

# CILT's Peer Links

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**Emergency Preparedness for People with Disabilities/Special Needs** ©  
*Information extracted from a Presentation made by Maxine R. Marz, MA,  
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The “**Emergency Preparedness Guide for People with Disabilities/Special Needs**” was produced by Emergency Management Ontario, a branch of the Ministry of Community Safety and Correctional Services, in partnership with the Accessibility Directorate of Ontario, which is a part of the Ministry of Community and Social Services.

Officially launched in May 2007, the guide was produced to better prepare Ontarians for an emergency, whether at work, at home or when traveling, regardless of their abilities.

In emergency situations, people with disabilities are affected in a variety of ways, depending on the type(s) of disabilities they have. **Mobility Limitations** may make it difficult for a person to use the stairs or to move quickly over long distances; **Vision Loss** can affect a person's ability to read signs or move through unfamiliar environments; **Hearing Loss** can make it difficult to respond to emergency warnings and to follow instructions to safety; and **Non-Visible Disabilities** may affect a person's ability to perform some tasks.

## Why Be Prepared?

Emergency situations can occur suddenly and without any warning. For example:

- Mississauga Train Derailment
- Peterborough Floods
- Ice Storm
- The Blackout
- Hurricane Katrina
- Tsunami

Although all levels of Government in Canada are cooperating in the effort to put emergency plans and response procedures in place to minimize the effects of major disasters, individuals and families are urged to take personal responsibility for being prepared and to be self sufficient for at least three (3) days following an

adverse event.

### **Basic Emergency Survival Kit Checklist:**

- Flashlight
- Radio & batteries (or crank radio)
- Spare batteries
- First-aid kit
- Telephone (that works in a power outage)
- Candles and matches
- Extra car keys and cash
- Important papers (identification)
- Non-perishable food/bottled water
- Manual can opener
- Clothing and footwear
- Blankets / sleeping bag
- Toiletries
- Medication
- MedicAlert Identification
- Backpack / Duffle bag
- Whistle (attract attention)
- Playing cards / books / board games

For additional items that are directly disability-related, please visit [www.ontario.ca/emo](http://www.ontario.ca/emo).

### **What Everyone Should Do:**

- Select a network of individuals at work / at home that will be able to assist you during an emergency.
- Make your network aware of your special needs.
- Practice the emergency plan with your network every 6 months.
- Familiarize your network with handling your special needs equipment.
- Prepare a network instruction list.

### **Service Animal Emergency Survival Kit:**

- Supply of food and bottled water
- Portable water / food bowls
- Manual can opener
- Paper towels
- Medications with explanation

- Medical records – vaccination history
- Leash / Harness
- Muzzle (if required)
- Blanket and toy
- Plastic bags
- Up-to-date ID
- Photo of animal
- Copy of license

**Pet owners should prepare similar kits for each of their pets and make arrangements with their family/friends to take care of their pet if evacuating the home might be necessary during an emergency.**

**Tips...Service Animal Emergency Survival Kit:**

- Keep all items in an easy to transport bag.
- Store bag in an accessible location.
- Help keep your service animal comfortable during the stress of an emergency.
- Check the kit every six months and replace water, food and medications.
- Replenish any borrowed items from the kit.

**Personal Preparedness Tips for People With Disabilities**

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February 2006

**T**his fact sheet is designed to provide a checklist for activities for people with disabilities to improve your emergency preparedness in a disaster or emergency. Preparation may seem like a lot of work. It is. Preparing does take time and effort. So do a little at a time, as your energy and budget permit. The important thing is to start preparing. The more you do, the more confident you will be that you can protect yourself and your family.

**Establish a Personal Support Network**

A personal support network is made up of individuals who will check with you in an emergency to ensure you are O.K. and to give assistance if needed. This network can consist of friends, roommates, family members, relatives, personal attendants, co-workers and neighbors. Some people rely on personal attendants. This type of assistance may not be available. What will you do in case of an emergency? How will you get along after an emergency strikes?

A critical element to consider in your emergency planning is the establishment of an additional support network. Even if you do not use a personal attendant, it is important to consider creating a personal support network to assist you in coping with an emergency. Do not depend on any one person. Work out support relationships with several individuals. Try to identify a minimum of three people at each location where you regularly spend a significant part of your week: job, home, school, volunteer site, etc.

