

Dialect

Newsmagazine of the Saskatchewan Association for Community Living



Fall/Winter
2006

Special issue on deinstitutionalization

What do we mean by deinstitutionalization?

Renewed efforts to assist persons to leave institutions must be guided by values and principles that are known to achieve positive outcomes. Deinstitutionalization must be about more than simply closing large institutions, about more than simply replacing large institutions with smaller ones, about more than creating networks of group homes, and ultimately about more than substituting isolation outside the community for isolation within the community.

Community living means having:

- The right to choose where one will live, and with whom;
- Services/programs that are directed and controlled by the person and that are respectful of the right to make choices, and take risks;
- The right to individualized living arrangements and control over the required individualized funding;
- The necessary disability related supports needed to fully participate in the community;
- Support, as necessary, from friends/family/advocates to assist in decision-making (supported decision making);
- Services that meet all identified needs and are of high quality, portable and accessible.

(reprinted from *Institution Watch*, Summer 2006)



In a colossal example of bad luck and worse timing, Bill Hogarth ran away from the institution and had a seizure while he tried to climb aboard a train. He fell and one leg was severed, the other was later amputated. When he was taken back to the institution, he says he was told, "Well, now maybe you won't run away." He grins. "But I did again anyway in my wheelchair." After 42 years in Valley View Centre, he now lives in Regina with some support. "The best thing," he says, "is I can go when and where I want."

*"Was he free? Was he happy?
The question is absurd;
Had anything been wrong,
We certainly would have heard."*

— Wystan Hugh Auden

3 Human rights complaint filed

8 UN protects rights

9 SACL supports action

17 "I worried for 30 years"

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Dialect

Winner
Bronze Media Award,
Canadian Association for Community Living
Memorial Award,
The Media Club of Canada
Certificates of Excellence for Outstanding Media,
U.S. Down Syndrome Congress

Our Mission

To ensure that those citizens of Saskatchewan who have intellectual disabilities are full, active and valued members of society and that they have worthwhile opportunities and choices in all aspects of daily life.

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Faith Bodnar

Not all citizens afforded citizenship, protection

As Canadians we are privileged to live in a country in which our rights of citizenship and participation in community are advanced and protected by our Charter of Rights and Freedoms, various provincial and territorial human rights legislation, and other international agreements to which Canada is signatory. These are protections that extend to all of us. As we enjoy and exercise these rights on a daily basis we should, however, be mindful that not all our fellow citizens are afforded such opportunity. We refer to the many thousands of Canadians with intellectual disabilities who remain trapped in institutions – some larger, some smaller – but all institutions just the same.

We view the institutionalization of persons with intellectual disabilities as a denial of their basic right of citizenship, a denial of their right to participate and contribute to community. We view the continued institutionalization of persons with intellectual disabilities as a failure by our society to recognize the value of persons with disabilities regardless of their particular label or perceived limited abilities, and a failure to acknowledge that institutions do not, and cannot, ever provide a person with the same type of personal control, decision making and autonomy that all of us take for granted in our personal lives. The continued presence of institutions in this country fails to recognize that there are proven, more appropriate ways to support persons with intellectual disabilities than to remove them from the

Undoing the impact of institutions:

"Publics and nations have not had to engage with disability because disabled persons can be considered isolate-able and relocate-able. At the same time, individuals trapped within institutional structures become increasingly non-adept at navigating extra-institutional locations. Thus, for instance in the film Rain Man (1988), the autistic character of Raymond (Dustin Hoffman) finds the world outside his regulated institutional life uninhabitable. The film's story argues that Raymond cannot return to the community because his disability prevents him from successful integration. We would argue that, at the least, Raymond's true incapacity has been produced by the experience of institutionalization itself. One's daily regimen becomes determined to such an extent that adequately managing a life beyond institutional walls must be shown to be impossible so that extraordinary limits on mobility can be justified as 'care.'" — Sharon Snyder, Asst. Professor of Disability Studies, University of Illinois, author, Cultural Locations of Disability (University of Chicago, 2006), speaking in Saskatoon, October 2006.

mainstream of society. We ask why persons with intellectual disabilities can live in the community in some provinces but not others? We ask why persons with the same 'label' can be supported to live in homes of their choice in some provinces while in others they are confined to institutions? Does this mean that persons with intellectual disabilities have greater or lesser value based on geography rather than personhood? We suggest this is not a matter of can persons with intellectual disabilities live in the community but rather a question of will we let them.

The Task Force reminds readers that the issue of institutions is not a debate about numbers; to engage in that debate is to detract from and lessen the

importance of the issue and indeed the value of the people involved. For example, to suggest that a facility is not an institution because it houses only 30 or 40 people rather than 50 people is to miss the point completely.

Institutions will cease to play a role in the lives of persons with intellectual disabilities (and be assured that we will reach that point eventually) only when our society provides individuals with full informed choice as to where they wish to live and access to the supports necessary to do so. To do less is not acceptable.

(Prepared for this issue of Dialect by the People First of Canada–Canadian ACL Joint Task Force on Deinstitutionalization.)

Human rights complaint filed against Manitoba government

Community Living–Manitoba filed an official complaint with the Manitoba Human Rights Commission in September. The human rights complaint was made on behalf of the 380 people who live at the Manitoba Developmental Centre (MDC) in Portage La Prairie, Manitoba. CL–Manitoba says that the continuation of the MDC and the institutionalization of the individuals living in it is an ongoing discriminatory act based, as it is, on the [intellectual] disabilities of the 380 individuals remaining there.

The complaint comes after many attempts over the past 18 months by CL–Manitoba to negotiate with the government various community living alternatives to continued institutionalization. The complaint outlines that the government has taken the wrong direction on services for people with intellectual disabilities. It was filed on behalf of those people living at MDC and with support of the many agencies CL–Manitoba works and

plans with throughout the province: service agencies, People First of Manitoba, People First of Canada, coalitions of social justice groups and families.

The government's December 2004 announcement to spend \$40 million on renovating and rebuilding the aging institution flies in the face of the Government's own 2001 *Full Citizenship: A Manitoba Strategy on Disability* report which acknowledges the human rights of all, the right to be free in the community and not be locked up under the rigid systems of an institution. This sort of housing is contrary to social policy trends in Canada today where the closure of institutions is a recognized and accepted trend.

Keeping people in institutions is a failure and violation of human rights. CL–Manitoba maintains that the Manitoba government has failed by not following its own policy direction nor in creating policy to bring people out of institutions. Keeping individuals in MDC also fails to utilize the expertise and considerable talents of 106 community organizations who would create options and enable community living if the government redirected funds and asked for their involvement. The Manitoba government has also

“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.” — Charles Darwin

Continued on page 4

failed to utilize the talents of staff at MDC to create community options for people.

