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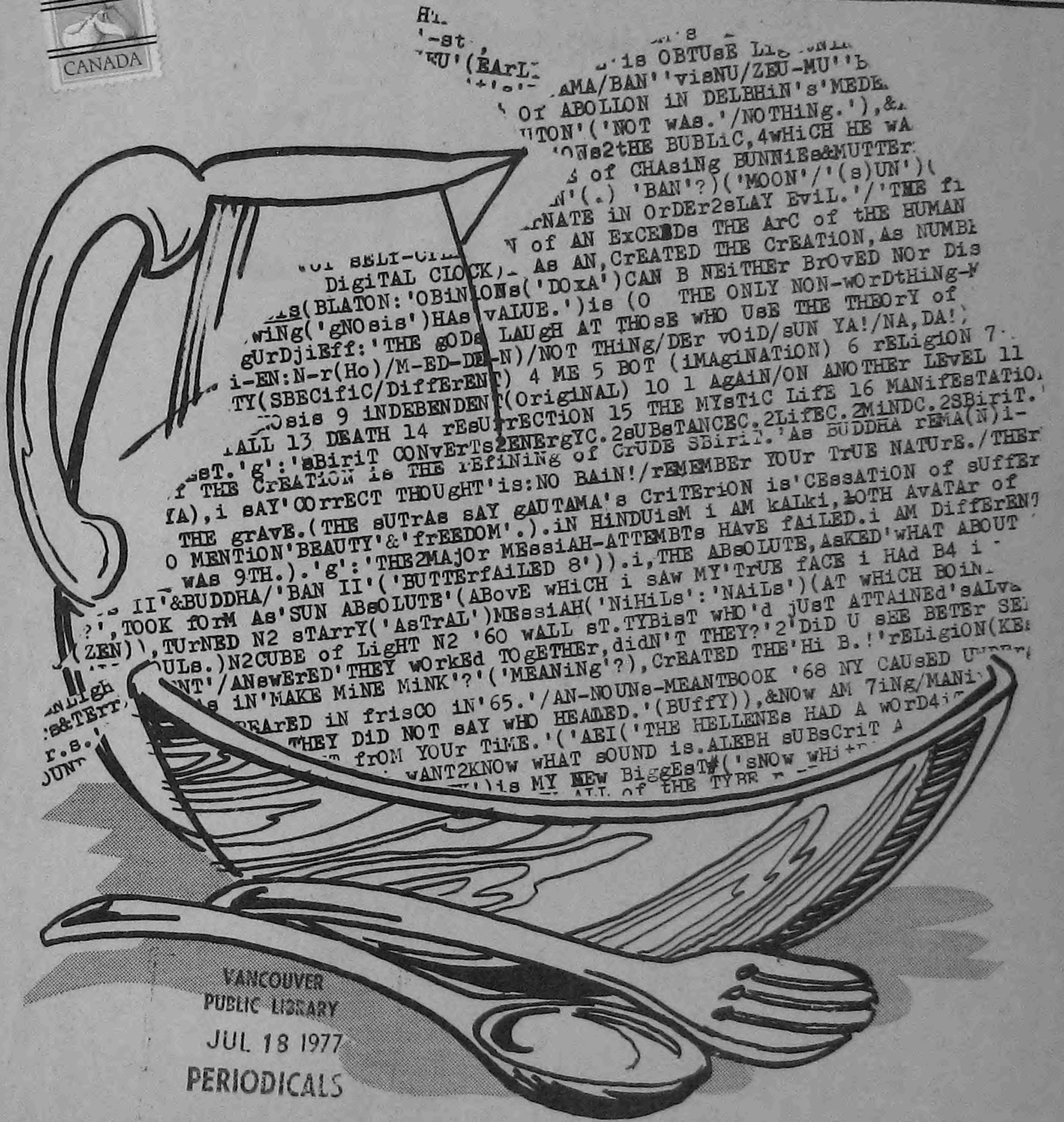
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VOL. 5 NO. 3

M P A NEWSLETTER

JULY 1977



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PERIODICALS

PATIENTS' RIGHTS

where are they ?

For better care of mental patients, a Charter of Mental Patients Rights, and the rotation of staff through the mental health system.



The present Mental Health Act of B.C. is designed to protect the COMMUNITY from the MENTAL PATIENT. We want legislation - particularly a CHARTER OF MENTAL PATIENTS RIGHTS - to protect as well the mental patient from the community.

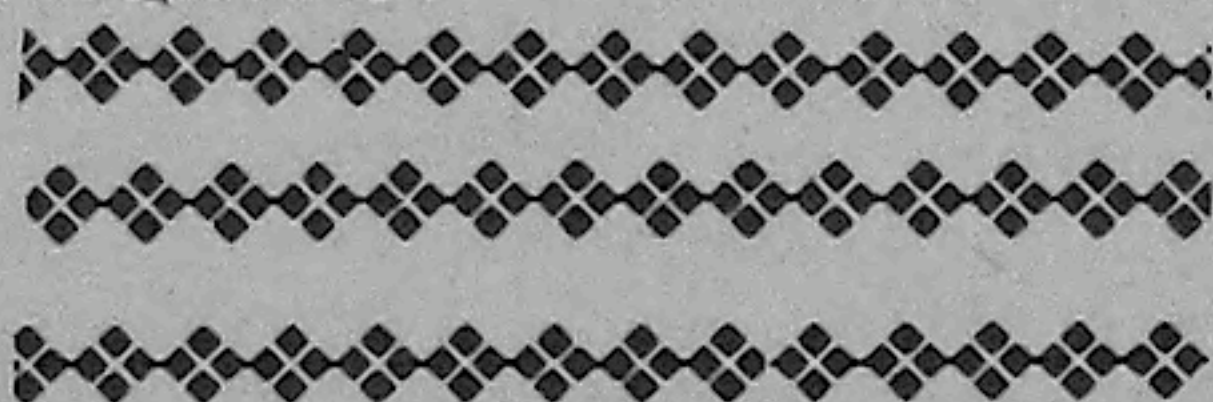
We want a Mental Health Act which serves both patient and community as fairly as humanly possible.

We want an Act which spells out specifically the fine phrases of the Canadian Council on Hospital Accreditation of Mental Health Facilities in Canada: The Mental Health Service SHALL ACKNOWLEDGE THE PERSONAL DIGNITY OF AND PROTECT THE RIGHTS OF THE CLIENT AND THE COMMUNITY; and the Canadian Bill of Rights: ...the right to life, liberty, security of the person and the enjoyment of property and the right not to be deprived thereof EXCEPT BY DUE PROCESS OF LAW.

We want a Charter of Mental Patients Rights and a new Act to incorporate the best ideas and legislation now available to us from Europe, the U.S. and the rest of Canada, because we view this province as in the psychiatric Dark Ages vis a vis mental health legislation reform.

At a well-attended Workshop on Patients Rights held at MPA, May 13, 1977, we put forward a number of Patients Rights for discussion. Throughout this issue of the Nutshell you will find more Patients Rights - from the State of Alabama, from Montreal's Douglas Hospital, from MPA, from the North American Conference on Human Rights and Psychiatric Oppression. We are supplying

our readers with this information hopeful that the government will act on it to bring B.C. mental health legislation and mental health care up to the highest standards.



At the Future Role of Riverview Hospital Seminar, May, 1976, Dr. K. C. Li's paper spoke of psychiatrists who by working in both the community and the mental hospital setting gain an advantage in being able to continue to work with people they have admitted to hospital. Dr. Li also saw the advantages of exchanges between mental health facilities and the community, of social workers, nursing personnel and O/T personnel. He advocated exchange on a rotational basis, filling the gaps in the community/hospital service and removing obstacles to the admission waiting list to Riverview.

Dr. Ralph Shulman of Vancouver General Hospital also told of the importance of rotation of staff through the system because of Riverview's role in treating the more difficult patient.

At the seminar MPA reiterated this stand. MPA's feeling is that institutionalized, entrenched staff in a hospital setting like Riverview resist change; and that being only human they either suffer emotionally in the difficult Riverview environment or become callous and sometimes abusive in their treatment of patients.