In spite of your best planning, sometimes a personal support network must be created on the spot. For example you may find yourself in an (evacuation) reception centre and needing to assemble help for immediate assistance. Think about what you will need, how you want it done and what kind of person you would select.

### **Seven Important Items to Discuss, Give to and Practice with Your Personal Support Network:**

1. Make arrangements, prior to an emergency, for your support network to immediately check on you after a disaster and, if needed, offer assistance.
2. Exchange important keys.
3. Show where you keep emergency supplies.
4. Share copies of your relevant emergency documents, evacuation plans and emergency health information card.
5. Agree and practice a communications system regarding how to contact each other in an emergency. Do not count on the telephones working.
6. You and your personal support network should always notify each other when you are going out of town and when you will return.
7. The relationship should be mutual. Learn about each other's needs and how to help each other in an emergency. You could be responsible for food supplies and preparation, organizing neighbourhood watch meetings, interpreting, etc.

### **Travelling**

When staying in hotels/motels identify yourself to registration desk staff as a person who will need assistance in an emergency and state the type of assistance you may need.

## **Health Card:**

- An Emergency Health Information card communicates to rescuers what they need to know about you if they find you unconscious or incoherent, or if they need to quickly help evacuate you.
- An Emergency Health Information card should contain information about medications, equipment you use, allergies and sensitivities, communication difficulties you may have, preferred treatment, treatment-medical providers, and important contact people.
- Make multiple copies of this card to keep in emergency supply kits, car, work, wallet (behind driver's license or primary identification card), wheelchair pack, etc.

## **Emergency Contact List:**

- Ask several relatives or friends who live outside your immediate area (approximately 100 miles away) to act as a clearing house for information about you and your family after a disaster. It is often easier to place an out of province long distance call from a disaster area, than to call within the area. All family members should know to call the contact person to report their location and condition. Once contact is made, have the contact person relay messages to your other friends and relatives outside the disaster area. This will help to reduce calling into and out of the affected area once the phones are working.
- Besides emergency out-of-town contacts, the list should include your personal support network, equipment vendors, doctors, utility companies, employers, schools, day care centers, for other family or household members.

## **Emergency Documents** (includes important information typically needed after a disaster):

Store emergency documents in your home emergency supply kits. Copies of Life-Saving information (i.e., specifications for adaptive equipment or medical devices should be in all of your emergency kits and medication lists should be on your health card) should be stored in all of your emergency kits. Other emergency documents should be kept together with your home emergency pack - family records, wills, deeds, bank accounts, etc., for access in an emergency. These should be stored in sealed freezer bags with copy sent to out-of-province contacts.

### **Conduct an "Ability Self -Assessment" :**

Evaluate your capabilities, limitations and needs, as well as your surroundings to determine what type of help you will need in an emergency.

1. Will you be able to independently shut off the necessary utilities (gas, water, electricity)?

- Do you know where shut-off valves are?
- Can you get to them?
- Can you find and use the right wrench to turn those handles?

2. Can you operate a fire extinguisher?

- Have you practiced?
- Will extended handles make these items usable for you?

3. Will you be able to carry your evacuation kit?

- What do you need to do, in order to carry it; how much can you carry regularly; do you have duplicates at other locations?

4. Have you moved or secured large objects that might block your escape path?

5. Write instructions for the following (keep a copy with you and share a copy with your personal support network):

- How to turn off utilities; color-code or label these for quick identification
- Main gas valve, located next to the meter - blue; electrical power circuit breaker box - red; and Main water valve - green.
- If you have a reduced or limited sense of smell, alert your personal support network to check gas leaks.
- How to operate and safely move your essential equipment. Consider attaching simple to read and understand instructions to your equipment.
- How to safely transport you if you need to be carried, and include any areas of vulnerability.

## 6. How to provide personal assistance services.

- Remind anyone who assists you to practice strict cleanliness and keep fingers out of mouth. With limited water and increased health hazards, the possibility of infection increases. Keep a supply of latex gloves in your emergency supply kit and ask people assisting you with personal hygiene to use them.
- List all personal care assistance needs (dressing, bathing, etc.) with instructions on how best to assist you.
- Make a map of where to find medications, aids and supplies. Share with your personal support network.