The complaint filed in Winnipeg with the Manitoba Human Rights Commission cites the Public Trustee, the Commissioner of the Vulnerable Persons Act and the government Minister in charge, and makes the following points:

- The Public Trustee, as Substitute Decision Maker for the vast majority of individuals at MDC, has not acted and advocated in the best interests of the people they represent at MDC. The consequence of the Public Trustee's inaction leaves people in the institution in lieu of making placement decisions in the community for those people. It fails to create opportunities for participation in the community and it fails to access the supports necessary to enable people to live in the community. (In 2000 the Public Trustee acted positively and differently in the closure of Pelican Lake Training Centre and CL–Manitoba questions why it is not doing the same in 2006 for people at MDC.)
- The complaint further states that the Commissioner of the Vulnerable Persons Act has acted in a discriminatory fashion, condoning the decision of the Public Trustee at minimal or no community placement for these people and thus has failed “to consider all reasonable efforts have been made to find a community placement and the vulnerable person’s best interest when making that decision.”

The Commissioner’s responsibility in relation to vulnerable persons is to uphold four principles that form the basis of the Vulnerable Persons Act. These principles are:

1. Vulnerable persons are presumed able to make their own decisions on matters affecting their lives, unless they demonstrate otherwise.
2. Vulnerable persons should be encouraged to make their own decisions, with support if needed.
3. Like most people, vulnerable persons sometimes rely on the advice and assistance of support networks, which may include family members, friends, service providers and others they choose.

The Act recognizes the important role support networks play and encourages their assistance with decision-making, when necessary.

4. Assistance with decision-making should respect the privacy and dignity of vulnerable persons.

The current direction of the Public Trustee and the Commissioner of the Vulnerable Person’s Act has been sanctioned by the Minister and has been compounded by the Manitoba government choosing to expend \$40 million on MDC for rebuilding and renovation. Redirection of this available capital cost (\$100,000+ per person) combined with \$31 million annual operating costs (\$81,578 per person average cost) to alternatives that are both workable and more cost efficient would effectively end the institutionalization of these human beings. The amounts referred to are sufficient to fund community placements and utilize the talents and expertise of community agencies. This was one of a number of viable options presented to the Manitoba government as an alternative to MDC and rejected by them in the past 18 months.

The human rights complaint seeks to prove that:

- 1) Institutional options, no matter how presented by government or anyone
 - Do not advance rights of individuals.
 - Do not create participation in the community members.
 - Do not develop relationships with the community.
 - Do not provide and promote respect, dignity and self-determination and daily choices in most areas of living. In fact they create control over another person’s life.
 - Do not promote individuals in the spirit of the principles of the Vulnerable Persons Act.
- 2) That a wide range of options currently exists and others could be developed for the 380 individuals who currently reside at MDC in Portage.

This matter of individual rights and freedoms is also undertaken to hold those responsible for those rights responsible and accountable.



I hope

(This opinion piece was written by Lorri Solomon of Carlyle, a former staff at Valley View Centre, Moose Jaw.)

Floor paint comes in soft grey, dark grey and brick red. There must have been a good sale on that brick red paint; brick red was the colour I remember on the concrete floors of the tunnels that snaked under the cottages of Valley View Centre. I walked through the tunnels every day I worked at Valley View. The place is huge with literally miles of tunnels linking the cottages; small buildings that looked like separate little houses from the top view but resemble an ant farm from underneath.

I came to work at Valley View for the money. I would almost like to be able to tell you I was one of those “very *special* people to work there...with *those* people...” but I just can’t. The reality was I was 20, newly married; my husband was a student and I was a waitress. I ate a meal each day at noon because I only had to pay half-price, and then I did my best work. If I got tips, my husband got supper. We were barely making it.

I’ll never forget my interview at Valley View.

I was brought into an office and told that working at Valley View was mostly “custodial.” I knew what he meant by the way he said it. I said I could handle it, and I was in. I remember the starting wage was more than double what I was making as a waitress. I could breathe. I want to explain that I when I began work at Valley View, I knew nothing of institutions. I spent the first three days throwing up in the spray room. Many of the things that shocked me wouldn’t perhaps shock most people who are familiar with such things. I soon toughened up.

What I remember are the grey plastic mattresses with cotton sheets, and a counterpane in pastel pink, blue, green or yellow. A plastic sheet to protect the bottom sheet and one more sheet over that, small grey plastic pillow in a cotton case and the bed is made. How people could ever get warm in a bed like that was beyond me. Some had blankets, thin, cheap things. The

bed is wet, and by the dim light in the dorms, I get the person up, dry him with a towel and pull the sheets off and put them in the hamper. He shivers, naked, perched on a small piece of wood that would be a shelf between the beds if he had anything to keep on it, and continues to shiver even after I put clean pajamas on him. I soon learn to bring extra towels, because those sheets have no “absorb” in them. I learned that the hard way, by pulling the sheets off with a little too much gusto. Spending the rest of the shift soaked in someone else’s urine makes for a long night. It never occurred to me at the time to wonder how people could sleep in there where, in spite of seemingly constant cleaning, the smell never really went away. I couldn’t imagine lying in that bed, cold and wet; changing the beds was bad enough. I can imagine it now.

Valley View had its own hospital. I was impressed at the time. I thought it meant the place was progressive.

No waiting for these folks; they got their own.

Robin was a ward that housed both ambulatory (people who walk) and non-ambulatory (people who use a wheelchair)

residents. One day, an ambulatory guy pushed a non-ambulatory guy into the wall; non-ambulatory guy got a deep cut on his chin and I got my first experience on hospital. I wheeled him to a clinic area. I transferred him from the wheelchair to a padded table so the doctor could stitch up the gaping cut on his chin. As the doctor busied herself out of my line of vision, I attempted to calm him. He had cerebral palsy and he was very frightened. The combination resulted in such ferocious shaking that I was afraid he’d fall off the table. The doctor asked me to hold his head steady, and I did, cupping my hands on either side of his face, and using my forearms like a splint to keep his head in place. I kept my eyes on his eyes trying to get him to look at me, to distract him.

I saw the needle first out of the corner of my eye, it looked like an awl. That startled me because, although I had never been stitched, I was pretty sure that kind

“Many of the things that shocked me wouldn’t perhaps shock most people who are familiar with such things. I soon toughened up.”

Continued on page 6

of needle could not be for anesthetic. Before I could respond, the doctor forced the needle through the scar tissue on his chin and it popped up through the flesh on the other side of the cut. The guy screamed and snapped his head back; the thread ripped clean through his flesh. I jumped back, letting him go. He cried and shook. I successfully prevented him from falling off onto the floor. The doctor demanded I hold him while she continued. I refused. I asked her if she had forgotten to freeze him first. She explained. "No brain, no pain."

I refused to hold him down. She sent me away, and someone else took my place. I could hear him screaming as I first walked, and then ran away. I still can. When they brought him back to the ward he was pale, and sweating. His chin was stitched like a mask on a Halloween costume. I'm sure he took some of that punishment for me, for the inconvenience I caused her by refusing to hold him down while she stitched him without benefit of freezing. I tried not to think about what happened to him after I left the room.

They got the job done. I told him I was so sorry. I was told by my supervisor that the doctor said I was not to be sent up there again, and I was reprimanded for my behaviour.