A physician is obligated to consider more than a diseased organ, more even than the whole man - he must view the man in his world.

Harvey Cushing.

REVIEW PANEL

Any time after admission, an involuntary patient may apply for a hearing by a Review Panel, to which he or she is entitled after 30 days from the date of admission. Most patients, however, are simply discharged on their physician's order.

1.

IN B.C.
THIS IS
ALL WE
HAVE.

COURT REVIEW

Anyone, patient, relative, friend or any interested person who believes the patient should not be admitted to, or kept in hospital may apply to the Supreme Court to have the admission reviewed by the court. One is well advised to consult a lawyer with respect to this procedure.

2.

here they are

MPA, Coast Foundation and VCLAS collected the following "rights" into legislative form from perusing other mental health acts from both Canada and the U.S.

We hope that those in decision-making positions in government will read these rights and others re-printed in this issue of the Nutshell when they formulate a Charter of Mental Patients Rights in B.C.

No person by reason of being a patient shall forfeit the right to civil or criminal legal redress for neglect, mistreatment, assault or any other form of negligent or wilful misconduct.

Emergency medical care shall be given within an institution if in the written opinion of the attending physician of a patient a true medical emergency exists and surgery is necessary to save the life, physical health, eyesight, hearing or member of the patient. The "Director" may give consent if no proper relatives or guardian is available and he cannot obtain the appropriate judicial authority.

Every person detained for evaluation or treatment shall have the right to be visited by his personal physician, attorney and clergyman or any other person, between the hours of 9 a.m. and 9 p.m. except that this right may not interfere unreasonably with the operation of the agency.

A patient shall have the right to enjoy religious freedom and the right to continue the practice of his religion in accordance with its tenets during the detainment, except that this right may not interfere unreasonably with the operation of the agency. Provision for religious worship shall be made available on a nondiscriminatory basis. A resident shall not be coerced into engaging in religious activity.

Any type of photography including video-tape cameras used for providing services or research material shall require the patient's written consent, unless precautions are taken to conceal the patient's identity.

At all hearings a person shall have the right to an analysis of his psychological condition by an independent evaluator who is a licensed physician selected by the patient or by his attorney.

Every person undergoing treatment or evaluation shall be entitled to the rights set forth in the Act and to rights that the department specifies by the rules. A list of patients' rights shall be prominently posted in English and French in all facilities providing evaluation or treatment. In addition, a copy of the list shall be furnished to every patient upon admission to a mental health facility.

PATIENTS' RIGHTS (elsewhere)

A patient shall have the right to refuse shock treatment. The administration of electro-convulsive therapy shall meet the following conditions:

- (a) Written documentation and signed approval and consent shall be entered in the record of the recipient.
- (b) Consent shall be for a stated number of treatments, and within a series during a stated time period. Prior to each treatment a recipient can refuse consent.
- (c) There shall be an absolute right to refuse ECT, before and during a series of treatments.

A patient shall have access to individual storage space for his private use while undergoing evaluation or treatment.

A patient shall have access to telephones between the hours of 9 a.m. and 9 p.m. to make and receive confidential calls. Long distance calls shall be allowed if the patient can pay the agency for them or can properly charge them to another number. The agency may restrict the right of a patient to call a particular person when notified in writing by that person that he is being harassed by the calls and wishes them curtailed or halted.

A person shall receive treatment and physical and psychiatric care for the full period he is detained. The clinical record shall record all medical and psychiatric evaluations and care and treatment received by the person. An agency shall provide a treatment program based on individual needs; careful and periodic re-examination by appropriate professionals each 90 days and recorded. A full physical examination shall be given once a year.

If a patient of the hospital works, this work shall be in the patient's interest. If any work performed by the patient is to benefit the hospital or agency of the hospital, the patient shall be employed and paid in accordance with the law, except as follows:

There may or may not be remuneration for a 2 day assessment period, record of which shall be entered into the patient's clinical record and the information contained in the clinical record shall be made available on request of the person, his attorney or guardian.

Any violation of a person's rights shall give him a cause of action for the greater of either \$1,000 or 3 times the amount of damages. It is not a prerequisite to this action that the plaintiff suffer or be threatened with actual damages. Any person acting in good faith upon either actual knowledge or reliable information who makes application for evaluation or treatment of another person is not subject to civil or criminal liability for such act.

At Douglas Hospital Centre, Montreal, there is a committee called the Patients' Rights and Ethics Committee made up of people both from the hospital and the community which meets monthly in an Ombudsman role. This hospital also has had for a number of years a Patients' Executive Council, which meets weekly to review all grievances at the patient level. This committee is composed of one representative from each of the wards in the hospital, plus a staff adviser. The Chairman of the Patients' Rights and Ethics Committee (a member of the clergy), also sits as a member of the Patients' Executive Council. In this way the Chairman is able to get direct feedback from the patient population concerning areas of concern. Douglas Hospital sent MPA a copy of their Grievance and Incident Report Procedure, and also a copy of their draft proposal of a Bill of Rights and Responsibilities for Patients in the Douglas Hospital Centre.

RIGHTS:

You have the right:

1. To be treated with respect and dignity at all times.
2. to prompt and adequate medical attention, and care and treatment provided by qualified staff.
3. to be given all relevant information regarding your treatment.
4. to your own legal counsel.
5. to uncensored communication by letter, person or telephone (unless a suspension of these rights is ordered for therapeutic reasons and properly recorded in your file).
6. to decent living conditions, nutritious food and adequate clothing.

7. to retain your own personal property except for reasons of space, safety or value.

8. to be informed of all your rights and responsibilities as circumstances arise e.g. audio visual, ECT, etc.

9. to refuse to participate in any research or educational project.

10. to confidentiality of your treatment record.

11. to be informed of any expenses charged to your account.

RESPONSIBILITIES:

Insofar as you are declared to be capable of (or not declared incapable of) behaving in a responsible manner:

1. You are expected to abide by the rules and regulations of the institution.
2. You are subject to the same legal procedures as any other citizen.
3. You are expected to respect the rights and property of other patients and staff.
4. You are expected to be responsible for your physical care, i.e. bathing, grooming, dressing.
5. You are expected to do normal housekeeping tasks appropriate to your situation.

INTERIM DEMANDS OF THE PARTICIPANTS in the North American Conference on Human Rights and Psychiatric Oppression, May 30, 1976:

1. Mental patients demand the right to be informed in clear language of the effects of any "treatment" (drugs, electro-shock, psychosurgery, etc.) offered. We demand the right to refuse any "treatment", or to withdraw our consent at any time after we have given it, without reprisals.

2. We demand the right to uncensored communication by telephone, letter and in person, with whomever we wish and at any time. Telephones should be available on each ward.

3. We demand the right to be paid at the prevailing rate for non-mental patients for any work assignments performed while in the hospital - at a rate never to be less than the minimum wage.

4. We demand an end to the practice of keeping psychiatric records of patients. Until such time, we demand the right to see our records

at any time and to confidentiality of records.

5. We demand an end to the physical abuse of mental patients. We demand an end to the practices of seclusions and restraints to conform. We demand an end to sexual abuse of patients.

6. We demand the right to decent, humane living conditions while in the hospital.

7. We demand the right to a sexual life while in the hospital and the right to our sexual preference.

8. We demand the right to remain silent during initial and subsequent psychiatric interviews and the right to have legal or ex-patient advocate present, as anything might be used against future legal proceedings. We demand the right to have legal counsel who represents our interests as defined by us.

9. We demand the right to financial assistance in the hospital. The hospital has an obligation to us with spending money on things that make life bearable: cigarettes, food from the canteen, phone calls, writing materials and postage, transportation (especially for long distance housing and jobs).

10. We demand the right to an alternative to incarceration in a mental hospital. If we decide we want to leave the hospital of our own free will, we demand the right to be paid for our services.

11. We demand an end to the practice of voluntary commitment. We demand that hospitalization be completely voluntary with no strings attached.

12. Until such time as the practice of commitment is abolished, we demand an automatic right to be heard by a panel of patients facing commitment. We demand the automatic appointment of free legal counsel for the hearing, and the right to a number of views with the attorney before the hearing.

