

Mrs. Mildred Kerr

Saskatoon SK

Sept 10, 2019

Saskatoon Advisory Committee
for Saskatoon City Council
City Clerk's Office
222 3rd Ave N
Saskatoon SK S7K 0J5
Attention: Holly Thompson



September 10, 2019

Dear Members of Advisory Committee:

Thanks to the direction from your Chair, J.D. McNabb, whom I have known for many year for the work with Saskatchewan Voice of People with Disabilities, I am enclosing a copy of the letter I have sent out to other relevant advocacy groups and also to potential Federal and Provincial cost-sharing partners with City of Saskatoon. Hopefully, you will hear from some of them to support you to help ill-disabled riders who need more direct travel, especially after four hours of blood-cleansing treatments (or day-long chemotherapy, et cetera).

On behalf of a group of outpatients and some whose husbands and wives ride as mandatory assistants, we gather at St. Paul's for 5 p.m. Monday, Wednesday and Friday treatments. We began in 2017 to write and speak to Human Right Commission, Access Transit Manager, a relevant City Councillor and both an Intake Officer and Assistant Ombudsman in the Saskatoon office of Ombudsman of Saskatchewan. We should have first sought your help for a direct response from Saskatoon City Council.

Respectfully,

Mildred Kerr, BA; BSN; SVM

P.S. In our original letter to above officials, our patient group reported several different experiences with Access drivers, not only the long nausea and pain-inducing rides home. Together they indicated a lack of knowledge and empathy for the vulnerable conditions of dialysis patients.

Mrs. Mildred Kerr

Saskatoon SK

July 18, 2019

Attention: Ministry of Transport
Kidney Foundation
Diabetic Association
Cancer Society

Government of Saskatchewan, Ministry of Health
Nephrology Group Practice and S.W. Dialysis Unit, St. Paul's Hospital
University of Saskatchewan, College of Law
Ombudsman of Saskatchewan

Copy for Saskatoon Advisory Committee

To All Concerned About Safe Transportation for Ill Disabled Riders of Special Needs Transport:

I spent many years as a professional social worker advocating for individuals or groups of disadvantaged citizens who experienced their treatment as unjust. I now live in a long-term care home as a companion for my Level 4 husband who is an outpatient dialysis patient. On behalf of a group of dialysis patients on the 5 p.m. Monday/Wednesday/Friday treatment schedule, I have been advocating since 2017 for safer, more compassionate travel home after four hours of blood cleansing treatments. I accompany my husband on the Access bus as a mandatory assistant. His experiences are the same as for all Access riders to and from treatments Monday to Saturday 7 a.m., 12 p.m. or 5 p.m. I have also heard first-hand how oncology patients experienced a long ride home on Access Transit after day-long outpatient treatments.

After dialysis, patients feel exhausted, nauseated and in pain on a lengthy, bumpy ride home. I recorded the experiences of a group of 5 o'clock patients, which they signed/initialed. This recording was a year after I had written to the Human Rights Commission (May 27, 2017) who replied (November 21, 2017). The HRC reply was ill disabled are not discriminated against, because all disabled are of equal standing. Only one disabled rider from our long-term care residence was found to be discriminated against. He is a double amputee and he is forced to take an expensive (\$35.00 trip) to 7 a.m. dialysis for a 6 a.m. pickup by wheelchair cab. Regular transit begins at 6:30 a.m. Saturday a.m., but Access buses begin at 8 a.m. Saturdays. He, by June 2019, had not been told by HRC or Access Transit of this finding.

Two other dialysis riders died before their individual complaints to Access Transit were heard about pick up and drop off of others not ill disabled. They lived a 10-minute ride from St. Paul's Hospital at a Convalescent Home also a long-term care home for Level 3 and 4 patients. They were picked up for 5 to 9 treatments that finish at various times after 9. The Access bus came at 10 p.m., and often they rode long, painful trips home. They had been a police inspector and a journeyman plumbing instructor in their lives of service to Saskatoon. Both were double amputees with scooters to load and unload.

To maximize service for all eligible disabled riders, whether for shopping, visiting, bingo, or medical travel, Access holds to their policy of picking up and dropping off riders in areas of the city. Travel times are determined by dispatchers on calls pre-arranged. No priority is given, like many other cities in Canada and the United States do, for dialysis patients. 75 minutes is considered within acceptable limits regardless of suffering endured. Only three Access buses are running for the whole city at 10 p.m. The ill disabled should have subsidized, rapid transit home. Two of the patients who dictated their complaints to me, have died at this long-term care facility since signing our submission. In addition two other patients who rode the Access bus to dialysis at 6 a.m. and 11 a.m. pickups have also died since May 1, 2019. They came to long-term care after our submission, but also expressed great discomfort on rides home.

In March 2018, I forwarded our proposed submission to City Council to Councillor Mairin Loewen since three of the original signers lived in Samaritan Place in her riding. She agreed this was a serious need

and would meet at a pre-arranged time at the hospital with the group. Even if special buses or wheelchair cabs were necessary, we agreed. The meeting never happened and no response came from City Council that they had been, nor a committee, lobbied by her. Mayor Charlie Clark and the Director of Saskatoon Transit were copied in our original letter to the Human Rights Commission, but not on the letter to Ms. Loewen.

In March 2019 the Social Worker in the Dialysis Unit brought to our attention that the Ombudsmen of Manitoba had accepted complaints about City of Winnipeg's Handi-Transit from a group representing disabled riders and made recommendations for change on several issues including long wait times to book rides, potential bias in determining eligibility despite doctor recommendations, and need for disabled representation on their advisory board. Winnipeg complied with all their recommendations. The Ombudsman report showed dialysis patients were in the top priority category. Bingo rides were in the third priority category

In discussion by phone and by giving her a copy of our joint submission via our city councillor, Tracy Loewen, Manager of Access Transit Saskatoon, concurred that the source of more money for resources to meet the needs of ill disabled riders was city council. One of our signers, a double-amputee rider who had to leave home in Sutherland area at 3:30 p.m. often arrived back home at 11:30 p.m. or later—an 8-hour day for four hours of treatment on a dialysis blood exchange machine. Her husband, like me, rides across the aisle from her and holds her upright when bus has to turn corners. He has to push her chair to the bus and from the bus from their home, and to and from the third floor in St. Paul's Hospital. Sometimes a wheelchair cab is sent by Access Transit for them, but three times a week travel cost home by wheelchair cab should be covered. The City of Calgary offers limited taxi service for fully-qualified users to use at their discretion.

Following the recommendations of the social worker at the dialysis unit, who gave me the complete report of the Ombudsman of Manitoba with the very positive responses by the City of Winnipeg's Handi-Transit (contracted company), we submitted our complaint to the Ombudsman of Saskatchewan's Saskatoon office. Kristi Bell, the Assistant Ombudsman was fully aware that both City Councillor Mairan Loewen and Access Transit Manager Tracy Loewen had already been asked for help by our group through our signed submission plus direct phone calls from three of our group members. She recommended we start over with Access Transit and the City of Saskatoon. Only after their written refusals will the Ombudsman of Saskatoon accept our complaints. In fact she replied as if I alone had complained.

We are asking that each of you receiving this letter support our request on behalf of all dialysis patients for safe and compassionate travel after treatments. Safe means these very vulnerable patients need quick and direct travel home when they are suffering. They cannot live without treatments and should not be choosing to rather die than keep up the tough struggle.

Sincerely,



Mildred Kerr, BSW, SVM
On behalf of group