I went to the CNO (Central Nursing Office), so upset by what had happened to this man. I struggled with it because she was, after all, a doctor and I wondered if they would believe me. I think they did. The man at the desk looked somewhat sympathetic, and in the gentlest way possible he told me they could replace me by morning. It was a lot tougher, he said, to replace the doctor. Over the years I made three more complaints to CNO. Each time the result was the same. Over time, I got the message.

I know there are people who say nothing bad ever happened at Valley View. I have a theory, and it's not an original idea. If you work there long enough, you get institutionalized, too. I could feel it happening to me. I began sleeping through the night again and after a time, I could even eat during my shift, provided, of course, that I didn't have to eat what they ate. Mashed potatoes with cheese sauce and bacon was a popular dish. I think peas were the vegetable, tough to tell really. Once food sits on a steam table awhile, all the green stuff smells the same. Better than breakfast, though, because

oatmeal splashed with liquid laxative and sugared with prescription pills could not have been a great tasting breakfast. I fed it to them all the same and ignored the puckered up faces that very clearly told me, "You know, this breakfast *sucks*."

Under the right set of circumstances, abuse will occur. Abusers know what those circumstances are, and they seek them out. To deny that abuse occurs regularly in institutions like Valley View means it is very unlikely there is a structure in place to catch and prosecute offenders. Think about it, there were hundreds of workers at Valley View when I worked there. The interview process was less than five minutes, and even if the turnover was only 10% a year, that still meant approximately two positions were filled every week. I wonder how many thousands of people may have been on payroll over the years. And in all that time, they managed never to hire a dud? Not once? Nobody has ever been abused at Valley View? What was put in place to prevent it? People were hired using the "warm body" recruitment method, and then, within weeks, sometimes within hours they were left alone with

people who could not tell on them. Sheer staff numbers, lack of screening, and the "don't talk, don't tell" method of service provision indicate that abuse

has to have happened at Valley View, assuming people are willing to discount first-hand accounts from people who lived there. There should be the assumption that abuse can happen, and that steps need to be taken to make sure it doesn't happen. I believe it is impossible to eliminate abuse in an institutional setting.

To be fair, there were people employed at Valley View who really liked some of the residents, and did their best to make their lives easier. As a result some people were treated well some of the time. However, even in the best places where people are kind all the time, and all staff are right with their world and nobody has cause or reason to take out their power issues and their angst on someone who cannot defend themselves, even then institutionalization is at its very best, a place to *house* people with many other people. It is not a home.

I say I work better under pressure; my mom says I have no basis for comparison. I think the same thing applies when people say they like living at Valley View. Having

"I believe it is impossible to eliminate abuse in an institutional setting."

had some involvement with the foster care system, the thing that always shocked and amazed me is no matter how badly they are treated, there were children who just wanted to go home to what they knew. Even when they knew they weren't safe there, they just wanted to go home. I don't know if that is what people think when they say they want to live at Valley View (when the person says it, and it is not the declaration of someone else) and I wouldn't presume that they all think that way. The point should be considered though. How can a person make an informed choice if they don't know what the other choices are? Isn't the devil you know always safer than the devil you don't know?

The meals come on steam tables and you don't have a choice of menu or meal times. The staff who strips your clothing off and cleans you *everywhere* might be someone you never met. The television programs that you watch are chosen by someone else. The clothes you wear come up from laundry in a large hamper; who knows who wore them last. Everyone in the place you live has probably seen you naked. You live with others you did not choose to live with. You cannot lie down for a nap without specific permission and you can't stay up late watching infomercials when you can't sleep. You can't sit and read the newspaper while you do your business in the bathroom. You can't sit and do your business *alone*. Outings involve more people than you, and they take you to places you didn't say you wanted to go to, you cannot have a pet, you cannot drink a beer, you cannot have sex and any outcry against this way of living is treated as a behaviour problem and dealt with accordingly.

What happens to those people in Valley View if it does get closed down? I think it depends on the person. I don't think anyone is saying to just open the doors and say "get out and stay out." I think we need to work together to make sure that every person has the supports they need, and that we need to work collectively towards that in a way that moves this thing forward. We owe them that. I owe them that.

I still think of the people I met as residents in Valley View. I am sorry I didn't stand up then. I learned to

turn my eyes down, shut my ears off and do my job. When I complained, increasingly less over the years, I was told it was just me. I was just too sensitive and I could be replaced. I accepted that at the time. The truth is I lacked the strength, the stones, really, the *balls* to stand up and do the right thing. My life has been without regret except for the Valley View years. That period of time stands out as the time in my life I failed an entire group of people because I valued them less than the salary I was paid. In hindsight, I sold out cheap. None of those people—not one—deserved that.

For months after I quit working at Valley View, I patted my pockets for keys to let me into my own bathroom. I got so used to the keys. Two years ago I ran into a man I met first when he lived in Valley View. He had an enormous key ring with a *lot* of keys on it that he wore chained to his belt loop. I asked the staff he works with what the deal was with the keys. He just carries the keys around, they said. He picks them up when he can find them, sometimes people give keys to him. He collects them, they said. They don't open anything,

they said, he just keeps them. But here's the thing. When he lived at Valley View, that man depended on someone else's keys to let him in and out of the ward. Someone else's keys let him in and out

of the bathroom, to the office and to wherever he was allowed to go. He learned from us that keys are really important, and all the important powerful people had them. Today, I think his collection of keys is his power. Those keys put him in the driver's seat of his own life. He carries more keys than any of us ever carry. I think I know what those keys open. I think those keys mean he can let himself in and out of his own day.

People will say because I was there 20 years ago that everything is different now. I sure hope it is. I hope there is a resident's council that meets with residents of each ward, and then takes complaints forward and gets issues addressed. I hope when staff or residents complain to CNO about abuse those complaints are followed up with an investigation. I hope people are fired, residents receive acknowledgement that they were abused, and they are supported to heal. I hope staff who blow the whistle are protected in the way the Labour Standards Act indicates they should be

Continued on page 8

protected.

I hope there is tons of education that is aimed at knowing what rights are and what abuse looks like and what you should do if you witness or experience abuse and that the residents get to attend those classes with the staff. I hope there are advocates hired by someone other than Valley View whose sole purpose and function is to ensure people who live there get their needs *and* wants met as they themselves define those wants and needs; that their voices are heard, and their plans get feet.

I hope informed consent is truly informed and that the people who say they want to live in Valley View have full objective information given to them about what life can be like outside of institutional living. I hope they are truly given supports to make decisions that affect their own life. I hope. I hope. I hope when someone says they want to live in the community, they have access to a team of supports who will make that happen, and I hope they have a farewell cake and they

are wished well in their new home by the staff and management of Valley View Centre.

I hope when a doctor abuses or neglects someone with a disability, that person knows to call the Human Rights Commission. That call is the second one made—right after the individual calls someone to find out how to write a letter to complain about the doctor, and right before the doctor is suspended pending an investigation. I hope every resident gets their own underwear and toothbrush, every day, on every ward, all of the time. I hope there have been changes. I hope the residents were involved in making those changes. I hope. I hope.