13. We demand an end to the practice of keeping psychiatric records of patients. Until such time, we demand the right to see our records

We demand the right to adequately provided with income and housing when we leave the hospital. We demand jobs or easily accessible vocational training of our choice for those who want it.

5. We demand the right to organize patients' rights groups in the hospital and to hold meetings from which staff is excluded. We demand that ex-patient advocates be freely allowed to attend these meetings and have free access to patients who want to see them.

6. We demand the right to immediate and adequate medical treatment from the doctor of our choice, when we request it.

7. We demand that all medical procedures be clearly explained to us. We demand the right to refuse sterilization and all other medical and surgical procedures.

8. We demand an end to the practice of "behaviour modification".

We demand that hospitals provide nutritious food including adequate food for vegetarians. We demand the right to choose what we eat and how much.

We demand the right to be involved in decision-making at all levels of the institution, including decisions about the making of hospital rules, the hiring and firing of staff, and the way in which money is used. We demand that mental patients make up 50% of any governing body.

MORE

M P A RIGHTS . . .

Recipients of mental health services shall be permitted to the maximum extent feasible and in any legal manner, to conduct personal and business affairs and otherwise exercise all rights, benefits and privileges not vested or limited.

Mail addressed to a patient shall not be opened unless the patient, or a legally empowered guardian, or the parent of a minor, has consented that an article of mail may be opened by a designated person, or there is reasonable belief that the mailed article contains a weapon or other object which poses immediate danger of serious physical harm to the patient or to any member of the staff of the institution. Where such reasonable belief exists, the mailed article shall be opened in the presence of the patient.

Any patient voluntarily admitted to a mental health facility shall retain the right to refuse any particular treatment or form of treatment. No person shall be discharged from a provincial mental health facility or refused admission to such facility or discriminated against within such facility by reason of his or her refusal to consent to any treatment or form of treatment. Any person who is discharged from a provincial mental health facility or refused admission to such a facility or discriminated against in violation of this provision, shall have a cause of action for the greater of either \$_____ or 3 times the amount of damages. It is not a prerequisite to such action that a person suffer or be threatened with actual damage.

A person who is or has been evaluated or treated in an agency for a mental disorder shall not be discriminated against in any manner, including but not limited to:

- (a) seeking employment
- (b) resuming or continuing professional practice or previous occupation.
- (c) obtaining or retaining licenses or permits, including but not limited to motor vehicle licenses, motor vehicle operator's and chauffeur's licenses and professional occupational licenses. Applications for positions, licenses and housing shall contain no requests for information which encourage such discrimination.

A person who is or has been evaluated or treated in an agency for a mental disorder shall not be discriminated against in any manner.

All information and records obtained in the course of evaluation, examination or treatment shall be kept confidential and not as public records, except as the requirements of a hearing may necessitate a different procedure. Information and records shall be disclosed, pursuant to rules established in the regulations, to:

- (a) physicians and nurses, etc.
- (b) individuals to whom the patient has given consent.
- (c) persons authorized by court order; Department of Corrections.
- (e) persons legally doing research using hidden identity methodology.
- (f) and the patient himself or herself.

A patient has the right to be furnished with reasonable amounts of stationery and postage and to be permitted to correspond by mail without censorship with any person.



No later than 15 days after a patient is committed to the institution, a determination shall be made whether that patient does require hospitalization and if so whether any treatment plan has been recommended. There is an affirmative duty to give adequate transitional treatment and out-patient follow-up if the person is released after the period of involuntary confinement. Each patient and his family are to be informed of the aforementioned rights of each patient and duties of the hospital.

From the conservative South,
the State of Alabama.

INTERVIEWS

INTERVIEW WITH GERALD GREEN
by Karen McKeough and Mike Brown.

The Vancouver Community Legal Assistance Society has received funding from the Donner Foundation in Toronto to operate a patient advocacy service at Riverview Hospital. Gerald Green of VCLAS is a lawyer who often works closely with MPA. On June 21, 1977, he talked with Karen and Michael about the project.

NUTSHELL: What is the purpose of the advocacy service?

GERALD: Mental patients have never found it easy to get legal service. The office will provide advocacy services for patients free of charge. We will be available if a patient feels he or she could benefit from representation or an uncompromised outside council. We will listen to complaints and explain to the patients their legal rights. The advocacy service will be basically a law office where the patients are the clients. The patients will call the shots. Hopefully, the office will not turn into a social service centre as we are set up to provide legal, not social services.

NUTSHELL: When will the advocacy service start?

GERALD: We hope to open some time in July. We have had meetings with Dr. McFarlane, Mr. Manning and Ms. Baird. They have expressed some reservations about the project but have promised to provide free office space on the hospital grounds; maybe the former Escort Service room next to the Tuck Shop. We will be going to the wards to publicize our services to the patients. The Donner Foundation is going to fund our operation for one year.

NUTSHELL: Who will staff the advocacy service office?

GERALD: There will be one lawyer (part-time), one secretary, and one para-legal person with some legal background and some advocacy experience. VCLAS is accepting applications for the positions. All of the personnel will be people who believe that patients are able to articulate what they need and want done. The office will probably be open five days a week, but the hours will be determined by the work load.

WE TALK TO COAST FOUNDATION:
Interview by Owen Lindsay and Dean Watts.

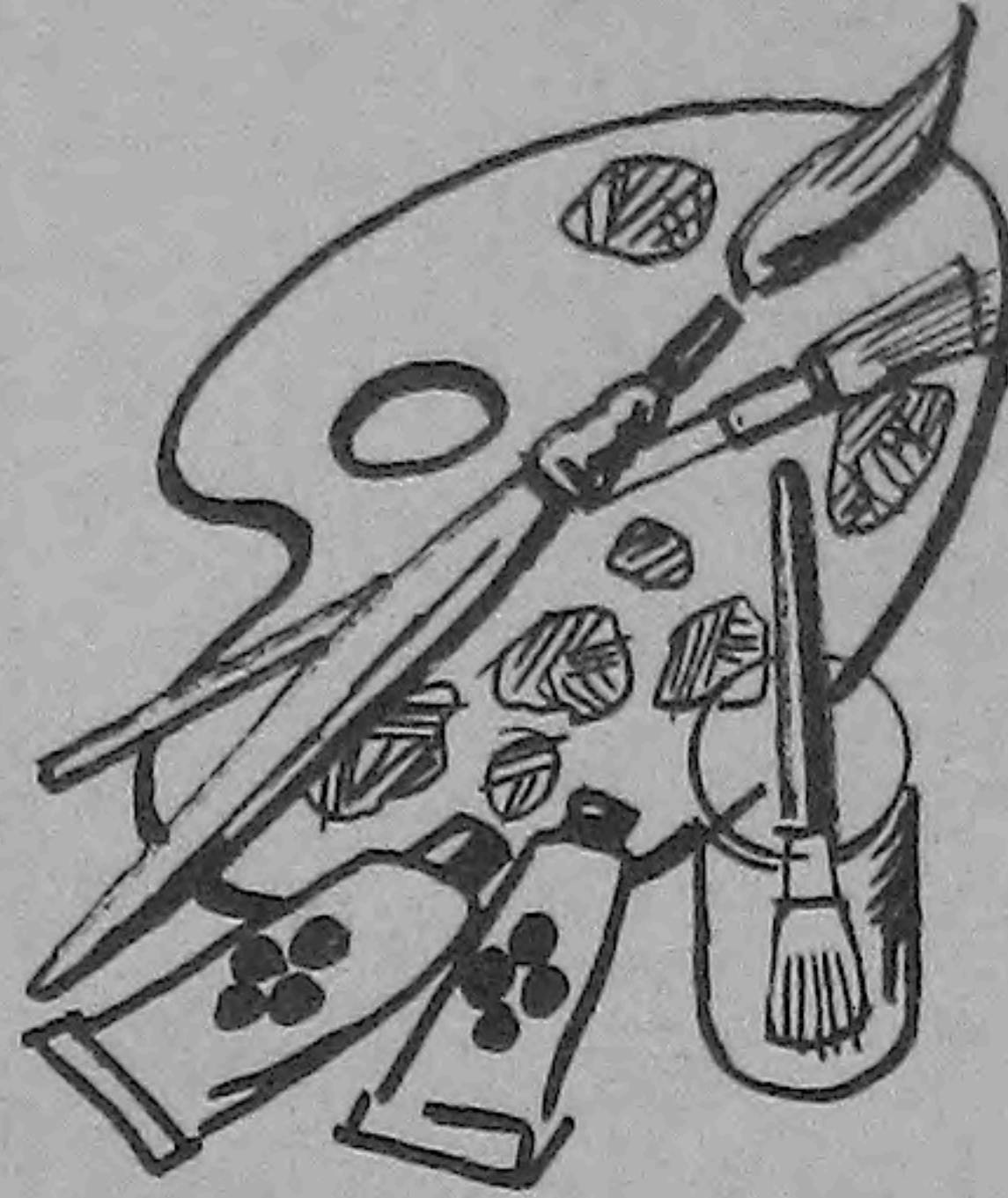
Coast Foundation was started in Nov. 1971 by a group of teachers. It became a society in 1974.

