



This is the 2nd affidavit
of Gloria Taylor in this case
and it was made on 25 Aug 2011

No. S1012688
Vancouver Registry

IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

LEE CARTER, HOLLIS JOHNSON, DR. WILLIAM SHOICHET, THE BRITISH
COLUMBIA CIVIL LIBERTIES ASSOCIATION and GLORIA TAYLOR

PLAINTIFFS

AND:

ATTORNEY GENERAL OF CANADA

DEFENDANT

AND:

ATTORNEY GENERAL OF BRITISH COLUMBIA

INTERVENOR

AFFIDAVIT

I, **GLORIA TAYLOR**, of 45 - 3381 Village Green Way, in the District of West Kelowna (Westbank), Province of British Columbia, **SWEAR (OR AFFIRM) THAT:**

1. I am a plaintiff herein and as such have personal knowledge of the facts and matters hereinafter deposed to, save and except where same are stated to be made on information and belief, and where so stated, I verily believe them to be true.
2. I am a part-time property manager at the mobile home park where I live in Westbank, British Columbia. I am also a residential care worker, but have been on disability leave from my position for some time now. Prior to taking employment as a residential care worker, I was a long-time employee with Canada Post.

3. I am the divorced mother of two sons, aged 36 and 38. One of my sons lives in Westbank, and the other lives about an hour away by car. I have an 11 year old granddaughter, with whom I have an extremely close relationship. I have an 83 year old mother living in Castlegar, British Columbia. I am also the eldest of four close siblings, having three younger sisters.

My Story

4. I am of Russian descent. Two of my grandparents came to Canada as immigrants; the other two were born here to Russian parents. I grew up in Castlegar, British Columbia, which was then a small town with a sizable Russian community. Russian people are, I think, very accepting of death as part of life. At least, that was my own experience. When I was young, my family always talked openly and candidly about death.

5. I remember, as a child, going to funerals that were community affairs the same way that weddings are community affairs in small towns. When I was growing up, traditional Russian funerals were long and involved affairs. When my grandfather died his funeral, in the larger sense, lasted three days. There was a period of time for viewing the body, there were communal meals, there was a service and, after the burial, a reception which, while not a happy affair, was a gathering that was celebratory of my grandfather's life and our family. My recollection is that death was always approached this way in my family - as an important part of life that should be recognized and faced full square, not something to be whispered about or hidden from children or blurred by euphemisms or fanciful terms. Rather, we considered it the defining final act of a life, hopefully one well-lived. That is the kind of death I want - both for myself and for those I am leaving behind.

6. I have never been a person of small voice or weak opinion. I have no problems standing up for myself or, for that matter, for others. When the local health authorities wanted to transfer my father, who was obviously then in his last days of life, to a care facility further away from his family and friends, I stood up for him and refused to let that happen. When my son received what I considered to be shoddy care following surgery on an injured knee, I challenged the system about that as well, strongly advocating for an increase in the number of beds at Kelowna General Hospital. Attached hereto and marked as **Exhibit A** to this my Affidavit is a true copy

of an article about my advocacy in relation to local health care titled, "Westbank woman forms health lobby group", published in the Westside Weekly on March 8, 2006. When I learned that I did not, as a non-native residing on Westbank First Nation ("WFN") reserve land, have any voting rights, I ran for a position on the WFN Advisory Council in order to have a voice on issues. Attached hereto and marked as **Exhibit B** to this my Affidavit is a true copy of an article about my candidacy in that election titled, "Non-native elections underway on WFN reserves," published in the Kelowna Capital News on August 17, 2009. I am, and I think everyone who knows me well would quickly and whole-heartedly agree, a fighter. I am most definitely not a person who can be persuaded to act against conscience or will, let alone bullied by anyone - friends, family, authorities or society in general.

7. I married a wonderful man and we had two sons together. But we grew apart with time, and eventually ceased to want the same things from life. We separated and then divorced on a very amicable basis. I felt no need to be married for the sake of being married or to avoid being alone. There was nothing dreadful or oppressive about our marriage. He continues to be one of my closest friends. Following our separation, I was able to take a transfer in my work - I worked at Canada Post then - that would take me from Castlegar to Kelowna. This was one of the things I wanted to do with my life - to live in a bigger city and meet new people and experience new things - and so I took the transfer and a chance on Kelowna. I was scared to make such a big change, but I also knew I could do it. It turned out to be a good decision for me. It enabled me to live the sort of life I wanted.