## 7. How will you evacuate?

- Be aware of the barriers and possible hazards to a clear path of exit. Change what you are able to change (clear obstacles from aisles; secure large, heavy items such as book cases that may fall to block your path).
- Plan alternate exit paths.
- Know who can help you.

## **Communication: Practice Assertiveness Skills**

Take charge and practice how to quickly explain to people how to move your mobility aids or how to move you safely and rapidly. Be prepared to give clear, specific and concise instructions and directions to rescue personnel, i.e., “take my oxygen tank,” “take my wheelchair,” “take my gamma globulin from the freezer,” “take my insulin from the refrigerator,” “take my communication device from under the bed.” Practice giving these instructions with the least amount of words in the least amount of time. For example: the traditional “fire fighter's carry” may be hazardous for some people with some respiratory weakness. You need to be able to give brief instructions regarding how to move you.

Be prepared to request an accommodation from disaster personnel. For example, if you are unable to wait in long lines for extended periods of time, for such items as water, food, and disaster relief applications, practice clearly and concisely explaining why you cannot wait in the line.

## **Carry-On/Carry-With-You Supplies/Supplies to Keep with You at All Times :**

Packing/Container suggestions: a fanny pack, back pack or drawstring bag which can be hung from a wheelchair, scooter or other assistive device:

1. Emergency Health Information Card.
2. Instructions on personal assistance needs and how best to provide them.
3. Copy of Emergency Documents.
4. Essential medications/copies of prescriptions (at least a week's supply).
5. Flashlight on key ring.
6. Signalling device (whistle, beeper, bell, screecher).
7. Small battery operated radio and extra batteries.

## **Disability-Related Supplies to Add to Regular Emergency Kits:**

- Store supplies in areas you anticipate will be easy to reach after a disaster.
- Others may be able to share traditional emergency supplies, but you need these so store on top and in separate labelled bag! If you have to leave something behind, make sure you get these.
- Plan for enough disability-related supplies for up to two weeks (medication, syringes, colostomy, respiratory, catheter, padding, distilled water, etc.). If you have a respiratory, cardiac or multiple chemical sensitivities condition, store towels, masks, industrial respirators or other supplies you can use to filter your air supply. Do not expect reception centres, group lodging facilities or first aid stations to be able to meet your supply needs. In an emergency supplies may be limited.
- If you are unable to afford extra supplies consider contacting one of the many disability-specific organizations such as the Multiple Sclerosis Society, Arthritis Foundation, United Cerebral Palsy Association, etc. These organizations may be able to assist you in gathering extra low cost or no cost emergency supplies or medications.

## **Medication:**

It is best if you are able to maintain at least a 7 to 14 day supply of essential medications (heart, blood pressure, birth control, diabetic, psychiatric orphan

drugs, etc.) and keep this supply with you at all times. If this is not possible, even maintaining a three day supply would be extremely helpful.

Work with your doctor (s) to obtain an extra supply of medications, as well as extra copies of prescriptions. Ask if it would be safe to go without one dosage periodically, until an adequate supply has been accumulated? Make several copies of your prescriptions and put one copy in each of your survival kits, car kit, wallet, with your Emergency Documents and your evacuation plan.

Ask your provider or pharmacist about the shelf life and storage temperature sensitivities of your medication. Ask how often you should rotate stored medication to ensure that the effectiveness of the medication does not weaken due to excess storage time. If you are on medications which are administered to you by a clinic or hospital (such as methadone, or chemo or radiation therapy) ask your provider how you should plan for a 3 - 14 day disruption.

If you are a smoker, be aware that smoking will not be allowed in Reception Centres or Group Lodging facilities. If getting to an outside smoking area may be difficult for you, consider stocking your evacuation kit with nicotine gum or patches available by prescriptions.