In March 1972 they bought a 24 passenger bus. Now they have the bus and 2 vans

They service 26 boarding homes with approximately 300 people. Coast Foundation employs 9 recreation workers for this purpose.

In their apartment on Bute Street Coast has 26 suites with people paying according to their income: \$70 a month and up. People have their own kitchen and bathroom. There are 17 suites in a new apartment building which will be ready sometime this fall.

Their Drop-In which is at 876 East 18th just off Kingsway serves as a meeting place for social development and they have a piano there by the way which is in fine shape and in tune.



RESULTS OF THE ARTS AND CRAFTS CONTEST OF MAY 18, 77

Painting:

- 1st: Lynn Downie
- 2nd: Bela Varga

Drawing:

- 1st: Bela Varga
- 2nd: Dorin Hufnagel
- 3rd: Lynn Downie

Photography:

- 1st: Olaff Wirsching

Music:

- 1st: Gerry Does
- 2nd: Rochelle Steele

Poetry:

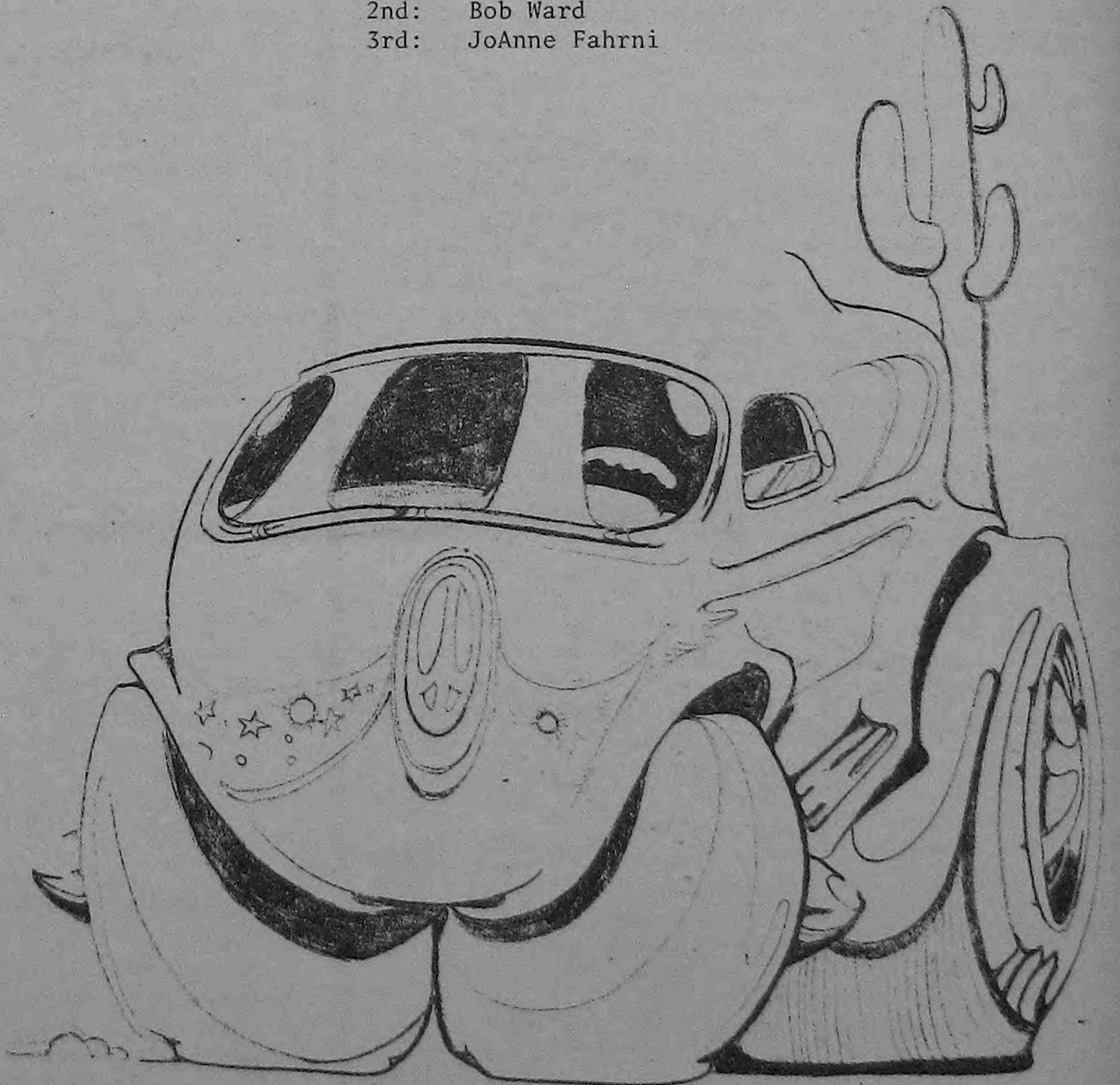
- 1st: Gerald Budda
- 2nd: Bob Ward
- 3rd: JoAnne Fahrni

TO WHOM IT MAY CONCERN:

Fred Fisher is a janitor. It means the windows, the door, the floor, the locks and also if it is really necessary to do some aid. To keep everything cheerful and happy. Do you agree with that? Or cleaning in the kitchen, oven, and also keep the dishes together.

Where do I lose? Bring it up to the meeting. Even making up the coffee should have the keys to Drop-In. I am trustworthy. Also I can use a vacuum cleaner to do the cleaning with a special brush, vents, etcetera, and the vacuum cleaner into water bag when the toilet overflows. Success into cleaning the toilet bowls when there are sick people coming in; to clean the sink. That's why I love the MPA. That's a good way to be. I'd like to see it. To be a gardener too.

Freddie Fisher.



REPORTS

RESIDENCE COUNCIL REPORT.

It has been almost a year since the Residence Program reluctantly accepted V.R.B. funding under the Personal Care Home facilities. Although the individuals in the V.R.B. who have worked with us have been very helpful and accommodating, we have experienced great frustration at seeing the corrosive effect which the imposition of a bureaucratic structure has had on the program. Under this system people no longer experience the independence and sense of responsibility involved in paying their own rent from whatever source of income they have. Instead they must register at the V.R.B. office to be eligible for a "Comforts" allowance to be doled out at the end of each month. Because of the lack of flexibility of the budgetting under this system residents are forced to keep receipts for every grocery purchase. Incentive for shrewd shopping is eliminated as left-over money cannot be spent in other ways.

In recent meetings which the residence coordinators have had with the Community Care teams, we have discovered that people who would previously have found our houses an attractive possibility because of the degree of independence allowed are now discouraged from applying. Presumably these people are choosing to struggle along in single-room situations rather than accepting a situation in which their financial independence is reduced. The

result for us is that our vacancy rate has sky rocketed to as high as 26% while under the previous LEAP funding it was never more than 10%. As funding is given on a per diem basis of \$12.00 per day for each person in the house, a higher vacancy rate can render us financially crippled. This syndrome provides a real threat to us as an alternative to the traditional psychiatric boarding home.