I hope.



(Solomon worked at Valley View Centre in Moose Jaw from 1983-1988.

UN delegates finalize treaty protecting rights of persons with disabilities

After five years of negotiations, countries meeting at United Nations Headquarters in New York agreed in August on a new treaty to protect the rights of persons with disabilities. “This is the first convention of this magnitude for this century,” UN General Assembly President Jan Eliasson said after the agreement was reached. He told the negotiators that they were conveying to the world “the message that we want to have a life with dignity for all and that all human beings are all equal.” Proponents of the 40-article convention maintained that the treaty was necessary because persons with disabilities represented one of the most marginalized groups and that their rights had been routinely ignored or denied throughout much of the world.

Article 19 specifically addresses “living independently and being included in the community.” States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community,

with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

- (a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;
- (b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;
- (c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

SACL supports human rights complaint

As President of the SACL, I'm proud to say we stand on the last edge of a receding era. It is the end of a time that, no matter how good the intentions, has taught our society that people with intellectual and other disabilities belong *over there* instead of *with us*. This era of institutionalization is disappearing with a few last gasps from those who fear change, those who feel family members are better off left alone until they die, from those who feel inclusion is fine for some, but not for all. We hear protest from those who cannot bear to think that the stories of isolation and abuse just might have been more than a few isolated incidents that happened to someone else, somewhere else. We see the shaking of heads by those who don't believe the "I was there" experiences described by people with disabilities who lived for years inside institutions. We support the bold and courageous move made on behalf of the people with disabilities who remain

Closing institutions and assuring a home in the community is perhaps the clearest and most urgent of the SACL's priorities. It is clear that in 2006 we know with certainty that institutions are not necessary and that we have known it for too many years. Yet it continues to be one of the biggest struggles we face because it tests our commitment to community living for all people. The struggle is at times consuming because the dissonance and debate is loud and often angry and above all extremely personal for those who are impacted.

Fundamentally, we cannot honestly claim success in achieving community living while people with

My colleagues and I from People First believe that an institution should be a thing of the past. In an institution, your rights are taken away and you are devalued. It is time to take a step ahead to inclusion and have people brought into the community with supports. And that is our position on this subject. We would encourage people from Saskatchewan to learn

inside a large institution in Manitoba. The process of convincing politicians, social service agencies and others about the value of community living has been painfully slow. Inhumanly slow for some people; sleepless nights are haunted by those inside who grasp our hands and ask us, "When is it my turn? I've been good for a long time. When is it my turn to come out?" We must act quickly and thoughtfully to make sure that, for whatever time people have left, former residents can enjoy their turn as part of our communities, as equal citizens, as our neighbours and friends, as people *with us* and not merely those relegated to remain *over there*.

disabilities in Canada remain in institutions. The inclusion imperative is clear: all people belong and have a place in the community. We know that the path to getting there is often rocky, taking twists and turns that relate to issues other than the right to live in community. While SACL focuses on this priority, we know that there are no half measures. Closing institutions challenges us like no other priority today. Our efforts in achieving it will be the measure of us and it will be the measure of all the other work we do.

as much as they can about the issue of closing institutions. We congratulate and support the actions taken by provinces that have closed their institutions and are fully practicing inclusion for all.



Judy McLaughlin,
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Coalition will press government to provide supports



Laurie Larson,
Chairperson, Saskatchewan
Deinstitutionalization Coalition

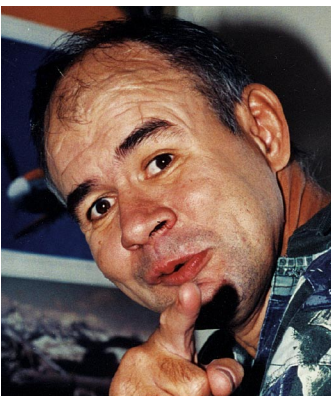
It's important that the SACL press for adequate and appropriate supports developed in the community for all individuals. I believe that if the government seriously developed and funded what is needed, we could handle both the closure and waiting list issues at the same time.

As long as the government sends out the message that inclusion is right, but

not for all, we face a roadblock in every aspect of our communities. As long as that group of "some" people exists, everyone runs the risk of becoming part of that

group. The only difference between my kids and those people is the year they were born. My sons are no more deserving of a life in the community than those people still inside Valley View Centre.

Not a single politician in this country would stand up and announce that they were going to build a new residential school for First Nations people; there would be rioting in the streets. But the Minister of Social Services in Manitoba can announce they will spend \$40 million to rebuild an institution for people with disabilities and there is relatively little objection. I want to get to the point where people would be just as horrified to hear of a new institution being built for people with disabilities as they would be if someone suggested a new residential school for First Nations people.



Carl Raymond

I remember: Carl Raymond, 13 years VVC

I shared a room with four people. Sometimes it was rough. Sometimes it wasn't. One of my roommates would go get a staff if I was having a seizure. They had so many resident, sometimes

they'd pick fights and sometimes they don't. Some would keep away from fights, but some wouldn't. There was a church there, quite a few staff there. You had to learn to be trusted before you could go to Camp. We didn't go out as much there, not like here. We go out here all the time. I'm not complaining. (*Carl lives in Biggar, Saskatchewan.*)

One is too many



The yellow and black ribbon campaign, designed by People First, is to let Canadians know that too many people are still locked in institutions. "We are horrified that Canadians keep institutions open. We are angry that new

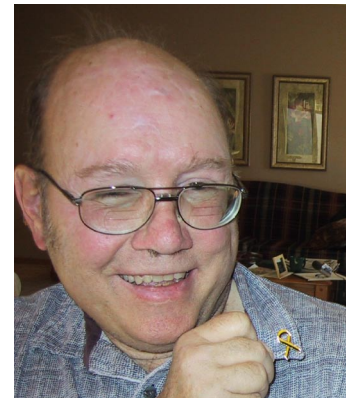
kinds of institutions are being built. The black ribbon is because people in institutions are not safe. Many have died. We mourn their deaths. The yellow ribbon is for liberation; we want all people in institutions to step into freedom. All people regardless of the severity of their disabilities should live in the community with the support they need." Ribbons are \$5.00 each and can be ordered from People First of Canada, 5 - 120 Maryland Street, Winnipeg, MB R3G 1L1 or email info@peoplefirstofcanada.ca.

I remember: Bill Hogarth, 42 years VVC

When I lived in Valley View one of the things you couldn't do was go out and if you wanted to go out, we had to have an escort all the time. Just even outside or anywhere. That was just outside the cottage. We always had to have someone with us and today it's still run like that. The doors are still all locked. I've been back to visit; I still have friends there. I think some of the staff that worked there are afraid of the residents taking off. I go back to see them; I don't feel bad any more about leaving them there. I've been out just over three years. Now I get to go anywhere I want, when I want. Like if I wanna go out now, I can go out [like an] adult. If I have to take my pills with me, I take my pills with me and I take them when I'm supposed to. But you can't do that at Valley View.

