc4064/disability-related-information.html#toc5

If you need assistance with your application, please contact DABC's Access RDSP program at rdsp@disabilityalliancebc.org.

CYNTHIA MINH IS DIRECTOR OF DABC'S TAX AID AND ACCESS RDSP PROGRAMS. T



A Message from the Disability Law Clinic Team

DABC's Disability Law Clinic (DLC) has been a hub of activity since our last update in Transition.

Growing Team

Through 2021 and 2022, the Clinic has welcomed several new faces. Leon Thompson joined us as the Clinic's first articling student (lawyer-in-training) in August 2021. Leon is a nehiyaw napew (plains cree man) from the Sweetgrass First Nation in Treaty 6. He is the first member of his nation to earn a law degree. His passions are as broad as the prairies, and include human rights, Indigenous revitalization and petting dogs.

In March 2022, the clinic added a second full-time lawyer to its team.

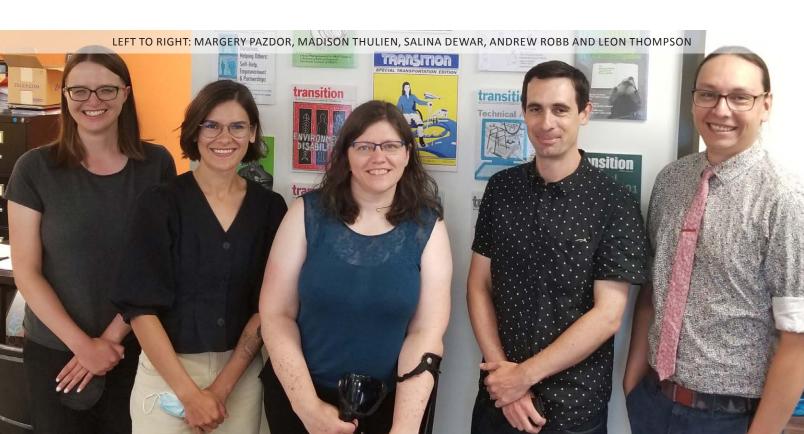
Margery Pazdor grew up in Ktunaxa and Shuswap territory on the shores of the Columbia River and has been practicing law since 2016. She started her legal career working in class actions, including representing survivors of the Woodlands institution in their class action lawsuit against the Province of BC. She spent four years practicing labour and employment law before joining DABC.

During the summer of 2022, the Clinic benefited from the work of Madison Thulien, a second-year law student at the University of Victoria. Madison was introduced to disability advocacy in 2018 when she began doing community-based research with youth in BC dealing

with substance use services and policy. Her interests are focused on the intersections between law, health and human rights, especially for people who experience stigma and social exclusion.

Public Education Events
The Clinic continues to provide
public education. Staff presented
at three sessions at the Provincial
Advocates Training Conference in
2021, as well as numerous other
venues including:

- October 2021: presentation about the Accessible BC Act for the BC Society of Transition Houses Annual Training Forum
- December 2021: presentation about human rights and acces-



- sibility laws for the BC Council of Service Providers for the Deaf and Hard of Hearing
- February 2022: on-camera interview for a video about access to justice barriers in BC. https://www.youtube.com/ watch?v=gsptFFZS2CE
- May 2022: panelist at Continuing Legal Education BC's "Planning for Health Care Decisions" seminars
- May 2022: presentation about human rights and accessibility laws for Inclusion BC's "Everybody Belongs" conference
- August 2022: presentation about human rights and accommodation for Autism BC

Notable Case Involvement In the past year, we have represented clients at the Employment and Assistance Appeal Tribunal, the BC Human Rights Tribunal, the Canadian Human Rights Tribunal and the BC Supreme Court.

One notable case involved an individual who was required to apply for CPP-Disability benefits as a condition of eligibility for disability assistance from BC's Ministry of Social Development and Poverty Reduction. Following provincial policy, the client's CPP-D benefits were deducted from their provincial disability assistance.

The client was later found to have received an overpayment of CPP-D, through no fault of their own. They were told they had to pay back the benefits received from CPP-D, even though those benefits had already

been deducted from their provincial disability insurance. The client asked the Ministry to reimburse them for the overpayment amount they had to repay to CPP-D. The Ministry refused, but the Employment and Assistance Appeal Tribunal (EAAT) rescinded that decision.

Read the EAAT decision here: https://decisia.lexum.com/bceaat/sdpr/en/item/513549/index.do.
To the best of our knowledge, the EAAT has never before directed the province to reimburse a recipient of disability assistance for income that had previously been deducted from their benefits.

