



MLPD Update

**MLPD**

October 2012

## **Newsletter of the Manitoba League of Persons with Disabilities**

Produced by the Manitoba League of Persons with Disabilities  
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# MLPD Update **October 2012**

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## **Provincial Coordinator's Report** **by Diane Driedger**

The past few months have been busy and productive for the MLPD. There are five MLPD committees that are now meeting. The latest two committees to become active are the Fundraising Committee, co-chaired by Jess Turner and Shayani Fernando, and the Employment and Income Security Committee chaired by Daniel Halechko. These two committees are meeting to plan for future activities.

In November, MLPD representatives will be meeting with Peter Bjornson, Minister of Entrepreneurship Training & Trade to present him with the recommendations from the Poverty and People with Disabilities Workshop held last March in conjunction with the Allan Simpson Memorial Fund, the Social Planning Council of Winnipeg and the Council of Canadians with Disabilities.

We continue to collect complaints and kudos through the Transportation Inconsistencies Network (TIN) and we will be sending off a report to Transit and Handi-Transit shortly. We have received a lot of calls from consumers. If you have a concern or a compliment about transit, please call Deanna at the MLPD office.

Regarding the Primary Health Care Project, MLPD has held five focus groups in the last few months to hear consumers' stories about the primary health care system and how it is serving their needs as people with disabilities. We had a good turnout at the focus groups which were held in Winnipeg (2 sessions), Steinbach, Beausejour and Thompson. We also sent out our Primary Health Care Survey in the past few months through MLPD and other disability groups. We have received a good response! Thank you to everyone who has participated. Currently, Dr. Nancy Hansen from the University of Manitoba and I are compiling the final report to present to Manitoba

Health concerning how the needs of people with disabilities are being met.

There is a lot more happening at MLPD. Read on!

## **Update on Physician Assisted Suicide by Colleen Watters and April D'Aubin**

On June 15, 2012, the Supreme Court of British Columbia handed down its decision in the Carter case, opening the door for assisted suicide in Canada. Justice Lynn Smith found that the “provisions of the Criminal Code of Canada prohibiting physician-assisted dying, unjustifiably infringe the equality rights of Gloria Taylor, and the rights to life, liberty and security of the person of Lee Carter, Gloria Taylor and Hollis Johnson.” Gloria Taylor, a BC woman with ALS, was seeking the right for a physician assisted suicide at a time of her choosing when she felt it was necessary. The court ruled that physician-assisted suicide is constitutional under the Canadian Charter of Rights and Freedoms, and the Government of Canada was given one year to change the law legalizing physician-assisted

suicide under the Criminal Code of Canada. In the meantime, Gloria Taylor was granted an exemption which gave her the right to seek a physician-assisted death under certain conditions. In early October, Gloria Taylor died from an infection and did not act on the exemption granted to her.

The Government of Canada has launched an appeal to Judge Smith’s ruling through the BC Court. Following the Government of Canada’s decision to appeal the case, the Minister of Citizenship, Immigration and Multiculturalism, the Hon. Jason Kenney, PC, MP, wrote to the Council of Canadians with Disabilities (CCD) and stated, “Today, our government announced that we will appeal the decision of the BC Supreme Court that struck down the law banning euthanasia, paving the way for the legal killing of the elderly and infirm. My position on euthanasia has always been clear. I believe that the inviolable dignity of human life requires that we do everything possible to help those at the end of life to die with dignity, but that killing a person is never dignified.”

The appeal will be heard in 2013, and CCD and the Canadian Association for Community Living are seeking to be co-intervenors and David Baker of BakerLaw will be legal counsel. MLPD members

Rhonda Wiebe and Dean Richert co-chair CCD's Ending of Life Ethics Committee, and they are directing CCD's work on this case.

It is probable that this case could go all the way to the Supreme Court of Canada. If the provisions against assisted suicide contained in the Criminal Code are struck down, vulnerable Canadians with disabilities will be put at risk. We will watch this case as it moves forward.

CBC's *Fifth Estate* presented a profile of Gloria Taylor on October 12, 2012 entitled: "A Year in the Life and Death of Gloria Taylor". However, the program presented an unbalanced view which supported Gloria's desire for a physician-assisted death.