It doesn't matter how smart you are if you're at Valley View. They always look at you as being retarded if you're in there. I'll go back because I know that place upside down. There's a cemetery there, yes there is. It's right up a little ways from the curling rink. They just used to bury residents there. I went to a few funerals there, but you can't really call them funerals because they just took the residents in coffins, buried them there, but there was no priest or nothing. No family. The family didn't have nothing to say about it. They just went ahead and buried the residents there... None of that kind of stuff [Bible reading or singing] was done. They asked us other residents if we wanted to go. Some support staff would come, two residents. The only thing they never, they wouldn't tell us how the resident died. They'd just go, "Well, he passed away" but they wouldn't say how or why or nothing to us.

The best thing about leaving there is I get to go places where I want to go now. You know what I mean? It wasn't scary to come out. I was in there 42 years. Most of the people I met when I moved out, I knew them already. I think we all think the same way about getting out of there. Alls I can say is that's why I'm staying in People First because I want to see it happen, everyone moves out. I don't think it's right that some people say just leave them in there to die. Look how old I am. I'm 57 now. They were probably saying that about me when I was still there. When I've told people in Regina how old I am, they tell me say I don't even look that old. There's a lot of them there that don't look their age. Some of them might be [nervous] about coming out because they've pretinear been there all their life. I don't think it's right to say "just leave them there, that's the only place they know." I'd still like to see them out. If I can get out, then I'm sure they can, too. Behaviour-wise, in other words what I'm saying is, you gotta behave yourself, be good and you'll get out. If you keep doing that [being bad] for the longest time like I did, you need someone else's help to get out of there. You've got to talk to the parents too, to tell them, let them know what it was really like in there because they probably don't know what it was really like in there. *(Bill Hogarth lives in Regina, moving to a supported living situation three years ago.)*



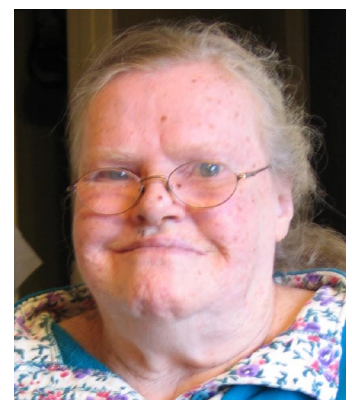
Bill Hogarth

I remember: Mary Lacey, 30 years VVC

They used to pull my hair when they were combing it. I fell down on the cement in the dining room and cut my head open. They want me to go to BBQ in June at Moose Jaw, but I don't want to go. I used to make beds Swaddle [Willow] Cottage. They told me what jobs I supposed to do. You didn't get to pick what jobs you want to do. We couldn't go out for coffee. We didn't go out to shop, just a little bit. People used to steal my stuff at Valley View. I share a room with other people. I didn't

get a key for my room. I couldn't help myself to the fridge. People try to eat my lunch. They used to grab my plate. Residents used to help themselves to stuff in my room.

(Mary Lacey lives in Biggar, Saskatchewan.)



Mary Lacey

I can't believe the difference



Anne and Angela Fitzgerald

Forty-four-year-old Angela Fitzgerald [of Saskatoon] was 10 when she was placed in an institution where she lived for 25 years. In the institutional setting, a suctioning machine was always nearby. Staff often strapped Angela—a tall, thin woman—into a chair to manage the speed with which she ate meals. Angela ate so rapidly that she often aspirated and had to be suctioned or even rushed to the hospital. On more than one occasion, her mother, Anne, was devastated by the advice of doctors to “just let her go.” One nurse

asked point-blank, “What kind of life can she possibly have anyway?” One day, Anne squared her shoulders, took a deep breath, and insisted it was not the life her daughter deserved. Anne felt that Angela, who was weakened from little activity, significant disabilities, and the repeated near-death bouts caused by inhaling food—including one that resulted in a collapsed lung—would indeed die unless she moved. Once she settled into a small group home, gentle, patient people surrounded Angela. They knew her old speed-eating habits would take a long time to fade. But fade they did during calm, soothing mealtimes where people offered Angela time and attention. “I think she started to feel safe and she knew she didn’t have to eat so fast. She hasn’t had to be suctioned once in that home and she even goes out to restaurants,” reports her mother. “I just can’t believe the difference in her at mealtime. She enjoys her life and people enjoy her.” (*from Breaking Bread, Nourishing Connections: People With and Without Disabilities Together at Mealtime, (Brookes Publishing, 2005), pps. 52-53.*)

Peer transition support offered



Diane Otterbein and Shane Haddad take the challenge.

In September 2006, Diane Otterbein, Coordinator for People First of Saskatchewan, challenged Shane Haddad, President of People First of Canada. If she

could raise \$500, would he shave his 25 year-old beard and moustache? He agreed, but with a challenge of his own. If he could raise the same, she would shave her head. The Big Hairy Deal campaign began. By the end of the month, the two had raised just over \$3000. This money will be used to support people who are in transition from Valley View Centre into the community. People First of Saskatchewan looks forward to providing peer support to people as they make the transition into the community. Contact Diane Otterbein, ph: (306) 955-3344, ext. 13 or by email: diane.otterbein@sacl.org to find out more about the self-advocacy movement and how to get involved.

Diminishing the institution in people's lives

Helping people learn to live more normally

(Shirley Gerein is the administrator of Biggar Community Group Home, Inc. Since 1988, her agency has supported 20 people with disabilities to live in the community. Twelve of those individuals came to Biggar after years of living in institutions.)

When we picked up one of the fellows to bring him home to Biggar, one of the staff at Valley View said, "He'll be back before the year is up." That was 10 years ago. People who knew him at VVC were worried about the frequency of his epileptic seizures. He hasn't had a seizure for almost two years now. When you treat people with respect and dignity in a more normal environment, it's surprising how those so-called behaviours they had in the institution start to disappear.

I've learned that people who lived in institutions have certain habits, survival skills, I guess. One of them is hoarding. All of their possessions are very important to them, anything, even food. One wonderful fellow who lived here, Murray, would sneak in the fridge and get bologna, wieners and cheese slices. If you came upon him when he was in the fridge, he'd look at you with these big puppy eyes and you just knew he was thinking, "Oh, no, I got caught!" I would put my arm around him and say, "What would you like to eat or snack on, Murray?" He'd look at me as if I was crazy. "You mean, you don't mind if I'm helping myself?" It took about five years before Murray felt comfortable helping himself to something in the fridge. Every time I came upon him looking in there, he thought he was in trouble for doing something bad. He needed to be constantly reassured that it was okay, that this is his house, that's his fridge.

Some of the people seemed to be afraid of bath-time when they came to us and deathly afraid of getting water in their eyes. One shy fellow would put his arm up to shield his face if you got too close to him. It took him about two years to trust us enough to stop doing that. When the first six men arrived here from North Park Centre, they all came in green or gold work pants. Most of them had a name printed inside their shirts. Some didn't even have their own name in the shirts. They said they used to get mixed up on laundry day and sometimes

you didn't get your own clothes back. What a great day when we went shopping and bought every colour they wanted!