Another exciting decision came from the BC Human Rights Tribunal indicating that we had successfully defended an application to dismiss. We represented an Indigenous woman with disabilities who was discriminated against by her employer. The employer asked the Human Rights Tribunal to dismiss the complaint without a hearing, but the Human Rights Tribunal agreed with us that the complaint should be heard. We will continue to support our client as her case goes forward.

Challenges

DABC and the Disability Law Clinic are working in a hybrid mode — part-time in the office and part time at home. Follow us on social media or sign up for our e-newsletter for updates on when we will be offering in-person services—we hope that will be soon. You can see our social media icons and enewsletter sign

We represented an Indigenous woman with disabilities who was discriminated against by her employer.

The employer asked the Human Rights Tribunal to dismiss the complaint without a hearing, but the Human Rights Tribunal agreed with us that the complaint should be heard.

up ("Sign up for Updates") at the bottom of any page on our website https://disabilityalliancebc.org.

Number of Cases

In the past year, we have assisted approximately 539 people with information and referral services and provided summary advice to approximately 107 people.

We provide legal advice to people with disabilities throughout BC. If you have a legal issue listed in one of the areas listed on our website, please leave us a message at 236-427-1108 (Toll-free 1-800-663-1278) or email us at lawclinic@disability-alliancebc.org.

You can learn more about us at https://disabilityalliancebc.org/program/disability-law-clinic/.



Programs and Projects

BC Housing

Canada Mortgage and Housing Corporation

City of Vancouver

ESDC, Lu'ma Native BCH Housing Society

Insurance Corporation of BC

Law Foundation of British Columbia

Ministry of Social Development and Poverty Reduction

Ministry of Public Safety

Vancouver Coastal Health

Vancouver Foundation

Dedicated Funders

BC Hydro Employees Community Services Fund

Canada Helps Giving Fund

PayPal Giving Fund

Provincial Employees Community Services Fund

TELUS Employees Charitable Giving Program

And generous donors like you!

We gratefully acknowledge the financial support of the Province of BC and BC Housing.





Tips for People Facing Health Care Barriers

BY CYNTHIA MINH AND SHARAREH SAREMI

ack of access to health care
services is one of the biggest
barriers to applying for important
provincial and disability benefits like
the Persons with Disabilities Benefit
(PWD), Canada Pension Plan Disability (CPP-D), Disability Tax Credit
(DTC) and Registered Disability Savings Plan (RDSP).

While Disability Alliance BC is unable to refer anyone to practitioners, here are some tips from our advocates.

Trouble finding a family doctor?

- Use telehealth services to speak to a practitioner more quickly. Telus Health https://www.telus.com/en/personal-health/my-care; Pathways Medical Care Directory https://pathwaysmedi-calcare.ca/
- Go to a walk-in clinic. Ask if you can see the same practitioner each time you go, so they can get to know you and better understand your medical conditions.
- Consult other health practitioners. Doctors are not the only practitioners that can help you access important disability supports. Nurse practitioners can fill out many provincial and federal applications. When applying for the Disability Tax Credit, you may be able to consult other practitioners such as an occupational therapist, psychologist, speech language pathologist, physiotherapist, audiologist or optom-

etrist for support with certain eligible categories.

For more information visit: https://www.canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities/disability-tax-credit/how-apply-dtc.html.

Gather all relevant medical information

- Ask any specialists you are seeing to send medical reports to your primary practitioner, so you have a central hub for all your medical information when applying for benefits.
- Before your medical appointment, prepare some notes about the questions on the application form. This will help your practitioner understand the restrictions you experience on a day-to-day basis and provide accurate answers on the form.

Use available tools

- A symptom tracker will help you report any changes or trends in your symptoms to your medical practitioner.
- Online tools can help you with your application for benefits.
 Check out Prosper Canada's Benefits Wayfinder to learn about benefits and supports you may be eligible for. https://disability. benefitswayfinder.org/
- DABC's Disability Tax Credit Tool will help you prepare answers for your medical practitioner



to include in your application. https://disabilityalliancebc.org/dtc-app/

Understand eligibility criteria for different benefits

- Make sure you and your medical practitioner are aware of how each benefit—PWD, CPP-D, DTC and RDSP—defines disability. You can find this criteria on Prosper Canada's Wayfinder.
- And, remember eligibility is based on restrictions, not a diagnosis. When you apply for a benefit, provide details about how you are restricted in specific daily activities, rather than only saying you have Multiple Sclerosis, for example.