### **Sinclair Inquest Set for August, 2012: by Colleen Watters**

A date for the inquest into the death of Brian Sinclair has been set for August, 2012. Brian Sinclair was a 45 year old Aboriginal man with a disability who waited 34 hours in the emergency room at Health Sciences Centre for treatment of a bladder infection. He died sitting

in his wheelchair in the waiting room without being seen. The inquest into his death has been delayed several times for a variety of reasons, but has finally been called. You will hear more about this from the MLPD Ethics Committee as the date draws closer.

### **Thumbs Up Project – Community Edition-Phase-II by Daniel Halechko - Thumbs Up Coordinator**

The Thumbs Up Project is completing a physical audit of Portage Avenue West from Polo Park to Ferry Road (completion date August 31<sup>st</sup>). We have also started an audit of Osborne Village area for completion by November 30, 2012. Currently, many buildings on Osborne are being renovated. I will contact the building owners to encourage them to make their buildings more accessible

We have been analyzing the raw data as collected. We have been preparing certificates in recognition of facilities that have made significant efforts towards becoming fully accessible. (A list is available at the MLPD office).

Our intention is to circulate the certificates in late November and early December. We will have well over 100 awards to distribute. We will send out a press release and will be sure to give credit to our supportive funders.

During the month of December 2012 we will complete the Phase II Final Report and Recommendations. We have received \$10,000 worth of funding for the next phase from Winnipeg Foundation, which includes developing and piloting an educational curriculum and will begin in March, 2013.

## **Housing Forum By Deanna Ng**

As a member of the City of Winnipeg Council and committee member, Jenny Gerbasi hosted a housing forum at the University of Winnipeg on Wednesday, October 17 from 5:00 to 8:00 PM. She shared discussion from the 2012 Winnipeg Housing Policy Stakeholder Consultation forum from June 27. This was followed by a question & answer period.

A stakeholders' group developed OurWinnipeg (part of SpeakUpWinnipeg on August 17<sup>th</sup>, 2011), a 25-year plan to guide the

growth and development through physical, social, environmental, and economic means. This is a process where city planners speak with ordinary citizens. So far, they have contacted over 42,000 Winnipeggers to ask about their vision of Winnipeg's future. A street team was sent out to talk with people at malls, libraries and sporting events. Now, citizens can contribute to online blogs and group discussions.

This is a Complete Communities strategy that recognizes changes in the housing market, is looking at a new context, and recognizes the need to make the Winnipeg Housing Policy be up to date. It is set up to guide land use, development, and introduces a new urban structure. Wednesday's consultation was set for citizens to discuss current housing needs and priorities and to develop a draft policy document based on their feedback to support long term plans of the City of Winnipeg.

Out of the questions and comments made, there were common themes such as safe affordable accessible housing, and specialized housing for newcomers, elders, and people with disabilities. Citizens brought up a few new issues such as the need for multi income apartment

blocks balanced with safety needs for all tenants. It was agreed upon by those in attendance on the general lack of affordable appropriate housing for Winnipeggers in general and that this has escalated the housing crisis. This led to the discussion of homelessness due to high costs for rent or mortgage. Rooming houses were also discussed, where too often tenants live in unsafe conditions.

Questions raised included the following. Why are there so many boarded up old housing in the city, especially in West Broadway? Why is the EIA Housing Allowance not raised so that citizens may have a decent place to live? Why are there so many condo conversions especially in areas where people would rather not choose to live as they are unsafe? What about human dignity?

Some possibilities to solutions lie in the following questions. Could there be tax breaks for Housing Improvement Zones (HIZs)? Could government funds go to neighbourhood development agencies? Could there be higher taxes for developing in the suburbs? Could Manitoba Housing include more co-ops? Could all levels of government work alongside

housing developers to build or maintain housing?

Over all, it was a good discussion. The City would like to hear from you. You can participate by searching SpeakUpWinnipeg on Facebook, or Twitter, or visit their website at: <http://speakupwinnipeg.com/>

## **End to Homelessness? by Deanna Ng**

September 24-28 was declared Homelessness Awareness Week in Winnipeg by the Social Planning Council. At the U of W Richardson College on Wednesday September 26, 2012 a lunch & learn presentation was held on homelessness and what is happening to end it. The keynote speaker was Dr. Jino Distasio, Director of the Institute of Urban Studies Associate Professor of Geography. There was a panel including; Lucas Mainland – ACT Program representative from Mount Carmel Clinic, Richard Walls – CEO of Red Road Lodge, Joe Asch – U of W student, and Freeman Simard – Community Liaison Coordinator. This is what they had to say.