We had a staff person here who once worked at Valley View. She told us lots of stories about what it was like. I remember being saddened to hear that staff who were kind to residents often got into trouble and got reprimanded. The people who work for our agency had a lot to learn as staff. We take so much for granted in our lives. We took the men to the show in the city. We had to ride an escalator up to the second floor. Little did we know they had never seen an escalator much less been on one and were scared out of their wits. Needless to say, they sat down on the escalator, riding up on their bottoms, hanging on for dear life. But they did it.

I remember when they got a key for the house, how important they felt. They used to talk about people in uniforms in the institution with keychains full of keys jangling down the hallway. They appreciate the choice whether or not to be involved in activities, what they want for meals, or to be asked what kind of chores they enjoy helping with. It's like they are learning the ropes in a foreign country.

The men really enjoyed going to the local barber in town and making friends with him. Before, the institution had someone inside cut their hair. They enjoy going out for coffee, shopping, bowling, talking to people they meet on the street. They enjoy getting out in the community every day. They feel really good when they can contribute to the community by delivering Meals on Wheels, volunteering at the church. They're giving something instead of always being the recipient of charity. I think the community is impressed to see people at the Volunteer Breakfast held every year. The community is impressed when they see someone out working at their paid job. Their neighbours enjoy doing little things for the people who live here, too, like cutting their grass. Then the guys return the favour and cut their grass. They're equals and this give and take is what makes for an inclusive community. That simply could never happen in an institution. Their lives are so much better outside.

The state of institutions in Canada

Task Force creates action plan

According to the Canadian Association for Community Living/People First of Canada Joint Task Force on Deinstitutionalization, **“an institution is any place in which people who have been labeled as having an intellectual disability are isolated, segregated and/or congregated. An institution is any place in which people do not have, or are not allowed to exercise control over their lives and their day to day decisions. An institution is not defined merely by its size.”**

While it is difficult for the Task Force to determine the full extent of institutional placements of people with intellectual disabilities, some details are known. The following is a snapshot of larger facilities and those most commonly used exclusively for people with intellectual disabilities. For more details, see the Summer 2006 issue of *Institution Watch*.

“One of the national goals is to collect complete and accurate information on all congregate care facilities across the country,” says Laurie Larson, chairperson, Saskatchewan Deinstitutionalization Coalition, “and this work is on-going. The current list includes those we are currently aware of and have some information about.”

Alberta: 6 large institutions housing 527 people

Saskatchewan: 3 housing 376 people (as of March 31, 2006 Valley View Centre has a population of 296)

Manitoba: 2 housing 596

Ontario: 3 housing 1,079

Quebec: 3 housing 525

Nova Scotia: 12 housing 696 (The government announced November 16 the opening of a facility for 25 people who “require a high level of support.”)

Prince Edward Island: 2 housing 37

CACI's 10-year plan, *From Values to Action*, calls for the following goals:

- By 2007, no admissions to large institutions.
- By 2010 close all large institutions for people with intellectual disabilities.
- By 2013 reduce by 50% those in inappropriate settings, like nursing homes.
- By 2015, all supported living based on choice, self-determination, individualized funding.
- By 2015, people with intellectual disabilities have access to the full range of housing options in the community.

Documentary on Woodlands survivors powerful

Woodlands opened in 1878 and was called the Provincial Lunatic Asylum. In 1897 it was renamed The Provincial Hospital for the Insane in British Columbia. It became the Woodlands School in 1950. It changed over the years and became what was supposed to be a refuge, a place where [people with intellectual disabilities]—or just the kids who no one else wanted—could come and be safe, protected by the caring arms of the state. But for many, the arms that held them were anything but caring. In fact reports of physical and sexual abuse have been circulating for years. It was eventually closed in 1996 and the B.C. government ultimately apologized, but the former residents say

that's not enough. CTV's *W-Five* investigative program recently aired a powerful documentary called *The Children of Woodlands*, featuring interviews with former residents and others, including the former B.C. Ombudsman Dulcie McCallum who researched and wrote *The Need to Know—Woodlands School Report: An Administrative Review*.

To order a DVD of *The Children of Woodlands*, contact: McIntyre Media Inc. 203-75 First St. Orangeville, ON L9W 5B6. Ph: 1-800-565-3036 e-mail: info@mcintyre.ca. The DVD is also available on loan from the SACL Resource Centre, 3031 Louise St., Saskatoon, SK, S7J 3L1.

Preserve resident stories and avoid repeating past mistakes

By Dick Sobsey

In November 1997, Canada's Minister of Justice requested that the Law Commission of Canada, an independent agency that advises Parliament on law reform, undertook a study of the pattern of physical and sexual abuse that had occurred in many of Canada's children's institutions. The institutions that were studied included orphanages, residential schools for aboriginal children, correctional facilities for young offenders, and institutions for children with special needs where systemic abuse took place. Some facilities exclusively institutionalized children, and others institutionalized both children and adults. The scope of the study was massive, stretching from the Atlantic to the Pacific and across most of the years of the Twentieth century. The Law Commission's study of institutional abuse focused on ten institutions where human rights had been systematically violated and abuse was endemic before belatedly being exposed. The purpose of the study was to help determine what went so dreadfully wrong, and what could be done to prevent a repeat of this tragic history.

The Law Commission study found that many characteristics of institutions foster maltreatment and neglect, including disconnection, powerlessness, and degradation but that the central feature of isolation from families and communities was an overarching

and universally destructive theme that bred abuse. Ultimately, the Commission concluded that the power of the institution to enforce silence was a critical element in every case. It called for bold steps to ensure that the stories of survivors of these institutions can be told. Telling their stories is a critical step toward easing the pain and facilitating the healing of survivors. Equally importantly, however, hearing those stories is the best assurance available to protect society as a whole from repeating the mistakes of the past.

In its report, the Law Commission condemned the inclusion of nondisclosure agreements that silence survivors as part of settlements and awards. It also called for "Truth Commissions" so that the stories of survivors might be told. It called for doing everything possible to preserve the stories of survivors of institutional care and institutional abuse so that we can benefit from their stories as part of our national legacy.

(Dr. Dick Sobsey, is Professor and Coordinator, Special Education Director, J.P. Das Developmental Disabilities Centre, University of Alberta. The excerpt is reprinted from "Facts and feelings: the untold stories," Afterword in Hear My Voice: Stories Told by Albertans with Developmental Disabilities Who Were Once Institutionalized, (AACL, 2005), pp. 229–239.)