### **Equipment and Assistive Devices :**

Keep important equipment and assistive devices in a consistent, convenient and secured place, so you can quickly and easily locate them after the shaking. Make sure these items such as teeth, hearing aids, prosthesis, mobility aid, cane, crutches, walker, respirator, service animal harness, augmentative communication device or electronic communicator, artificial larynx, wheelchair, sanitary aids, batteries, eye glasses, contacts including cleaning solutions, etc., are secured. For example: keep hearing aid, eye glasses, etc., in a container by bedside which is attached to night stand or bed post using string or velcro, oxygen tank attached to the wall, wheelchair locked and close to bed. This helps prevent them from falling, flying or rolling away during a disaster.

If you use a laptop computer as a means of communication, consider purchasing a power converter, which allows most laptops (12 volts or less) to run from a cigarette lighter on the dashboard of a vehicle.

## PERSONAL EMERGENCY PREPAREDNESS CHECKLIST FOR PEOPLE WITH DISABILITIES:

- Establish a personal support network.
- Customize an emergency health information card.
- Keep copies in wallet, purse and emergency supply kits.
- Complete an emergency contact list.
- Collect important documents
- Store emergency documents in emergency supply kits, wallet, safe deposit box and give copies to personal support network and out of area contact (see Tips for Collecting Emergency Documents).
- Conduct an ability self-assessment.
- Collect Grab and Go supplies to keep with you at all times.
- Collect disability-related supplies for emergency kits.
- Maintain a seven day supply of essential medications.
- Keep important equipment and assistive devices in consistent, convenient and secured place.
- Write out instructions for items you will need help with in an emergency.
- If you use a service animal (see Tips for Service Animal and Pet Owners).

(Important documents may include: Health Cards, Medical Documents for People with Visual Disabilities, Deaf or Hard of Hearing, Communication and Speech Related Disabilities, Psychiatric Disabilities, Developmental or Cognitive Disabilities, Mobility Disabilities, Multiple Chemical Sensitivities, People Who Use Life Support Systems, and Service Animals.)

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## NOTICE FROM MINISTRY OF HEALTH AND LONG TERM CARE

### Diabetes Strategy

**T**oday, about 900,000 Ontarians live with diabetes (8.8 per cent of the province's population) and this number is expected to grow to 1.2 million by 2010. Diabetes and its complications, including heart disease, stroke, kidney disease and blindness cost the health-care system over \$5 billion annually.

Ontario is launching a new, \$741 million diabetes strategy that aims to prevent, manage and treat diabetes care across the province. This strategy builds on internationally accepted best practices and the recommendations of the Diabetes Management Expert Panel. This panel was established by the Ministry of Health and Long-Term Care in 2006 to provide advice on improving diabetes care in Ontario.

### INCREASING ACCESS TO TEAM-BASED CARE

\$290 million is being invested in expanding current programs, aligning care and funding new programs. Ontario is increasing access to team-based care closer to home by mapping the prevalence of diabetes across the province and the location of current diabetes programs in order to align services and address service gaps. Depending on patients' needs, the health care team could include a family physician, registered nurse, registered dietician and/or an endocrinologist.

### DIABETES PREVENTION

The diabetes strategy will invest \$6 million in prevention programs, including education campaigns to raise awareness of risk factors that contribute to the onset of type 2 diabetes, such as physical inactivity, poor nutrition and obesity. The campaigns will focus on high-risk populations, including Aboriginals, Hispanics, South Asians, Asians, African-Canadians, lower income families and people aged 50 and older.

### DIABETES REGISTRY

A \$150 million investment over the next four years, in a diabetes registry, is set to begin in Spring 2009. All Ontarians living with diabetes will be entered into an electronic registry that will provide people with diabetes instant access to electronic information and educational tools to help them manage their care.

Physicians will be able to use the registry to check patient records, access diagnostic information and send patient alerts. The registry will result in faster diagnoses, treatment and improved management for Ontarians living with diabetes. The diabetes registry is the first step in Ontario's e-Health Strategy that will provide all Ontarians with an electronic health record by 2015.