For assistance with federal or provincial disability benefit applications, please contact us at advocacy@disabilityalliancebc.org, or phone 872-1278 toll-free 1-800-663-1278.

CYNTHIA MINH IS DIRECTOR OF DABC'S TAX AID AND ACCESS RDSP PROGRAMS. SHARAREH SAREMI IS ADVOCACY ACCESS PROGRAM MANAGER. 1

Connect with DABC

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.

SERVICES & PROGRAMS

Our Advocacy Access Program
provides one-on-one assistance
with provincial and federal (Canada
Pension Plan Disability) income
supports and other benefits. The
Disability Law Clinic provides free
legal advice to people with disabilities about human rights and discrimination. We also offer advice to
people having problems with their
disability benefits. Tax AID DABC
helps people with disabilities living
on low incomes to file their income

taxes year-round. **Access RDSP** helps people with the Disability
Tax Credit and with opening a
Registered Disability Savings Plan
(RDSP).

Our programs and projects respond to community need and increase people's ability to participate and contribute.

GROWING PARTNERSHIPS

We stay 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 capacitybuilding, self-help guides and advocate resources, in readerfriendly language. Resources are provided free of charge, either by mail or from our website.

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).

You can also become a member or donate online at: http://www.disabilityalliancebc.org/about-dabc/become-a-member.

Please return your payment/donation with this form to: DABC, 1450-605 Robson Street, Vancouver, BC V6B 5J3.

THANK YOU FOR YOUR SUPPORT!

Please check the applicable boxes: ☐ New membership or ☐ Renewal		
☐ Voting Member or ☐ Non-voting Member		
Voting members are people with disabilities and self-help groups where at least 50% of members have a disability.		
Name		
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Address		
City/Prov Postal Code		
Phone Email		

SUPPORT DABC!

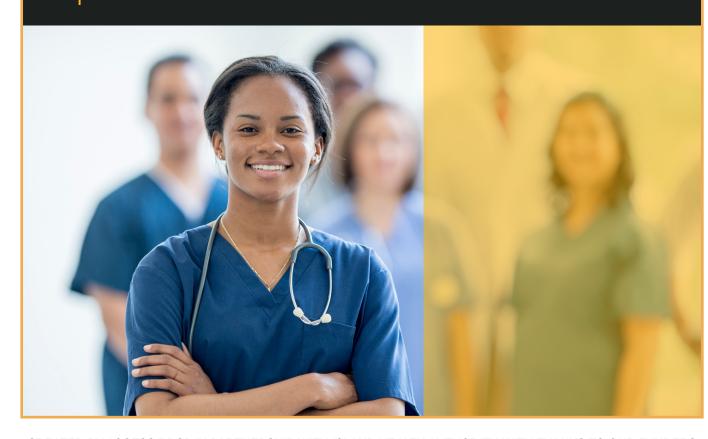
If you support DABC's work, please consider a one-time contribution or become a monthly donor. Our monthly donors help us to create a funding base we can count on.

Please visit our Support page at https://disabilityalliancebc.org/support-us for ways you can give.

Thank you for helping us continue our work on behalf of people with disabilities.

Icons designed by EpicCoders from Flaticon

A PRACTITIONER'S GUIDE TO THE DISABILITY TAX CREDIT



CREATED BY ACCESS RDSP IN PARTNERSHIP WITH ISLAND HEALTH AUTHORITY, WITH THANKS TO OUR FUNDERS BC'S MINISTRY OF SOCIAL DEVELOPMENT AND POVERTY REDUCTION AND THE VANCOUVER FOUNDATION. Download the booklet at: https://www.rdsp.com/wp-content/uploads/2022/09/A-PRACTITIONERS-GUIDE-TO-THE-DTC-RDSP.pdf







vancouver foundation

2021 Community Accessibility Grants

BY DANIELLE GAULD

Accessibility is a fundamental part of building a healthy community that supports everyone's well-being. This is what the DABC Accessibility Project Grants are all about.

We are waiting with excitement for the 2022 grant applications to come in. In the meantime, we are tracking the many success stories of the projects selected for funding in 2021.

With generous support from the Ministry of Social Development and Poverty Reduction, we were able to support 15 projects that are currently ongoing. They have all been working hard to contribute to positive changes for people with disabilities throughout BC.