**Who does homelessness effect?**

According to the Canadian Homelessness Research Network, homelessness affects many people who have low income and no safe, affordable, accessible, permanent housing. Federal Statistics from 2007 suggest there are over 150,000-300,000 people without homes. Of those, about 25% to 50% have mental health disabilities.

Due to federal funding cuts, many programs lost funding to support people in need, resulting in more homelessness. Lack of and a dwindling supply of affordable homes has also caused this problem. This affects an overwhelming number of Aboriginal people due to many factors, including many coping as residential school survivors.

According to Steve Pomeroy in a study comparing four Canadian cities, it costs taxpayers \$66,000 to \$120,000 per person per year for hospital and prison stays. This is compared with the costs of \$13,000 to \$18,000 per person per year for supported living per year. According to the Institute for the Prevention of Crime, it costs a total of \$1.4 billion for tax payers per year. A study in BC found it costs 33% higher for social services used as they are used by people who are

homeless. There is a 30% cost reduction to tax payers if people have stable, affordable, safe, and accessible housing.

### **At Home Chez Soi**

This was inspired by research done in New York with the Pathways to Housing Project. At Home Chez Soi is a project from the Mental Health Commission of Canada. The federal government allocated \$110 million to the project. This started in the fall of 2009 as a research study looking at ways to help vulnerable populations in the community.

According to the report, previous to the experiment, participants had very low incomes due to lack of employment or supports. They all have varying disabilities including; mental health disabilities, physical disabilities, and chronic health conditions. They range in age, gender, and ethnicity, but typically were middle aged males who lived on the streets off and on averaging several years. A third of participants were involved in the justice system and most of the participants experienced injustices done to them while on the streets. 32% were robbed with force or threats; 42% were threatened; 35% were assaulted; 9% were

sexually assaulted; and 15% were a victim of other crimes. 4% of participants were war veterans for Canada or allied countries, and this does not include those who may have served in later wars such as Vietnam, Iraq, and Afghanistan. Almost half of the participants were involved in the Child & Family Services system as children. In Winnipeg, 70% of participants are from the Aboriginal community (First Nations, Métis and Inuit).

The MHCC, 2012 report showed this as the largest research project worldwide as it is in 5 different cities with different focuses. Vancouver focused on congregate housing (many people living in a common residential building) and in particular looked at people with substance use issues. Toronto focused on learning about ethno-racial specific services. Montreal focused on providing Housing First services in both community and institutional settings. Moncton focused on learning about services in a rural setting. The Winnipeg project has a focus on traditional Aboriginal approaches to housing, supports, and community.

Recruitment was completed by June 30, 2011. As of December 20, 2011, across sites, there were

a total of 2234 participants, 1254 in the experimental group (with housing) group and 980 in the control group (treatment as usual).

The way this project is happening is through a “housing first approach.” This is a recovery-oriented approach based on participant choice. Participants are given immediate access to permanent housing through rent subsidies and mental health supports. Depending on participant needs, these include Assertive Community Treatment (ACT) or Intensive Case Management (ICM). These are made up of a team of supporters, who make this study possible for participants. The team includes; social workers, case workers, nurses, psychiatrists, housing workers, and other professionals.

Participants are empowered by researchers allowing them to make choices for themselves including: where they will live, personal goals, and the supports they will use to get off the streets.

Reports from 2011-12 found participants have reconnected with their families, have a sense of safety and hope, went back to school, started volunteering, and have found paid work. Results have shown improved stability,

improved quality of life, and reduced costs to tax payers.

The goal of the project is to find ways to better support people with mental disabilities who face homelessness. The hope is to guide policy makers in using this approach to end homelessness once and for all. Over 1000 Canadians with mental health disabilities have been housed across Canada. However, some participants were re-housed. Reasons for this may include; being evicted or at risk of eviction, being hospitalized or incarcerated, and sometimes the participant requested to move as their current apartment did not meet their needs. Successful housing happened because participants were engaged with their service teams and that helped maintain their housing. Research findings prove that service teams need to take a more active, motivational approach to supporting participants and exploring alternative ways for treatment and engagement before participants face eviction.