## INSULIN PUMP THERAPY

In December 2006, the Ontario government began a program that provides funding for insulin pump therapy to children and youth aged 18 and under who met the clinical criteria. Funding was then extended for those patients in the program turning 19 (while the Insulin Pump and Supplies for Adults Expert Panel, chaired by Dr. Bruce Perkins, assessed the clinical needs of adults with type 1 diabetes) for insulin pump therapy. As of September 2008, this \$62 million investment will allow funding for insulin pumps and supplies to be extended to all adults with type 1 diabetes who meet the clinical criteria for funding under the Assistive Devices Program. Today, about 1700 children and youth benefit from the Ministry-funded insulin pump therapy and in September 2008, over 1300 adults will receive funded insulin pumps every year.

Approximately 30 per cent of patients living with type 2 diabetes rely on insulin. In the next 18-24 months, the Insulin Pump and Supplies for Adults Expert Panel will review medical literature and consider expanding the pump program to adults living with type 2 adult diabetes.

## CHRONIC KIDNEY DISEASE SERVICES

Kidney disease is one of the complications of diabetes that affects roughly 40 per cent of Ontarians living with diabetes. Diabetes is the most common risk factor associated with kidney disease. As a result, Ontario will also be investing \$220 million to expand its Chronic Kidney Disease (CKD) Program. This will improve access to all the services available under the CKD program which strive to identify kidney disease as early as possible; prevent/delay kidney function deterioration as long as possible and manage end-stage kidney disease through renal replacement treatments. This will include increasing dialysis service capacity at CKD regional centres, dialysis satellites, long-term care homes and independent health facilities. Ontario will also work to increase the availability of home renal replacement therapies (hemodialysis and peritoneal dialysis), both which can be done day or nighttime, so that patients who currently rely on dialysis treatment in hospitals and other health care facilities can experience less interruption in their daily lifestyle and receive treatment in the comfort of their own home.

## BARIATRIC CENTRES OF EXCELLENCE

Obesity is one of the main risk factors associated with diabetes. More than 50 per cent of type 2 diabetes cases in Ontario are associated with obesity. The government is improving access to bariatric surgery – a procedure that modifies the gastrointestinal tract to reduce food intake. This \$75 million initiative will increase Ontario's capacity for bariatric surgery several-fold within two years and it will continue to increase thereafter. In 2006/07 169 procedures were performed in Ontario and 485 patients were funded for surgery out of country. Ontario will enhance capacity for bariatric surgery in the province by:

- Providing bariatric education and training to health care providers
- Expanding bariatric surgical capacity
- Establishing pre and post bariatric surgery programs that will be linked to surgical programs.

For more information, contact:

Alan Findlay, Minister's Office, 416-327-4320

Mark Nesbitt, Ministry of Health and Long-Term Care, 416-314-6197

Andrew Campbell, Minister's Office, 416-326-8500

Gary Wheeler, Ministry of Health Promotion, 416-326-4806

## “Insights” Fall Film Forums

### **Three evenings of award-winning films celebrating disability and diversity**

FILM FORUM 1: September 20, 2008 - Al Green Theatre - 6:00 to 10:00pm

**“TABOOS, DANCE AND BODY DIVERSITY”**: an evening of captivating films each telling a unique story while challenging traditional notions of dance, the concepts of beauty, movement, body image and one's place in society.

PHOENIX DANCE (OC)

Directed By: Karina Epperlein

22 minutes, 2006, USA

Oscar-nominated Phoenix Dance is a tribute to renowned American dancer Homer Avila. It celebrates his sublime talent and resilience while transcending formula films about transformation. After losing a leg and half of his hip to cancer, Avila relearned all his best moves and returns to the stage with Andrea Flores, to perform a duet choreographed by Alonzo King. We witness determination, skill and courage as Homer collaborates in his now “imperfect” body, and his “one-leggedness” turns into magnificent beauty. Phoenix Dance focuses on dance, movement, grace, the perfectly imperfect magnificent form. It shows a unique vision of seven powerful limbs – four of a woman and three of a man – all moving towards an artistic and powerful conclusion.