Here is just a sampling of these innovative projects:

DANCE WEST NETWORK VANCOUVER

Collective Access Screendance Residency

This online cross-disability residency brings together people who love dance/movement and experience disability to co-create access-focused screendance (film that merges choreography with cinematography), grow skills and nurture leadership. Artists will co-create short dance films that centre dancers (and audiences) with myriad bodies, minds and senses. https://dancewest.net/projects/collective-access-screendance-residency

BELFRY THEATRE SOCIETY VICTORIA

Belfry Theatre Accessibility Initiatives

The Belfry Theatre is seeking to expand its accessibility programs (VocalEye, free tickets, hearing assist devices) and to partner with other organizations to create an Accessibility Hub, including a common calendar of accessible arts programming. They also offered an Access 101 workshop online for people in their extended community. https://www.belfry.bc.ca/ workshop-access-101-with-amyamantea/?utm_source=rss&utm_ medium=rss&utm_ campaign=workshop-access-101-with-amy-amantea

CHERRYVILLE COMMUNITY FOOD AND RESOURCE SOCIETY CHERRYVILLE Reaching Cherryville Residents Living with Disabilities

The goal of this project is to enhance the quality of life and support independent living for rural adults with disabilities. Aspects of the project include the Cherryville Express which provides transportation for people with disabilities; monthly employment for a local resident providing a meal program; system navigation, information, referral, and peer support; and, seeking a better understanding of how the organization can be more inclusive. https://www.facebook.com/CherryvilleCommunityFoodandRe-

sourceSociety/photos /a.272961179

789596/1399273930491643/



PEDAL SOCIETY VANCOUVER Our Community Bikes Deaf Access

The goal of this project is to provide an access point for the deaf and hard of hearing community to obtain or maintain bicycles as a form of transportation, learn basic bike mechanic skills and become part of the cycling community. This is being done through the hiring and training of a deaf mechanic and a cohort of deaf or hard of hearing volunteers, and offering monthly access programming. https://ourcommunitybikes.org/access-nights/

To learn more about DABC's Accessibility Project Grants, please see: https://disabilityalliancebc.org/program/accessibility-projects/

DANIELLE GAULD HAS WORKED IN THE NON-PROFIT SECTOR FOR OVER 30 YEARS. SHE LIVES WITH CHRONIC PAIN AND ILLNESS, AND IS EXCITED TO BE WORKING IN AND WITH THE DISABILITY COMMUNITY TO PROMOTE ACCESSIBILITY.



Tax Assistance & Information for People with Disabilities







Contact Tax AID DABC for Free Income Tax Assistance

SPECIALIZING IN MULTIPLE YEARS OF RETURNS

Program Manager I Disability Alliance BC taxaid@disabilityalliancebc.org https://taxaiddabc.org

Book Your Appointment Online

You can book your remote appointment with DABC online at http://disabilityalliancebc.org/direct-service/file-income-taxes/tax-appointment/. We also offer our services by email and mail. Please send your tax slips and photo ID to taxaid@disabilityalliancebc.org. We will contact you for follow-up.

Tax AID DABC helps people with disabilities in BC to file their income taxes. Please see details on the opposite page for our eligibility criteria.









CONTACT THE TAX AID REGIONAL PARTNER NEAREST YOU

- METRO VANCOUVER & FRASER VALLEY I VANCOUVER I DABC | 236-477-1717 | Toll Free 1-877-940-7797
- INTERIOR | KELOWNA | Ki-Low-Na Friendship Society | 250-763-4905 ext. 215



Yes, our income tax services are FREE.

Am I eligible for Tax AID DABC services?

We provide free tax-filing support to people receiving disability supports including: Persons with Disabilities (PWD), Persons with Persistent Multiple Barriers (PPMB), Canada Pension Plan Disability (CPP-D), WCB or the Disability Tax Credit (DTC). We also assist individuals with income below \$35,000 and those with family incomes below \$42,000.

What if I Haven't Filed Taxes for Years?

We help prepare simple income tax returns for the most recent tax year, as well as for previous years. One of our specialties is to help people who have multiple years of taxes to file.

What if I Don't Have All My Tax Documents (T5007, T4s)?

Don't worry! We'll contact government agencies to help you find them.

My Income is Low. Why Should I File Taxes?

There are many advantages to filing your income taxes! Our clients usually receive \$400 to \$600 in income tax credits for each year they file. People eligible for an income tax refund, and those with dependent children, often receive much more.

If you haven't filed your taxes for multiple years, your refunds may grow dramatically.

Other benefits you may be eligible for include:

- **GST Credits**
- BC Sales Tax and Climate Action Tax Credits
- Canada Workers Benefit
- Child Tax Benefits
- Registered Disability Savings Plan Grants and Bonds

Income tax filing can also help you qualify for MSP Premium Assistance coverage, subsidized housing, and other income-tested benefits.

What Should I do Next?