This was done by biweekly visits by team members. Teams have begun to address challenges. This is by ensuring that employment specialists and partnerships are developed with agencies, helping participants with

illness management and recovery approaches, such as Ridgeway's *Recovery Journey*. Visits became therapeutic and recreational engaging and working towards addressing quality of life issues such as relationships, jobs, etc.

This study will end March, 2013. However the Mental Health Commission of Canada (MHCC) is working towards long term solutions for all of its participants, including permanent housing, social supports, and long term goals.

For more info, please visit:  
[www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)

## **ILRC Wellness Workshop by Deanna Ng**

I learned a lot from a wellness workshop at ILRC. Doug Lockhart was the presenter who made healthy living seem easy and enjoyable.

### Nutrition

According to the Heart & Stroke Foundation Nutrition is essential for good health. The following is general for adults age 19-50. Adults need about 7-10 servings of fruits & vegetables, 6-8 servings of grain products, 2 servings of milk & Alternatives,

and 2 servings of meat & alternatives.

### **What is a serving?**

Fruits and vegetables can be a cup of raw lettuce or spinach, half a cup of frozen vegetables, or a whole fruit.

Grain products can be a slice of bread, half a bagel, half a cup of rice, or 30 g or 1 oz of cereal.

Milk & alternatives can be a cup of milk, three quarters a cup of yogurt, or 50 g or 1.5 oz of cheese.

Meat & alternatives can be 75 g 2.5 oz, or 125 mL or half a cup of meat, or three quarters a cup of legumes or tofu, 2 eggs, or 30 mL or 2 tbsp peanut butter.

For more info on nutrition, please visit:

[http://www.heartandstroke.com/site/c.iKlQLcMWJtE/b.3484315/k.D9C8/Healthy\\_living\\_Eating\\_Well\\_with\\_Canadas\\_Food\\_Guide.htm?gclid=CPG22\\_2VklICFQXCKgodoz0AKQ](http://www.heartandstroke.com/site/c.iKlQLcMWJtE/b.3484315/k.D9C8/Healthy_living_Eating_Well_with_Canadas_Food_Guide.htm?gclid=CPG22_2VklICFQXCKgodoz0AKQ)

### **What about affordability?**

Some suggestions given were to grow your own garden, use coupons, look for sales or look on the internet. If that is not possible, one can join the Good Food Club, visit Agape Table Discount Store, and sign up for the Winnipeg Harvest Sweat Equity,

visit Canada's Food Guide farms, or join the Fort Whyte Centre.

### **Preparing food**

Meat needs to be well done, so rare steak doesn't cut it.

When preparing vegetables and meat, make sure the knife is thoroughly washed before cutting the vegetables as you don't want contamination.

Refrigerate leftovers as fast as you can as leaving it allows bacteria to get at it more easily. It is good to portion it in smaller portions.

### Exercise

According to the *Journal of Rehabilitation Research & Development (JRRD)*; Department of Veterans Affairs: Rehabilitation Research & Development Service (Volume 45 Number 2, 2008) many people with disabilities lead a sedentary lifestyle. Reduced fitness can become a secondary condition that limits community involvement such as work and recreation. Some barriers include; the built environment, cost of services or programs, equipment, policies, information, and education and training for centre staff. Out of the barriers, two major ones were the costs for joining a fitness facility and transportation to get there.

These researchers proved that regular moderate exercise

benefits you physically, mentally, and socially. Exercise reduces the risk of heart disease, diabetes, high blood pressure, cancer and other chronic conditions and even improves mental health. This moderate exercise can be 30-45 minutes of exercise 3-4 times a week. Lockhart suggested start slow – even 10-15 minutes per day. It is essential to do something you enjoy.

**Knowing this, some suggestions given include the following:**

ILRC offers physical exercise including: Able Sail, flying kites, swimming, and during the winter, the Leisure Education Program.