The \$12.00 a day mentioned above represents a recent increase of 50¢ a day. We asked for \$14.50. What this means is that the houses would have to be full in order for us to be able to give raises to our coordinators (whose salaries have been at \$611 since 1972 and which we would like to increase to \$780), and provide increases in the amount of money spent on food in the residences. We are appealing this and hope to get at least a 10% increase to compensate for the hike in the cost of living.

Although we are making this appeal in an effort to tide us over, the Residence Council is concentrating on our effort to get global or lump-sum funding under the Health Department. This would reinstate us as a viable form of alternative housing for ex-patients and would bring back the opportunity to operate fully as a self-help organization, encouraging one another in taking control of our own lives.

- Theresa.

REPORT FROM THE RESEARCH FRONT:

Papers, papers and more papers - that's what I've been involved with for the past six weeks. I sometimes think that I may be soon found in a cocoon of old "Nutshells", with my arms stapled down and a paper clip attached to my nose.

I spent the first few weeks of my job sorting the research files in the outer office, and making a partial list of their contents. Many interesting things turned up - like a film of MPA's Kyte Faire under "Legislation, Federal." Anyway, I now have a fair idea of what is in each file - and, with Jackie's help, I have reclassified some items and thrown out some junk.

Since then, I have been making notes on the material in the files on "MPA History" and "MPA Documents," plus old "Nutshells" (I have an almost complete file of them) and any stray bits of material anyone has been able to offer me. I'm taking very complete notes (far more than can ever be used for the pamphlet, which has to remain within a manageable length) partly because I simply delight in noting facts. The next step is to acquire, classify and make notes on some old MPA material which is at present in Barry Coull's basement ... after which, I can begin the process of sorting all the material I've got into chronological order.

I do all my note-taking at home, because I prefer the peace and quiet there;

also because I can manage to work only on my own typewriter. So this explains why I'm not too visibly working in the Drop-In.

Later on, I shall probably be asking various old time MPA members for their verbal recollections of past events, as a way of clarifying some of the rather puzzling old documents I've found. At present, all I ask of people is: please don't remove material from files in either the inner or the outer office without telling one of the office staff, or me, what you're doing; please don't take any of this material home; and please let someone who knows where the material belongs - replace it in the files.

Jane controls the files in the inner office; you should ask her if you want to use anything there.

And to any members or coordinators who have material from the files at home now - please return it, in a plain unsealed envelope if you like, no questions asked.

- Cathy Batten.



Patients have a right to privacy and dignity. All patients have the right to the least restrictive conditions necessary to achieve the purposes of commitment. No-one should be considered incompetent to manage his own affairs only by reason of his commitment to the hospital.

A post-hospital action plan must be developed as soon as practicable after admission. There shall be emphasis on continuity of care. The treatment plan must be reviewed at least every 90 days. Any physical ailment must be treated promptly. Special attention must be given to the needs of hospitalized children or young adults.

Patients have the same rights to telephone and visitation privileges as patients in a general hospital. Patients have an unrestricted right to send and receive sealed mail. Patients have a right to be free from unnecessary or excessive medication. Patients have the right to be free from physical restraint and isolation.

The right to religious worship shall be given to patients who want such opportunities. The hospital shall provide, with adequate supervision, suitable opportunities for patients to interact with members of the opposite sex. No patient shall be required or allowed to perform labour benefiting the institution without adequate monetary compensation. Patients have the right to find a humane psychological and physical environment in the hospital facilities. Acceptable nutritional standards must be met. Qualified mental health professionals must meet all the licensing and certifications required.

Nonprofessional staff members shall be given inservice training. All nonprofessional staff members shall be under the direct supervision of a qualified mental health professional. Each patient shall have a comprehensive physical and mental examination within 48 hours after admission to the institution. Each patient shall have an individualized treatment plan developed no later than five days after admission.

With the election of the Canada Works coordinators, MPA is beginning to make some real progress in getting members involved in research, working on the Nutshell and speaking with various community workers about MPA.

Val Shackleton organized a Workshop for members to look at the Mental Health Act. Gerald Green spent the day with us going over the current implications of the Act. We began to look at the kinds of changes that will be required to incorporate mental patients' rights into a new Act.

Jackie Hooper has been meeting with Gerald Green, a lawyer from the Vancouver Community Legal Assistance Society and Gary Forsgren of Coast Foundation to draft proposals which will protect patients who are committed to mental hospitals (and in the process lose all right to have some say in their treatment and care).

Riverview Hospital has recently changed its policy on investigating patient abuse so that it is more in line with suggestions made by MPA and other interested citizen groups.

Short term funding for the MPA Riverview Drop-In ended in June. The work done by the ten coordinators at Riverview was just beginning to become an effective bridge between hospital and community. MPA is going to try to keep the Centre open with volunteers, and short term summer works projects. We would all appreciate any time our members can give to keeping the Drop-In Centre at Riverview going.

Arthur Giovanazzo and Fran Phillips spent a couple of days in Victoria speaking with M.L.A.'s and people in the ministries of Health and Human Resources. We were able to outline our difficulties with per diem funding for our residence program and to explain its ineffectiveness in providing conditions in our houses which allow for growth and change. More static boarding homes are not needed in the Vancouver area. Arthur and Fran found that there was real interest in and understanding of MPA's need for global funding for our residence program. We need global funding so that our residence program can provide innovative, alternative housing for ex-patients in the community.

MPA voted at its last General Meeting to have KALI HOUSE in New Westminster as a sixth house providing we can obtain the necessary funding. CMHC approached MPA to ask if we could include Kali House in our program to prevent it from being closed for lack of a sponsoring group. New Westminster has nothing in the way of housing resources for ex-patients in that community.

We have entered both the National Film Board film and CBC Man Alive video-tape on MPA in the film festival for the International Conference on Mental Health to be held at UBC in August.

Work is progressing on our presentation at the workshop "Health by the People". We have been allowed one registration by the Conference organizers and have financed two other registrations, so that three people from MPA will be able to attend the Conference.

Fran Phillips.



BONNIE AND BRUCE READY FOR WORK OUTSIDE THE EDUCATIONAL SERVICES (CANADA WORKS) PROJECT OFFICE.

FEELING ABUSED

MPA is interested in collecting information about cases of patient abuse that have occurred in B.C. mental health facilities during the past six months, that happen in the future. "Patient abuse" does not mean simply any treatment you received in hospital that you did not like; that comes more under the area of "patients' rights," also a concern of MPA's, but a different one. "Patient abuse" means such things as: beating or manhandling a patient; giving shock treatment to someone with a heart condition or other serious ailment; refusing physical medical help to someone who is ill or injured.

At the moment we are simply interested in collecting data; undertaking patient advocacy work is more than either of us feel we can handle at the moment. Hopefully, someone will come along who will be free to do such work.

If you feel you've suffered from patient abuse, leave a statement in the Canada Works box in the Drop-In Centre outer office, addressed to Cathy Batten; or write statements to:

Cathy Batten
MPA Educational Services Project
2136 Yew St., Vancouver, B.C.
V6K3G7

You should be able to give information as to where hospital, what time period, and if possible, the doctor's name. You should also give your name; we will be told about what you have said unless you give permission, but it is hard to check out a case of something that happened to "X".

Hopefully, the information some of you can send will lead to a better understanding between hospital staff and the members of MPA.

Margaret Cohen and Cathy Batten.

B.C. YOUTH LABOUR PROJECT

In April, Peter and Arthur got together an application for a B.C. Youth Labour Project. They applied for a grant that would employ two people, who would be responsible for doing minor maintenance for the MPA residences.

The grant was approved and at the May 4th General Meeting, Peter and Kirk were elected to fill the two positions. The project ends on August 31st, 1977.

Since then they have been kept busy doing such things as repainting the West 10th fire escape, replacing and

fixing windows at the West 10th, planting a garden at West 10th, putting in banisters at West 7th, etc.

Their biggest project so far was taking all the accumulated garbage from houses' basements and making 2 long trips to the city dump in a rented 3 ton truck.