#### COST OF LIVING (OC)

Directed By: Lloyd Newson

35 minutes, 2004, UK

*Cost of Living* is Lloyd Newson’s film adaptation of the dazzling and rave reviewed show by DV8 Physical Theatre Company. It is about perfection, pretence and how society measures individuals and how we in turn value ourselves. Set in a faded seaside town, street performers David and Eddie struggle to find work and romance. Eddie is tough, confrontational and not afraid to defend his belief in justice, respect and honesty. David is a dancer who has no legs. Watching him makes you reconsider accepted notions of grace and perfection. He is quietly determined not to let his disabilities or society’s prejudices get in his way. Inter-linked scenes show Eddie and David’s encounters with others: some incredibly hard-hitting - others exhilarating because of their sheer physicality. The Cost of Living hurls provocations and scalding humor at notions of how the fit and unfit are supposed to act.

#### INVITATION TO THE DANCE (English Sub-Titles)

Directed By: Gerhard Schick

89 minutes, 2006, Germany

Award-winning, “Invitation to the Dance” exemplifies how art can create bridges between people with and without disabilities; between continents, races and cultures. It shows the artistic genesis of the dance piece “Counter circles”. German dancer and choreographer Gerda Koenig, travels to Nairobi in order to collaborate on a performance with residents living with post-polio. In the process of creating the stage production, unusual insights into eastern African culture and ways of living are exposed. Ultimately creativity and the ways that five people with disabilities experience their lives on the impoverished outskirts of a bustling international metropolis are revealed. This documentary is a moving example of how dance can heal and how dancers can contribute to social change.

Oscar-nominated filmmaker Karina Epperlein, director of “Phoenix Dance”, and award-winning Gerhard Schick, director of “Invitation to the Dance” will be in attendance for the post screening Question and Answer session and post screening reception where all can meet, mingle and chat.

FILM FORUM 2: September 27, 2008 - Al Green Theatre - 6:00 to 10:00pm

“*JOURNEY’S TO SELF DEFINITION*”: an evening of entertaining and thought-provoking film and discussion that focuses on individual journeys and the forces of change that affect self-identity and society’s views of who we are and where we fit.

HEAR AND NOW (OC)

Directed By: Irene Taylor Brodsky  
86 minutes, 2006, USA

Hear and Now, a multi award-winning film by Irene Taylor Brodsky is a deeply personal memoir about her deaf parents’ complex decision to undergo cochlear implant surgery, a risky and controversial procedure —one that can actually restore a sense. After 65 years of silence, Paul and Sally Taylor decide explore a totally unfamiliar world – the realm of sound. Paul and Sally met as children, fell in love, married, and raised a family. They shared a rich life together and have been active and accomplished members of the deaf community. Yet, they decided they wanted to hear their first symphonies, to hear their children's voices; they wanted simply--to hear. This is a magical and deeply moving love story of two people who embark on an extraordinary journey from silence to sound. The question is, what will they make of it? And what might they gain, or lose, forever?

AS SLOW AS POSSIBLE

Directed By: Scott Smith  
60 minutes, 2008, Canada

As Slow as Possible, which premiered at Hot Docs 2008 is about a journey, the complexities that shape self-identity and the inevitability of transformation. On his 18th birthday, Ryan Knighton was told he would slowly go blind. It’s taken fifteen years, and as Ryan prepares to let go of his last sliver of sight, he sets out to Germany to hear one note give way to another in the notorious 639 year long organ performance of the John Cage composition, As Slow as Possible. Caning his way through the uncertainty of a road trip, Ryan navigates a series of ‘note changes’ in the form of airports, the unfamiliar hubbub of foreign cities, and people - some of whom don’t believe he’s blind at all, and one who offers him something profound. The experience unfolds like a Cage piece itself – a series of

chance encounters through a labyrinth of questions, as Ryan contemplates letting go of his old identity, and waits for the new one to emerge.

Emmy award-winning filmmaker Irene Taylor Brodsky, and Paul and Sally Taylor the subjects of the film "Hear and Now", plus Robin Cass, Producer and well-known Canadian writer "Ryan Knighton" from "As Slow As Possible" will be in attendance for the post screening Question and Answer session and post screening reception where all can meet, mingle and chat with our outstanding guests.

FILM FORUM 3: October 4, 2008 - Al Green Theatre - 6:00 to 10:00pm

*"THE RIGHT TO CHOOSE YOUR OWN PATH"*: an outstanding and thought-provoking evening of film that focuses on distinctive and compelling stories about life choices and broad-based human rights issues.