The City of Winnipeg Leisure Guide has listings of affordable ways to stay fit

At home, if you can get surgical tubing, this is good for different exercises such as curls and crunches. If not, try using various household items (e.g., water-filled milk containers) to work out. Every step counts like going for a few short walks during the day, getting up and walking around the house or apartment during commercials, using an exercise video designed for people with disabilities (e.g., chair exercises). If that is not available, yes, doing household chores counts as physical activity. So

cleaning the bathroom, doing the dishes, dusting, and vacuuming all add up!

More info can be found through the Centre for Disease Control & Prevention:

<http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

### **What about illness prevention?**

This starts by minimizing environmental hazards by knowing safety measures and policies.

It is a good step to get a restful sleep, at least 7 or more hours per night, depending on your body's needs

Everyone has negative stories, but it takes optimism to change the story into a positive one, even if it means that we learned something new. Good health means having a strong social circle of support – such as friends, family, and supporters. Reducing bad habits helps, by making SMART goals - Specific Measurable Achievable Results based Time based goals. You can do it!

### **What if one must encounter the Healthcare System?**

ILRC has a list of doctors and Nurse practitioners.

For prescription medication, ask your doctor or benefit provider to apply for Pharmacare. Klinik offers discount medications to those in the neighbourhood;

Costco also has discounts on medications.

At this workshop, we recognized that health and fitness are very important. Practicing what we learned will help us have improved quality of life, not only for ourselves but those around us.

For more workshops visit: [www.ilrc.mb.ca](http://www.ilrc.mb.ca)

## **My Path to Empowerment by Jesse Turner, MLPD Co- chair**

On September 25th, 2012, I was asked by the DisAbled Women's Network to participate in a Wellness Workshop centred on the forms of oppression disabled women face and what it means to feel empowered as a woman with a disability. It was an honour to co-present with Michelle Owen, Sociology Professor at the University of Winnipeg. For the first part of the evening, Michelle discussed the medical model of disability versus the social model of disability, and the various ways women have faced oppression as a result of other's perception of disability. My role was to share my journey towards becoming an empowered woman with a disability, of which I will share a bit with you now!

I was diagnosed at the age of 13 with a condition called Facioscapulohumeral Muscular Dystrophy, a degenerative neuromuscular disorder. At that age, I didn't think much when my neurologist told me I would one day be in a wheelchair, I was overly reoccupied by the thought that my peers may see me differently and treat me as an outcast. As a result, I spent much of my teen years and early 20's trying to hide my disability and "pass" as being non-disabled. This worked for the most part, until my condition started to progress.

As the muscles in my body started to weaken, I used a cane for a few years, then a walker, then a manual wheelchair and finally a power chair. But really, I didn't consider myself to be a person with a disability until I started using a wheelchair. I put off getting a wheelchair for many years, much to the detriment of my physical and mental health. My stubbornness meant I couldn't be as active as I used to be. I stopped going out as much, became increasingly isolated and, as a result, suffered a serious bout of depression. It took a long time for me to realize this was no way to live and finally made the decision to start using a wheelchair.

Getting my first wheelchair coincided with me attending university for the first time, and I can remember like it was yesterday the shame and fear I felt rolling around campus, again overly concerned about what others would think of me and my disability. During my first semester at university, I would get out of my wheelchair during lectures and sit at a desk as a way of saying to my peers that I am still “normal”. Looking back on that time, I now realize that I was not only doing myself s disservice but I was discrediting my peers’ intelligence and acceptance. By getting out of my wheelchair, I was not being true to my experience of being a person with a disability, and I was denying my peers the opportunity to learn from my experiences, the knowledge and perspective I brought to the table as an empowered person with a disability.

I credit my time at university as being the place where I became a part of a community and found my voice as a person with a disability. I helped to create a student group for students with disabilities, organized disability awareness events on campus, and participated in making the campus more accessible and inclusive. It was through direct interactions with others on campus

that I was able to explore what it meant to have a disability and explore the impact my disability has had on my identity.

I cannot count the number of times I had random conversations with other people on campus about my disability. I remember sitting in the hallway one afternoon, waiting for a friend, when a young, cute guy in his first year came and plunked himself down beside me. After making introductions, he started to ask me questions about myself and naturally the conversation turned towards my disability. This was one of the most honest and open conversations I had ever had with a complete stranger about my disability. He asked me all kinds of questions, but did so in a very genuine and respectful way.