"But most important of all is for us to celebrate the resilience of those thousands of people who, after years of confinement in the institutions of this province, are able to adapt to a new life in the community so readily and so enthusiastically. Let us celebrate how willing they are to forgive us as a society for doing what we did to them those many years ago, telling them they did not belong with their families and friends in the community." — Orville Endicott, Legal Counsel, Community Living Ontario





Jerry Wise

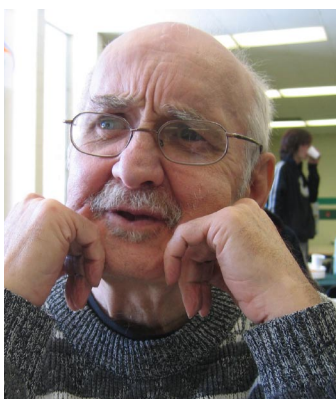
I remember: Jerry Wise, 15 years VVC

I remember you couldn't go anywhere there in Valley View without staff going with you. That's why I didn't like it there so much. I stayed on the cottages. I liked on Assiniboia cottage. I was born in Assiniboia, Saskatchewan, and then I

lived on Assiniboia cottage. Kind of funny. If I wanted to go out, I had to ask the staff to open the door. At night they keep 'em locked. Yeah. People they have a habit of running away. They keep 'em under security. They didn't like being there. I think that wasn't right. They shouldn't keep 'em locked up because some people like to go out on their own and look after themselves.... Sometimes a lot of these guys would get into fights and that with staff and I don't think that was right. There was one guy I used to know, he was a troublemaker. Some guys just mad and they just wanted to get out on their own and that. I didn't like that, all that fighting. I just try to stay away from that.... When people would be fighting and mad, the staff they

used to put them in the Side Room [when people would fight or get in trouble]. They used to give them needles, but then and now they give 'em pills. I never got that. Just guys that were kind of fighting and that.

I was always real sad to see these poor kids in beds and that, that's one thing. That's one reason I was glad to get outta there because I couldn't stand to see those poor people. Terrible. Everybody in infirmary, people they pee themselves and everything else. In bed, like cribs for kids. I don't know why they're there. They can't look after themselves, I guess, or families can't deal with it. Sad. Some mental problems. The last day when I moved, I saw it and I was glad to get outta there. The infirmary, it was more like a hospital but it's for people who can't get around and look after themselves. A lot of them died. Then they went in the morgue. I went there once. It's a terrible thing to see people suffering in there and can't get out. Even those that can't look after themselves, they should have their own place to live in. *(Jerry Wise lives in Calgary. This piece is part of a larger recollection that appeared as a chapter in Hear My Voice: Stories Told by Albertans with Developmental Disabilities Who Were Once Institutionalized (AACL, 2006).)*



Neil Mercer

I remember: Neil Mercer, 19 years VVC

I got out in 1975 and I went in there in 1956 so I guess that was a long time. It was like when you were in there you were always on the low end. You had to be at the bottom so the staff could be in control, like, and even the nice ones

still had to have the upper hand and you couldn't do anything you wanted. You had to have staff with you and they made the decisions. That was just their job. I was in 19 years and I don't think it's right that people say well, that's the only home you know so you have to stay there. Even some of them that really has

big problems, you know, big disabilities they could go somewhere nicer. I see people now who are really disabled, you know, and they don't live there so if they're out, then it doesn't make sense to say those people in there can't be out. It doesn't matter how much you pretty the place up, how many times you paint the tunnels or even get rid of the tunnels, or put some nice pictures on the wall, it's still an institution. It's not a home and people should just admit it. When I was there and I got to go downtown Moose Jaw, I always felt people were looking at me and thinking, "There goes one of those retarded guys from Valley View." That didn't feel very good. It's always going to be a place where the people with disabilities have to be the lowest and everybody else has all the control. *(Neil Mercer lives in Saskatoon.)*

I worried every day for 30 years

(Freda Randall, 89, of Regina recalls placing her son Keith in Valley View Centre in 1952 when he was only nine years old. With support from the Regina and District ACL and others, Keith returned to the community. Today, at 54, he lives close enough to his mother so that they visit regularly and attend church together each Sunday. Freda and Keith are members of PLAN and Freda believes the secret to Keith's happiness and security is his relationships with others.) This is Freda's story:

Keith is 54 years old, the youngest of three boys. He was born a beautiful baby boy and it wasn't until he didn't walk or talk when he should have that we learned he needed help. We were living in Pense and didn't know what was wrong with Keith. When he went to the Town Hall for the inoculations that babies have, those girls told us Keith needed help. You know, this is something that happens to the kid down the street; it doesn't happen to yours. The doctor... said yes, there was something wrong with him and he probably used the word then that we don't use now. He said there's nothing I can do for you, but if anything ever turns up, we'll let you know. After a short time at Harrow de Groot School, it was recommended that he go to Valley View Centre (VVC) in Moose Jaw. Mrs. De Groot said because of the expense for us to drive him in, she didn't really think what he was getting out of [school] was worth our while bringing him in.

We lived in Pense and had him home on weekends. It was then that we noticed when we turned west to go back to Moose Jaw, the expression on his face was not happy. When we turned east to go toward Regina, that was fine. Since he didn't talk, we always had to watch his face for indications as to how he felt. When Valley View gave us the opportunity to release Keith and go to a care home in Regina, it wasn't too hard to know what Keith wanted and what he'd like. So in 1993, he was brought out to Regina to live with a family. It worked very well for quite awhile and then he went to one or two other homes. Finally, he was moved to a so-called group home with three other residents. This has been a very successful move for several years. He's

always been well cared for.

You're right about that [frustrating to know he didn't like the institution but him not being able to tell us] It was very hard. I remember [taking him to Valley View] very well. It was an awful day. It was a hard trip. We had one other son with us and I can remember, Don was in the front and my husband Alvin was driving. Don kept turning around to see how I was handling it. And I can still see Keith going off. There was no objection; he was walking down the corridor hand in hand with the worker. He didn't know what was happening. In those days, you don't come to visit for six weeks. It was dreadful. That was in 1961. It was terrible. My husband wasn't very talkative. I don't know how we did it; we just had to feel it was right for him. It felt like this isn't happening to us, it happens to someone else. Six weeks, it was terrible. And we were only 20 miles away. Then, well, a visit with a child that doesn't talk to you is very difficult so we started to bring him home for visits. That was fine, but then the going back wasn't. Later... he didn't want to get out of the car when the girls came out to meet him. They had an annual picnic which we went to... and when they brought him out to meet us, evidently he'd hurt his leg. His leg was in a cast. I don't know the details of that and how that happened, but when the picnic was over and we went to take him back to what we thought was his cottage, he made a fuss. He didn't want to go back to that cottage... Well, he loves hospitals and doctor's offices and he let us know he didn't want to go back to the cottage. He wanted to go to the hospital and he made that very plain. I don't even know [how he broke his leg], I can't remember them giving us details and his arm got broken and they didn't even know how that happened. It was never set right so it's still just a little awkward in the shoulder.

My biggest fear, I just didn't think it was possible that



Freda and Keith Randall

Continued on page 18

he had to be there. I didn't really fear for his welfare. He went to camp once. Evidently he liked it because the next week when the next group was leaving to go to camp, he was insisting that he go with them. They had to give him a needle to calm him down, but that's how much he was telling them he wanted to go, too. He really let them know because I can remember them telling us they had quite a time. I didn't think until later that maybe that's how much he enjoyed getting out of there. Whether it was the camp or just getting away, I don't know. It just shakes me when I realize it was 30 years. It's a long time to worry. Even with all the moves we've made trying to get him a good place in Regina, anything was better than Valley View (VV). I can't tell you what he didn't like about the institution [because he could never tell me]. I just knew that he wasn't happy to go back... Now he's in what you call a group home, but there are only three people there... he's been there a few years and everything's been fine. He's the king of the castle there. Keith has the master bedroom. He's certainly has progressed a lot. I just feel I'm very fortunate that he's being looked after so well and he's happy and I'm lucky to have those people. I joined PLAN and we've had one meeting, and I'm glad I'm connected with that. It's certainly the answer for people my age.