They just recently completed painting and repairing our new Canada Works office next door to the Drop-In.

The project continues until August 31st, and will see a lot of improvements around MPA done this summer.

Raven Mad.



PETER AND KIRK AT THE WEST 10TH HOUSE

Letters

Dear MPA:

I would like to take this opportunity to publicly thank several MPA members for their kind cooperation in providing me with information about your organization.

This information was used in a class presentation at the Riverview Campus of Douglas College.

Of particular help were: Linda Haidei - member of the E. 33rd Ave. residence. Fran Phillips - coordinator of the E. 33rd residence. Alex Verkade - Riverview Drop-In Centre.

I also extend thanks to the other members of the 33rd Ave. residence who welcomed me into their home and shared their experience with me.

In appreciation,
Janice Taylor.

To the Editors:

I would like to thank you very much for sending me copies of your paper even though as yet, I have been unable to contribute.

I have 2 or 3 favours to ask - they are deadly serious.

1) Everyone who is in receipt of the handicapped pension or who should be (can't work) should join the Coalition of the Disabled. This Coalition hopefully will link every single unemployed person with one another throughout B.C. No-one is refused. You do not have to state your handicap.

It costs \$1.00 per year and there is a newsletter to which you may "say your piece". The address is - can't think of it - damn Phone nos. Kiya 228-0245 Pat McRae 688-7572.

The Coalition is important for other reasons. If you are having trouble with a social worker - the Shovel - etc. just phone the Coalition. We have lawyers and we are now connected to various other helping groups. We are not political.

2) I and a good friend in the U.S.A. are trying to put a stop to electric shock treatment. Both of us had it many years ago and both of us have suffered from complete knowledge erasure. She was a highly competent economist. I was a nursing teacher.

I would appreciate any detailed letters from those of you who have experienced this same thing. No names need be given. I want facts please - not emotions.

3) I now am in the process of putting together a text-book for nurses on Epilepsy. Every phase of the illness will be covered, hopefully.

I need personal stories - again no names - a) I want to know if you were born with it or when you developed it. b) How has it affected you - i.e. are you controlled? Have you animosity towards you because of it? How did your parents react to it? Have you been in a psychiatric ward because of it - if so - how - exactly - were you treated? I need to know everything so I really would appreciate all help via letters.

Bless you all.
P. Armstrong.

3432 W King Edward
Vancouver B C V6S 1M3

A REPORT THUS FAR...

Aside from developing my knowledge of the Mental Patients Association and becoming involved in its development, I feel that I have been able to become an active part of the course which it is presently taking.

Researching has been my primary task in understanding MPA. I have pored over files and endless files of materials concerning the rights of the mental patient and what is being done about the abuse of such as well as generally learning new perspectives regarding the entire overview of mental health which dominates the workings of the MPA.

Previously I had worked within the framework of the Psychiatric Clinic where seldom is seen an individual for the behaviors. I find that the institution is concerned mainly with changing behaviors to suit the model of man which the society of greatest wisdom views as responsible and correct, (what everyone's children should be), and often times fails to understand that an individual is a living, thinking organism. It is such a practice which is debt to receive my greatest criticisms - which I shall lay aside for the present time.

It is evident, however, that MPA regards the individual with respect and promptly gives back to him all the powers which the institution had consumed to "make him well". The individual becomes a part of the power source which perpetuates the MPA, and a part of every single decision which must be made.

The MPA revolves around in the most complete pattern the concerns and wellbeing of all the persons which make it a whole, rather than circulating on the characteristics of the institution which operates on the understanding that everyone is either a schizophrenic, has a syndrome, or is a homosexual, and must conform to the patterns maintained by a group of narrow thinking professionals. It is most unfortunate that these great institutions cannot see the trees for the forest.

My first month with MPA has been not only interesting but busy. I have set appointments with many of the local community care teams and mental health facilities in order to provide the grounds for the residence coordinators to address their problems with high vacancy rates and referrals. Several of these I have attended with interest. Fran Phillips and myself prepared and presented funding proposals for Kali House, a new residence in New Westminster to the regional director of Human Resources. As well I am busy responding to letters of enquiry from students, and nurses and people just interested to know what we do around here.

I am happy to have committed myself to the MPA for the upcoming year. I look forward with anticipation to being part of a growing source of new thinking in the community and the world. It is certainly most encouraging to know that such directions are finally being taken in the usually impenetrable sphere of mental health.

Bruce Mills

CANADA WORKS REPORT.

The MPA Canada Works Project finally got underway May 5th after battling it out with Manpower. Fran and Arthur managed to come out of it with just a few minor bruises and some further convictions about government bureaucracy. Our new office (next door to the DIC) has been made habitable with thanks to Peter and Kirk for their many long hours of painting and repair. We have named ourselves the Educational Services Project, (E.S.P.) with an emphasis on education. The idea is to get as many people as possible involved in a learning situation so that activity does not just end when our money runs out. Research has begun on the MPA booklet which will be published sometime next spring. The primary purpose of the booklet will be to illustrate the MPA model in an interesting and educational form. Any ideas or contributions are welcomed.

- Bonnie.

Patients have a right not to be subjected to experimental research without their express and informed consent. Patients have the right not to be subjected to unusual or hazardous treatment procedures without their express and informed consent. Patients have a right to receive prompt and adequate medical treatment for any physical ailment. Patients have the right to wear their clothes.

The hospital has the obligation to supply adequate clothing to patients who cannot provide their own. The hospital shall make provisions for the laundering of patient clothing. Patients have a right to regular physical exercise several times a week. Patients have a right to be outdoors regularly and frequently.

Yours truly,
T.R. Jones.

THE FANTASY

The word swept the land - the work of the latest discovery of the great scientist, Izick Lapstick.

"Schizophrenics and manic depressives have a substance in their chemistry which neutralizes radio-activity."

People (normals) rushed to claim superiority by virtue of the fact that they had a "mentally ill" relative. But a new label was swiftly coined to replace "mentally ill". The new label was "active-positive".

In mental institutions all across the land menus were changed from gruel to roasted pheasant under crystal.

Long-lost relations suddenly appeared at visiting hours (by appointment), their arms full of gifts, cigarettes and money.

Psychiatrists were found 'conferring with their active-positives' rather than 'examining their victims'.

Politicians sanctioned large sums of money for the betterment of mental institutions (formerly Lunatic Asylums).

The term "mental institution" was stricken off the vocabulary and the buildings became "Privileged Residences".

Throughout all this turmoil, Patrick, a 23 year old active-positive became reticent. When asked why by a staff maid, he replied, "Why didn't they do all this for us when we were of no use to society - when we were just people with problems?"

The staff maid trembled with fear when she heard this. For she now had a problem too. Her problem was that she had no status any longer. For she was only normal.

Petra Graves.



Faint Memories of the Past
Prince Albert
Saskatchewan
1920

To the Indian maiden
I met in the park

Sister
Who knew this land
Before I did
And left her mark
On me
In my love of the forest
And the direct simplicity
Of my speech.

Molly Dexall.



RIVERS

Rivers of the land
Where stalk pods sway
We take a pole
And push the land away.
J.P.Gordon

IN A GARDEN JUST FOR YOU

What color would a flower be
With petals
The colors of hues
From the earth
And sea
And sky.
Maybe blue and called a Hyathis
Or red orange
Or the color of fresh cut
Pineapple
Called a Camrose
Or something with a long
Silky stem
And green
Called Liasis
If I had an imaginary
Garden
Just for you
With a pond where
Cranes
And
Swans
A goldfat bellied
Trout sank in the depths
I'd wander
Past the Muckle
Tree with fronds
No longer in bloom
And pick you
Garlands of Hyathis
Camrose
And Liasis
Such bouquet would never end
In a garden just for you.

J.P. Gordon



The June Sun a golden haze of horizons
light - a maze of shadow,
dancing above the mountain-side trees.
The night - a distant gleam of shelter
with the rain of a summer evening

And Sunday morning bells
in a quiet valley far from city confusion.