LIVING RIGHTS YOSHI (English Sub titles)

Directed By: Duco Tellegen

28 minutes, 2004, Netherlands

Living Rights: Yoshi tells the story of a sixteen-year-old who has Asperger's Syndrome - a form of autism. In the process, award-winning filmmaker Duco Tellegen examines the contemporary relevance and divergence between the 1989 UN Convention on the Rights of the Child, and the reality of the lives of the children the charter seeks to protect.

Yoshi has been placed in a school for children with special needs and learning disabilities, but dreams of attending a regular Japanese high school. With humour, wit, and creativity Yoshi makes a strong case for all of us to believe he should. Yoshi's candid and direct address to the camera combined with every day episodes culled from his personal life makes an insightful and poignant story, as well as a compelling argument on inclusion and otherness, and in the process, challenges - society's own preconceived ideas of what it truly means to be "normal"

BODY AND SOUL: DIANA & KATHY (OC)

Directed By: Alice Elliott

40 minutes, 2007, USA

Body & Soul: Diana & Kathy by Academy Award nominee Alice Elliott, is a rare look at a crisis in an unusual relationship between two people with disabilities. Diana, who has Down Syndrome, and Kathy, who has Cerebral Palsy, met at a sheltered workshop in Illinois three decades ago and vowed to fight to live

independent lives. Fearful of being shut away in a nursing home or forced into a state run institution, they broke the rules and escaped the system. *Body & Soul* chronicles their ongoing struggle to live independently outside of institutions, Diana's desperate search to reconnect with her abusive mother, and the lawbreaking journey they take to Washington, D.C. to advocate for the rights of people with disabilities. When aging and medical crises threaten their freedom, they attempt to meet the challenge. This story moves beyond disability and activism to acceptance of a profound, symbiotic friendship.

HER NAME IS SABINE (English Sub titles)

Directed By: Sandrine Bonnaire

85 minutes, 2007, France

*Her Name is Sabine* Sabine is a moving portrait of Sabine Bonnaire filmed by her sister, acclaimed French actress Sandrine Bonnaire. The film combines intimate home movies of Sabine as a vivacious, young woman taken by the actress over 25 years, with recent footage. It powerfully shows the effects of a journey through a French psychiatric institution on Sabine's personality and lust for life. This very poignant film now finds Sabine at 38, living in an adult care facility, after finally having been diagnosed as having autism. An exposé on the ignorance about autism, and an urgent plea to acknowledge value, support and involve all individuals in society, the film is even more centrally about the relationship between Sandrine and Sabine - the care, closeness, feelings of guilt and the frustration as one sister feels helpless to stop the other's decline.

Oscar-nominated filmmaker Alice Elliott will be in attendance for the thought-provoking post screening Question and Answer session and informal post-screening reception where all can meet, mingle and chat. A fully accessible venue, open captioned/sub-titled films, ASL Interpretation, Real-time Captioning and on-site attendant services will help ensure full participation and enjoyment by Film Forum audiences.

For more information and to purchase tickets, go to  
<http://www.abilitiesartsfestival.org/schedule/2008filmforum.html>

### The True Meaning of Independence: A Workshop Series for Youth

The Centre for Independent Living in Toronto and Just Believe proudly present a two-part workshop series to help Youth and Young Adults with Disabilities understand the true meaning of Independence.

Workshop #1 "Understanding Independence" explores the meaning of independence, different ways of becoming independent and ways of coping with systemic and attitudinal barriers. Workshop #1 takes place on Saturday September 13, 2008 from 1 to 3 pm.

Workshop #2 "Attendant Services: Increasing Independence" explores the concept of Attendant Services and how they can increase your level of independence, and offers suggestions in handling conflict in your relationships with your attendants. Workshop #2 takes place on Saturday September 13, 2008 from 1 to 3 pm.

Both workshops take place at the Centre for Independent Living in Toronto (CILT) Inc., 205 Richmond Street West, Suite 605 (Richmond and Duncan Street). To register for one or both workshops, call Nancy at (416) 599-2458, extension 27, by TTY at (416) 599-5077 or by email to [peervolunteer@cilt.ca](mailto:peervolunteer@cilt.ca). Please register for one or both workshops by September 2, 2008.

## For Sale

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