I've never been back out to VV to go in it. We've driven by. I just hate the word institution. I've never

been back. I don't think about that [parents not wanting to bring a child out now], I would think they would be happy to do that for them. I know there were some people that had the opportunity to bring their child out and their child didn't want to come. They had a job, they were paid, they were happy and they could talk. I knew two families like that. Maybe they don't know what else there is, what it could be outside.

The intention was that it would close and we expected to hear that, but I hear there's more there than ever. I think the Manitoba complaint is wonderful. Good for them. I think there's more in VV now than when Keith came out. My husband was always worried about what we would do if Keith got out of VV and came home. But they assured us he would still be looked after financially, which he is. Alvin passed away in 1995, and that was the thing Alvin had to learn, to trust that they would help.

Whenever I go to events and RDACL seminars, I've always been glad to see the young mothers there who are involved in helping change things. I would hate to know that anybody would have to do what we did and take their child out to the institution.



International Day of Disabled Persons, December 3, 2006

The annual observance of the International Day of Disabled Persons on December 3 aims to promote an understanding of disability issues and mobilize support for the dignity, rights and well-being of persons with disabilities. It also seeks to increase awareness of gains to be derived from the integration of persons with disabilities in every aspect of political,

social, economic and cultural life. The theme of the Day is based on the goal of full and equal enjoyment of human rights and participation in society by persons with disabilities, established by the World Programme of Action concerning Disabled Persons, adopted by the United Nations General Assembly in 1982.

A thing of the past

By Bob Jones

On Dec.10, 2004 the Minister of Family Services and Housing announced that the government of Manitoba had allocated 40 million dollars for the “redevelopment” of the institution (Manitoba Developmental Centre) at Portage la Prairie...The position of the Minister is that some people “need” an institutional setting. This is not a valid position. The last 20 years of delivering community-based services have proven that what people need is supports and that the place to deliver these supports is the community, close to family, friends, and other citizens.

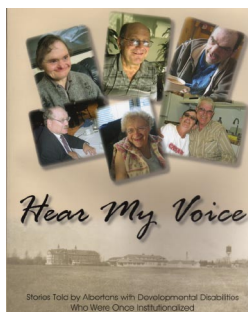
Institutionalizing people in large congregate and segregated settings is a thing of the past. The service model of the institution was born in a spirit of misguided charity and nurtured by the prejudice of the eugenics movement. It was and remains a place to put people “away.” It is inconsistent with gains in the arena of human rights and appropriate models of service design and delivery. Experience has taught us painful lessons about the futility of “total institutions.” There is no longer support for

ideas like the “redevelopment” of residential schools for First Nations Peoples or orphanages for children. This practice of removing people from their home community, congregating people by so-called “type,” segregating people in large facilities is part of a dark chapter in Canadian history. This is not a history to restore or redevelop. This is a history best resigned to the past. It is a practice that became part of the human service landscape prior to the time when all citizens had human rights regardless of disability or degree of disability.

It is time for Manitoba to take its place with other jurisdictions in Canada, the United States, and Europe that are committed to closing institutions and supporting people to live as citizens in the community.

(Bob Jones is an instructor in the Disability and Community Support Program at Red River College in Winnipeg. This piece can be read in its entirety on the Association for Community Living–Manitoba website: www.aclmb.ca.)

SACL resources and information available



Check www.sacl.org for periodic updates on the deinstitutionalization progress in Saskatchewan. Click on Deinstitutionalization Coalition item on the menu at left. Scroll down for downloadable issues of *Institution Watch*. The SACL's John Dolan Resource Centre has a

wide selection of books, videos and other materials on the closure of institutions, community supports and related topics including the new book, *Hear My Voice: Stories Told by Albertans with Developmental Disabilities Who Were Once Institutionalized* (AACL, 2006). Also available: *Looking Back Inside* This trio of awareness

training programs offers personal recollections of people who used to live inside institutional walls.

Of interest is the November 2006 issue of *A Human Future*, Vol. 5, No. 4, featuring “Changing Attitudes: Louise Arbour on Human Rights.” Editor Beth Porter speaks with Louise Arbour, United Nations High Commissioner for Human Rights since 2004. Arbour, appointed to the Supreme Court of Canada in 1999, is interviewed in advance of the United Nations General Assembly’s adoption of the new Convention on the Rights of Persons with Disabilities. www.larche.ca.

(Watch the spring edition of Dialect for more resources on this issue.)

Deinstitutionalization Coalition of Saskatchewan readies for change

Vision: That all individuals will live in the community with the supports they need and the quality of life that they desire.

Mission: On behalf of individuals who have an intellectual disability and who live in institutions, we will facilitate and ensure that they have access to a life in the community where they can exercise control over their lives.

Deinstitutionalization remains a priority for the SACL as all individuals, regardless of the level of their disability, can be and have the right to be included in society. With the proper accommodations, every citizen is capable of living a successful life in a home of their own.

This year, SACL partnered with People First of Saskatchewan to create the Deinstitutionalization Coalition of Saskatchewan (DCS). As founding members, SACL and PFS are in the process of recruiting other organizations concerned by the continued existence of institutions and willing to commit to advocating for alternatives. Including new members in the coalition is a main goal for rest of 2006. As a coalition, a vision and mission have been established, and DCS has adopted the PFC/CACL Task Force definition of an institution, including large and small facilities that are institutional in practice. "We have begun to develop communication materials, gather data about the range of institutional placements and are planning strategies to engage decision makers

and the community in our efforts," says Laurie Larson, DCS chair. "We are developing goals and objectives for the year, which will include drawing attention to the gaps in services and advocating for funded, appropriate community supports as an alternative to institutionalization."

The coalition is actively positioning the province to confront, come to terms with and address why there are still people with intellectual disabilities housed in institutions in 2006. As John O'Brien insists, 1972 marked the year that the argument could no longer be made that institutionalization was necessary. In that year, in every single case where it was argued that a particular person could not function or be supported in the community, and therefore must remain in an institution, advocates could point to a person with parallel complex, high needs living successfully in the community. Why, 34 years later, are we still fighting an outdated practice of incarceration in institutions?

Given the history of closures in other provinces and the evidence that a home in the community is less expensive than institutionalization, it is obvious that the only thing that keeps people isolated is the lack of commitment to change. The driving force behind the Deinstitutionalization Coalition of Saskatchewan is to ensure that those Saskatchewan citizens who have been left behind, forgotten in institutions and whose human rights continue to be violated, have the opportunity to live supported in the community.

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