- Rob

A VASE OF HOPE

There is a vase
Which rests upon my table
And it is stuffed to the brim
With the blooms of May
And not September.
And it is filled with the gift
Of Spring
And not December.
With pink and yellow
Cherry -
Broom -
Let all else pass
As
Inclement
Weather.

J.P.Gordon



POEM TO DIANA

Frizzy-haired goddess of Brisbane I miss you
I know you know that nights have come
And knights still go to piney homes
And mountain huts to seek their Holy Grail

And they remember all you taught them of
How your lover, in snorkel and flippers
And wet-suit of suntan
Explored the glowing green underworld
In search of electric blue electric squid,
Yet found the million sacred kingdoms
That couldn't be enjoyed at home.
Or in the real world of briefcase madness.

How you know that seeking is less aggressive
Than explaining what's been found
You speak in madrigals of silence,
That I hear now, through calm,
Where wind won't shake the bamboo chimes,
As I take time to think of you.

Malcolm Crockett.



LOVE, WHERE ARE YOU?

What am I looking for
am looking for love. How
give and how to receive
Will I ever find it?
I do not know. But hope for
pushes me along.

There were several times
I thought I had found love
but when I saw love was
as dust over the horizon
leaving me a pain as sharp
as a rock I despaired,
wondered if perhaps love
not meant for me.

If love is a gift
God, then God, I ask you
the gift. It is Christmas
now. It can be Christmas
now.

I have love in my
friends. I have love in
some groups. Then why
am I crying?

By God! I just found it
It was on the kitchen counter
all along, right here
side the teapot, was I
going to throw it out.

Petra Graves

A HEART-RENDING TALE OF WOE UNSPEAKABLE.

Hello, everybody; I'm Petruccio the Piano. For over the last 4 years I have stood in an MPA Drop-In Centre, sometimes experiencing great delight as a talented jazz pianist makes use of my yellowing keys; more often groaning inwardly as some yob bangs, fiddles, pounds, or even sits on me during General Meetings. When I came to MPA I was a handsome fellow; now I am missing several black keys, and badly scarred. "Oh, for a piano tuner!" I moan; but now I think I am truly beyond rehabilitation. In a place where misused human beings are helped and comforted, I feel neglected and forlorn.

Despite my Italian name, I am a British subject and loyal to the Crown. (I was imported to Canada by a for-

mer purveyor of rat poison "By appointment to Her Majesty the Queen.") And every year as Victoria Day rolls around, I have felt tempted to cry, like an English schoolboy:

The twenty-fourth of May
Is the Queen's birthday;
If you don't give us
a holiday
We'll all run away!

This year the urge to escape became so strong that during the early part of May I confided my longing to a couple of men who occasionally come into the Drop-In Centre. I did not expect that they would take me seriously. Who ever does listen to me? But on the eve of Victoria Day, these two angels in disguise turned up with a panel truck and abducted me, with my willing consent. They could not

take me home, as one lives in a tent and the other on the fifth storey of a house with a spiral staircase. So they brought me to Kits Beach, where, as midnight came and the Queen's birthday was being truly celebrated, they gave a recital. "Rule Britannia," they thundered; "Heart of Oak," they boomed; and as a special birthday present to the Queen (God bless her); they included a performance of Beethoven's "Moonlight Sonata" (the fact that it was raining cats and dogs seemed irrelevant). After a final rendition of "God Save the Queen," they went home to bed, leaving me on the beach in solitary splendour.

Unfortunately, the Vancouver Police Force is not as patriotic a body as one could wish. They found me in the early morning, utter-

ed a few rude and incredulous remarks, and notified an MPA coordinator that I was a vagrant and would be arrested if someone did not persuade me to come home. Three hours later some heartless creatures came with a truck and forced me to return to captivity.

So now I stand again behind the ping pong table, being vandalized by every brute who wants to show how unmusical he is. But I do take comfort in the fact that I made my great escape in the year of Queen Elizabeth II's Silver Jubilee (nobody would even move me into the t.v. room so that I could watch the ceremonies). And for the sake of my Sovereign, I will continue to suffer the assaults of the anarchists of MPA.

Cathy Batten.

Bill C 25

...has received final reading
in the House of Commons...

THE HUMAN RIGHTS BILL MUST BE AMENDED

PROSCRIBED DISCRIMINATION

General

Proscribed
grounds of
discrimination

3. For all purposes of this Act, race, national or ethnic origin, colour, religion, age, sex, marital status, conviction for which a pardon has been granted and, in matters related to employment, physical handicap, are prohibited grounds of discrimination.

*This Bill discriminates against
the emotionally handicapped
...by not including them*

STOP IT IN THE SENATE

GENERAL ELECTION

GENERAL ELECTION

All members of MPA should attend the July 20th General Election at the MPA Drop-In Centre. All 20 of the paid coordinators* positions of MPA will be filled by election. All candidates must address the meeting and answer questions before the balloting.

Job descriptions are as follows:

D I C	5 positions	\$780.00 per mo.
Transportation	1 position	780.00
Workshop	1 position	780.00
Office	1 position	780.00
Secretary	1 position	780.00
Treasurer	1 position	400.00
Residence/ coordinators	10 positions	611.00

DIC COORDINATORS: will work a 40 hr week with shifts to be determined at weekly DIC meetings. Must be willing to communicate with people with a wide variety of problems that come to our Drop-In Centre.

RESIDENCE COORDS: act as resource and support people for residents in our 5 houses. This involves establishing close relationships with people in the houses while encouraging them to take responsibility for decision-making in all areas.

TRANSPORTATION: must have a class 4 licence and know the city well. Should have good organizing ability. Will be working 5 8 hr shifts beginning at varying times.

HOUSE/OFFICE: should have clerical and statistical experience. Will be expected to work as liaison person with other community groups.

OFFICE COORDINATOR: acts in administrative manner, public speaking, correspondence, monthly reports, briefs. Advocacy services. Seeks alternate funding. Is aware of public issues, provides coordination between MPA committees and members.

WORKSHOP/DIC: this job entails 3 drop-in shifts as outlined above as well as 2 shifts in the workshop helping people with various craft and woodworking projects.

SECRETARY: typing of correspondence, reports, briefs, etc. Compiling payroll and keeping personnel records. Synoptic entries. General office duties.

TREASURER/DIC: responsible for financial records of the total MPA operation. Substantial accounting knowledge and experience required along with ability to deal with various levels of government. This position is part-time treasurer.

G K Chesterton
on

MADNESS

The last thing that can be said of a lunatic is that his actions are causeless. If any human acts may loosely be called causeless, they are the minor acts of a healthy man; whistling as he walks, slashing the grass with a stick, kicking his heels or rubbing his hands. It is the happy man who does the useless things, the sick man is not strong enough to be idle. It is exactly such careless and causeless actions that the madman could never understand; for the madman (like the determinist) generally sees too much cause in everything. The madman would read a conspiratorial significance into these empty activities. He would think that the lopping of the grass was an attack on private property. He would think that the kicking of the heels was a signal to an accomplice. If the madman could for an instant become careless, he would become sane.

Every one who has had the misfortune to talk with people in the heart or on the edge of mental disorder, knows that their most sinister quality is a horrible clarity of detail; a connecting of one thing with another in a map more elaborate than a maze. If you argue with a madman, it is extremely probable that you will get the worst of it; for in many ways his mind moves all the quicker for not being delayed by the

things that go with judgment. He is not hampered by a sense of humor or charity, or by the dumb taints of experience. He is more logical for he is certain sane affectations. Indeed, the common phrase for insanity is in this respect a misleading one. A madman is not the man who has lost his reason. A madman is the man who has lost everything except reason.

The madman's explanation of a thing is always complete, and often in a practical sense satisfactory. Or, to speak more strictly, the insane explanation, not conclusive, is at least unanswerable, this may be observed specially in two or three commonest kinds of madness. If a man (for instance) that men believe a conspiracy against you cannot dispute it except by saying that all the conspirators deny that they are conspirators; which is exactly what conspirators would do, his explanation covers the fact as much as yours. Or if a man says that he is the rightful King of England, there is no complete answer to that; the existing authorities call him mad, for if he were King of England, he might be the wisest man for the existing authorities to do. Or if a man says that he is Jesus Christ, there is no answer to tell that the world denies his divinity, for the world has denied Christ's.