Now, I will admit that at times these interactions with complete strangers did not go so smoothly and were not always positive. I have completely lost my composure and yelled at people because their approach to disability was so negative. But the interaction with the cute boy on the bench was another turning point for me. It made me realize that I can play an active role in shifting people’s perception of disability. If I am secure and have a healthy identity as a person with

a disability, this positive outlook can rub off on others. As the old saying goes, confidence is a very appealing quality.

Another very important experience in my life happened when I was at university. I met Kate, a young woman with a physical disability, who has since become my best friend. More than my best friend really, she is the only person who truly gets me. I can share anything with her, good or bad, and she gets it because of our shared experience. As our friendship has grown over the years, we have done a lot together and pushed each other to do things we normally wouldn't have done. We have travelled together many times and have set ourselves the challenge of learning to downhill ski this winter!

As my journey as a person with a disability has progressed, I can say that my friendship with Kate is the single most important gift that I have received. Her friendship has afforded me the opportunity to connect to another person, to share my feelings and experiences without being judged, and we have really helped each other develop a healthy, empowered identity as young women with disabilities.

Really, my journey towards developing a healthy identity as a person with a disability has been a slow one. I started off by completely denying my disability and try to "pass" as non-disabled, to becoming more open to the idea of living with a disability as being a positive thing. My journey started with making friends with a few other people with both visible and non-visible disabilities, and then I joined the student group and advocated for better accessibility on campus, and was able to find my voice as a person with a disability. I was then hired by Muscular Dystrophy Canada to run a transition program for youth with disabilities and now I work as an Accessibility Advisor and am an advocate for accessibility rights.

I hope my story will encourage readers to share their story with others, because our shared experience as people living with disabilities have the power to shift society's perception of disability.

If you would like to learn more about the DisAbled Women's Network, contact: dawnmb@mymts.net or 204-975-3275.

The next DAWN Wellness Workshop takes place on

Tuesday, November 6<sup>th</sup> at 6:00PM and will cover the topic: Good Food – The What, The Where, The How at the Society for Manitobans with Disabilities.

## **As Nature Intended by Joelle Moon & Deanna Ng**

Joelle Moon is offering an introductory package for \$25 where \$5 is donated to MLPD. She feels advocacy is very important to give people a voice and be heard about the issues that we face. This is her way of helping ensure that everyone's voice is heard.

In 2008 she started thinking of and creating As Nature Intended Skin Care products. She first started this idea from questioning the ingredients in products. Those of significant concern were those chemicals and products that were hard to pronounce or even define what they are. She researched both chemically processed products as well as natural products. One specific book that explains some of the natural products is Rosemary Gladstar's *Herbal Recipes for Vibrant Health*.

Since then, she has purchased other books to confirm the research before she starts preparing any of her products. She uses a variety of materials for research which includes; books, the internet, attending classes, and by word of mouth from others.

Joelle encourages people who buy her product to do their own research on the ingredients. She buys local ingredients to help reduce environmental and transportation costs.

As Nature Intended skincare products include; avocado green tea face lotion, body lotion, make up remover/cleansing oil, face toner, lip gloss, soap, and bath salts. To come are mascara and face powder.

I personally have used her soap and it has done wonders for my skin.

### **Where Can You Find Her Products?**

You can find her products at craft sales, farmers' markets, and her website. <http://www.asnatureintended.co/>

Products can be ordered online, by email, or by phone and delivered directly to your home.

JOELLE MOON  
AS NATURE INTENDED SKIN CARE

WWW.ASNATUREINTENDED.CO  
JOELLE@ASNATUREINTENDED.CO  
204.792.0028

**Introductory natural skin care kit available for \$25 (Retail value \$46). \$5 from each sale goes to MLPD.**  
*Package includes: 1.5 oz avocado and green tea face lotion, 2 oz lotion, 8 oz makeup remover/cleansing oil (can also be used on hair and nails), lip gloss, soap, bath salt, and free delivery.*

**TRANSIT  
INCONSISTENCIES  
NETWORK (TIN) at MLPD**

We have launched a Transit Inconsistencies Network (TIN). We are asking riders to document problems and exceptional service in regards to Transit and Handi-Transit by noting time, date,

number of the driver or taxi driver, and nature of the complaint or compliment, and submit it to the MLPD. We have forms for this purpose. You can email or call the office the information. We will be submitting your complaints and compliments to the Transit staff on a regular basis. We hope that action will be taken to address your concerns. In addition, we also encourage users of accessible taxis to make complaints directly to Gary Stillson, Acting Chief Taxicab Inspector at 945-0289. When you make a complaint about quality of service or lack of service, please let MLPD know as well.