Contact Disability Alliance BC or one of our Regional Partners. We'll set up an appointment to meet with you. Call us today! We're here to help.

CONTACT THE TAX AID REGIONAL PARTNER NEAREST YOU

- VANCOUVER ISLAND I VICTORIA I Together Against Poverty Society I 250-361-3521
- NORTHERN | PRINCE GEORGE | Active Support Against Poverty Society | Toll-Free 1-877-563-6112

Disability Alliance BC



SHARPWORKPLACES

What Can You do About Workplace Harassment?

I by Fiona Jackson

Workplace sexual harassment can be a difficult topic to talk about. But a Canadian study in 2019 reported that 25% of women and 17% of men had reported incidents of sexual harassment in the workplace.

Don't let the numbers fool you; it's by no means that rare an occurrence. We also know that fewer than half of those who experience workplace harassment ever report it.

And, having a disability can make you even more vulnerable to workplace sexual harassment. According to a workplace study by Statistics Canada's, women with a disability were more likely to have experienced both inappropriate sexualized behaviours (35%) and gender-based discrimination (16%) than women without a disability (20% and 7% respectively)." (Workers' experiences of inappropriate sexual behaviours, sexual assault and gender-based discrimination in the Canadian provinces, 2020. https://www150. statcan.gc.ca/n1/en/catalogue/85-002-X202100100015).

SHARP Workplaces is a federallyfunded program that provides free training and resources to small businesses and non-profit workplaces in BC. We help both employers and workers understand their rights and responsibilities when it comes to sexual harassment in the workplace.

With our series of free online training sessions, workers and employers learn about what workplace sexual harassment is and how to respond to and prevent it. We have sessions just for employers on how to create a workplace policy using a free template (did you know that all workplaces in BC must have one?), and another on what employers need to know to investigate reports of sexual harassment in the workplace.

A session designed just for workers outlines the legal options and remedies available to anyone who experiences workplace sexual harassment.

We also look at the foundation of today's workplace sexual harassment with a session led by an Indigenous educator who shines a light on the roots of this behaviour in colonial violence.

Sessions are co-facilitated by experienced Ending Violence Association of BC (EVA BC) staff and legal experts from the Community Legal Assistance Society (CLAS), EVA BC's partner in SHARP Workplaces. CLAS also offers a free legal clinic for anyone experiencing workplace sexual harassment with up to five hours of free legal advice.

Find out more at https://sharpwork-places.org or email sharpworkplac-es@endingviolence.org.

FIONA JACKSON IS COMMUNICATIONS MANAGER FOR ENDING VIOLENCE ASSOCIATION OF BC. T

I TRANSITION

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.

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https://disabilityalliancebc.org/category/
publications/transition/

DABC general: feedback@disabilityalliancebc.org

Other Benefits of The Disability Tax Credit (DTC)

You may know that being approved for the Disability Tax Credit (DTC) can enable you to open a Registered Disability Savings Plan (RDSP). But did you know about the other benefits and credits it can help you access?

Contact DABC's Access RDSP Staff at Local: 604-872-1278, Toll-free: 1-800-663-1278 or rdsp@disabilityalliancebc.org.

If you're employed The DTC will allow you to claim:

 Up to \$713 through the supplement to Canada Workers Benefit (CWB)



If you have children The DTC can help you claim:

The Disability Amount for



- ChildrenThe Child Disability Benefit
- Increased child care deductions

amount of \$2,886

 Age limit extension to Children's Fitness and Art amount (no longer available after 2016, but may be claimed for the previous year)

If you have a trust

The DTC might help you save on the taxes you pay on your earnings through:

- Eligibility for qualified disability trust status
- Preferred beneficiary election option

If you own a home You may be eligible for:

 Home Buyer's Amount of up to \$5,000! People with DTC do not have to be first-time home buyers





If you have medical or caregiver expenses

The DTC can allow you to claim:

- Certain medical expenses (can also claim a Disability Supports Deduction)
 e.g. Attendant Care Services
- Caregiver Credit: People with DTC do not have to provide another supporting document from medical practitioners

If you're a full-time student

The DTC can allow you to claim:

 Certain education-related benefits, such as the \$500 Scholarship Exemption



www.rdsp.com

Access RDSP
Change your tomorrow today





we are all connected

Suite 1450, 605 Robson Street, Vancouver, BC V6B 5J3 (604) 875-0188 • fax (604) 875-9227 transition@disabilityalliancebc.org • disabilityalliancebc.org

OVER

YEARS OF ADVOCACY

Thank you to the Province of BC for their continuing support.