IMPORTANT!

THE NUTSHELL over the years has added to the mailing list names of many readers who expressed a desire to receive the newsletter but an inability to contribute to the cost of production and mailing.

We do not want to deprive any reader of the pleasure of receiving our newspaper and we are hoping to resolve the situation by acquainting you with the problem.

If persons concerned are now able to make a donation to the NUTSHELL it will be gratefully received.

ALSO if you have moved recently send in your address change, and if you no longer wish to receive the newsletter, please let us know.

nb

DIRECTORY INFORMATION

MPA Drop-In Centre 2146 Yew St. 738-5177
738-1422
Riverview MPA Office Local 538 521-1911

MPA Residences
1071 E. 33rd Ave. 873-1929
1754 W. 11th Ave. 732-8222
1656 E. 4th Ave. 253-6996
2805 W. 7th Ave. 733-5733
2756 W. 10th Ave. 738-5177

Legal Help
Legal Aid Society 195 Alexander 687-1831
Van. Community Legal Assist. Soc. 872-0271

Drop-In Centres
Coast Foundation 876 E. 18th 879-2363
Coast Office 2940 Main St. 879-3032
Vancouver Activity Centre (CMHA)
2207 W. Broadway 732-5022

Cheap places to stay
Jericho Youth Hostel (\$10 membership/\$2 per night/4 night stay)
Ft. Discovery & N.W. Marine 224-3208
YMCA 955 Burrard \$8 681-0221
YWCA 580 Burrard \$9 683-2531

Good food, inexpensive
Gladys Snack Bar 4th Ave. nr. Yew
Minnie Verns 10th Ave. nr. Yew
(6 a.m. to 3 p.m.)

Hostel beds (Free)
Catholic Charities 150 Robson 683-0281
Lookout 324 1/2 Powell St. 681-9126
Central City Mission 233 Abbott 681-3348
VRB Night Line (if hostels full) 669-5678
St. Francis Hotel Cordova &
Seymour (women/families) 681-1920

Places to eat free
Harbor Lights (Salvation Army)
119 E. Cordova 11:30 a.m./8 p.m.
Downtown Community Health Society
373 E. Cordova/Soup at noon
MPA 2146 Yew St. Wed: Dinner
Sat: Breakfast
Kits House Thurs: Dinner

Free Medical
Pine Free Clinic 1985 W. 4th 736-2391
V.D. Clinic (VGH) 828 W. 10th 874-2331
Reach \$2 charge 1144 Commercial 254-1354
Vancouver Women's Health Collective
1520 W. 6th 736-6696
Downtown Community Health Society
373 E. Cordova 685-2744

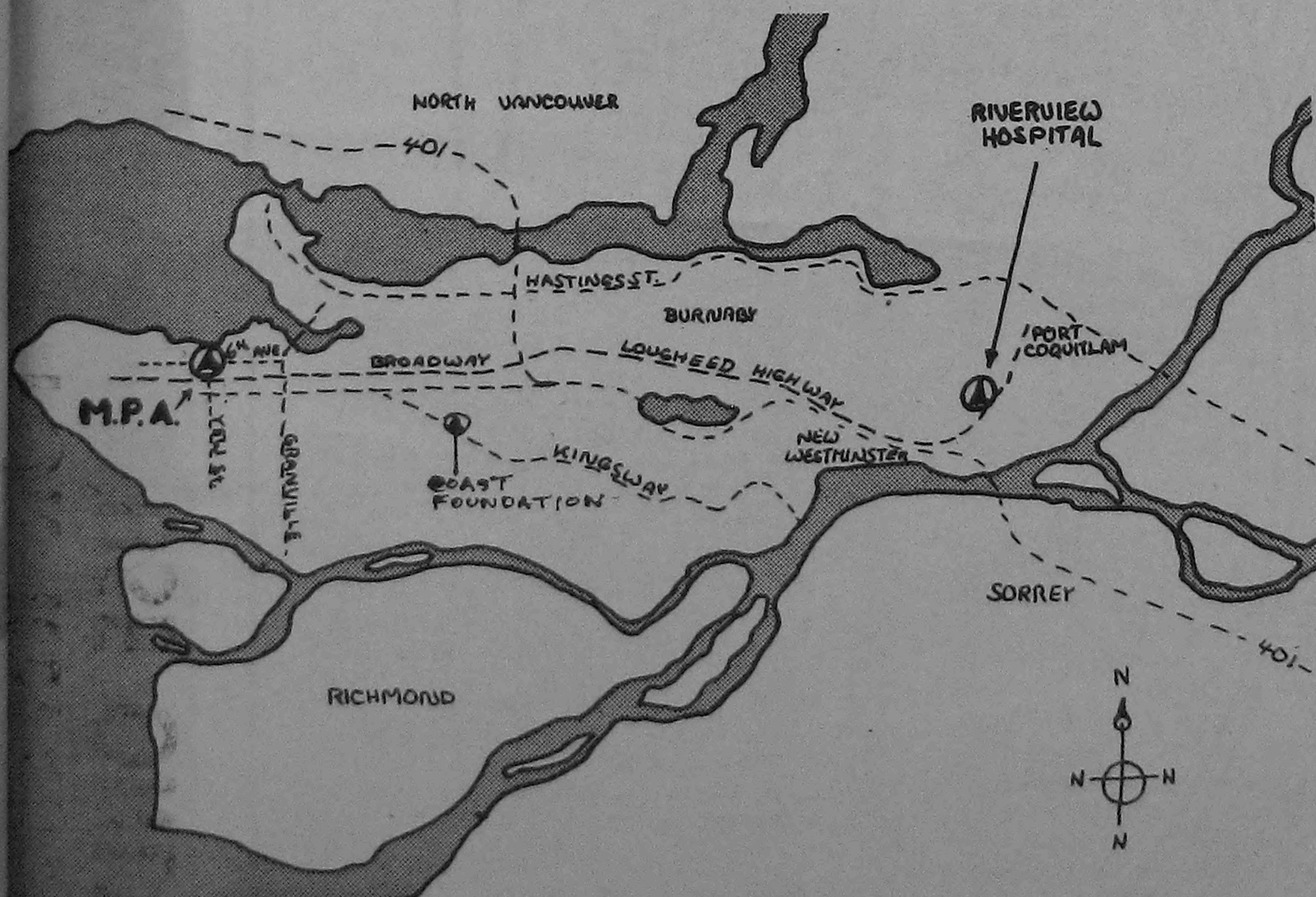
Emergency
Vancouver City only 911
Fire and Inhalator 34-1234
Police/Police Ambulance 665-2211
Ambulance 872-5151

Hospitals
Vancouver General 876-3211
St. Pauls 682-2344
Health Sciences, UBC 228-3731
Riverview 521-1911
Lions Gate 988-3131

Crisis Lines
Crisis Centre 733-4111
Chimo (Richmond) 273-8701
Lifeline (Coquitlam) 526-4444
MPA to midnight 738-5177

Free Dental
Vancouver General Hospital
9 - 12 weekdays 876-3211
Emergency dental 6 - midn't 874-9848
Reach 1144 Commercial
\$2 charge if no medical card 253-1354
Gordon House 1068 Davie
Tue. 7-9 p.m. Free/ First
come first served/ if no
medical card. 683-2554

Other Useful Services
Family and Youth Counselling
525 W. 8th 873-6351
Community Information Centre
1946 W. Broadway 736-3661



HOW DO YOU GET HERE?

Catch the 933 Lougheed Pt. Coquitlam bus at the Tuck Shop. Get off at Hastings and Granville Sts. in downtown Vancouver. Transfer to a 10 UBC or a 7 Dunbar bus and get off at Broadway and Yew Sts. Then walk down Yew to 6th Ave.

HOW MUCH DOES IT COST?

Buy a 75¢ bus pass on Sunday and you can travel on it all day. At other times fare is 35¢ from 10-3 every day and after 7 every night. It's 40¢ other times