## **CLOSING THE GAP, DISABILITY RIGHTS PENDANT**

Hilary Druxman, a Winnipeg designer, has created the “Closing the Gap” disability rights pendant for the MLPD and the DisAbled Women’s Network (DAWN) Manitoba as a fundraising tool.

“This simple, but meaningful pendant represents closing the gap of understanding between people with disabilities and the non-disabled world,” said Diane Driedger, MLPD’s Provincial Coordinator. The pendants are \$35.00 and available at the MLPD office or online at [hilarydruxman.com](http://hilarydruxman.com).



## **Employment & Income Security Committee**

The next meeting is on Thursday, November 29<sup>th</sup> from 1:00-3:00 PM in the MLPD boardroom and chaired by Daniel Halechko. If you are interested in attending or have any suggestions/ideas call Deanna Ng/Daniel Halechko at 943-6099 or email: [daniel22hal@shaw.ca](mailto:daniel22hal@shaw.ca)



## Save the Dates

### ILRC Event

**What:** Show us YOUR Talent!

**When:** Monday, December 3rd, 2012 (International Day of Persons with Disabilities) 10:30 registration goes from 11:00 AM to 2:00 PM

**Where:** Victoria Inn – 1808 Wellington

**Why:** In celebration of the United Nations International Day for People with Disabilities. Talent has NO boundaries! All talents are welcome. Hot lunch will be served.

**How:** Register with Natalie at (204) 947-0194  
[www.ilrc.mb.ca](http://www.ilrc.mb.ca)

### Disabilities Issues Office Event

**What:** Removing barriers to create an inclusive and accessible society for all backgrounds

**When:** 9:00 a.m. to Noon (Registration 8:30 a.m.) December 3rd, 2012 (International Day of Persons with Disabilities)

**Where:** First Floor, Winnipeg Convention Centre 375 York Avenue in Winnipeg

**Why:** In celebration of the United Nations International Day for People with Disabilities.

**How:** Please Register before Friday, November 23, 2012 to: [Tracy.MacMillan@gov.mb.ca](mailto:Tracy.MacMillan@gov.mb.ca), or call Tracy at (204) 945-7613 or Toll-Free at 1-800-282-8069, ext: 7613

### New Option to Donate!

MLPD is a Canadian registered charity. For an alternative method of donating, go to our website and look for this icon on the top right hand corner.

Or go to [CanadaHelps.org](http://CanadaHelps.org) and search 'MLPD - MANITOBA LEAGUE OF PERSONS WITH DISABILITIES INC.'





**MLPD Update** **MLPD** **October 2012**

**Newsletter of the Manitoba League of Persons with Disabilities**

## **Who We Are**

The MLPD is an organization of people with disabilities that works on concerns affecting the lives of people with various disabilities in Manitoba.

MLPD strives for improvement in areas such as accessibility, education, employment, housing, transportation, income security, and support services.

The MLPD supports Manitobans with disabilities with social policy research and consultation, public education programs, information and referral services.

### **MLPD Staff:**

Diane Driedger (Provincial Coordinator), Josie Concepcion (Office Manager), Daniel Halechko (Thumbs Up Project - Coordinator), Deanna Ng (Program Assistant)

### **The 2011/2012 MLPD Provincial Council:**

Paula Keirstead (Co-chair), Jesse Turner (Co-chair), Carlos Sosa (Vice Chair), April D'Aubin (Secretary), Terry McIntosh (Treasurer), Zephania Matanga, Colleen Watters, Nick Ternette, Shayani Fernando

**This newsletter is available in alternate media upon request.**

Produced by the Manitoba League of Persons with Disabilities  
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