8. When I was in Castlegar, I knew people who rode motorcycles as a hobby. I loved the riding experience. I would go on outings and trips, always as a passenger on someone else's bike. When I was about 37 years old, I resolved to get a motorcycle licence and my own bike. I wanted to experience being in control of the bike, but I also wanted not to be a passenger. Although I loved riding, I never liked the idea of putting my life and well-being in the hands of someone else and being dependent on their judgment. I got a Yamaha first and then, a year or so later, my own Harley. After that, when we went on outings and trips, I was in control and responsible for myself.

9. One year, while motorcycling across South Dakota, my bike was struck by a vehicle. I was not very seriously injured, but my bike was inoperable. The South Dakota group, Aid for Injured Motorcyclists, and the Vancouver chapter of the Association for Injured Motorcyclists helped me get home and arranged for my bike to be returned to Kelowna. About a year later, the daughter of a friend was killed in Prince George when the bike she was riding on as a passenger was struck by a car making an illegal turn. Following that, I decided to set up an Interior, BC chapter of the Association in order to repay the good the others had done for me and to ensure there was a group there to provide help and support to other downed motorcyclists. The Interior BC chapter is still in operation and I continue to sit as a member of its board.

10. I have always been a very independent person. I have always said what I believed in and tried to act accordingly. I have taken responsibility for my own well-being. It has always been fundamentally important to me to do so.

My Illness

11. I have amyotrophic lateral sclerosis ("ALS"). ALS, which is also known as Lou Gehrig's disease, is a fatal neurodegenerative disease.

12. Following my diagnosis, I researched ALS. I learned that people with ALS become progressively paralyzed due to the degeneration of motor neurons in the brain and spinal cord. Eighty percent of people with ALS die within two to five years of diagnosis. ALS frequently begins with weakness and/or cramping in the hands, feet or limbs. As the disease advances, muscles progressively weaken until paralysis sets in. Progressed ALS generally impacts the abilities to chew, swallow, speak and breathe. Respiratory failure is the most common cause of death for people with ALS. ALS has no known cure or effective treatment.

13. I began to experience symptoms in 2003, in the form of cramping in my hands, feet and limbs, but my condition was not diagnosed as ALS at that time. In or about 2006, I began to experience severe muscle cramping and spasms in my hands. My hands would cramp into fists and my fingers would need to be physically peeled open again. I also started to experience muscular twitching (called fasciculation) involving small, localized involuntary muscle contractions in my hands and throughout my body. Later that year, I began to have difficulty

with tasks requiring fine motor skills and hand strength, such as, for example, using keys or holding a pen.

14. In the summer of 2009, my right pinky finger “dropped”, leaving me unable to straighten that finger. In September 2009, my family doctor referred me to a neurologist for a neurological examination. That neurologist referred me on to a consulting neurologist at the Kelowna General Hospital. On December 9, 2009, after a series of tests, the consulting neurologist informed me that I had ALS.

15. I was then referred to another neurologist, Dr. Hannah Briemberg, at the ALS Centre in Vancouver’s GF Strong Rehabilitation Hospital. The ALS Centre’s medical team carried out a comprehensive assessment, review and consultation and then confirmed my earlier ALS diagnosis.

16. By the time I attended the ALS Centre, my muscles had begun to atrophy. I had difficulty using my right hand due to fasciculation and muscle degeneration. I had extreme difficulty walking and suffered generalized body weakness. I often felt cold, particularly in my hands and arms, and experienced difficulty breathing. Dr. Briemberg advised me that these symptoms indicated that the disease’s course was significantly progressed. On or about January 26, 2010, Dr. Briemberg told me that I would likely be paralyzed in six months and likely die within the year.

17. Following my diagnosis, I discovered that there was no existing ALS support group in Kelowna. As I was of the view that one was needed, I founded a Kelowna group for people living with ALS and their caregivers, the “Living with ALS Group.” I continue to belong to that group and to attend its monthly meetings, which generally consist of a guest lecturer and a social hour where members can discuss their experiences, hopes and fears. Attending the group meetings has given much comfort and support; it has also given me a very good idea of what my future looks like.

18. I have, in fact, fared better than predicted by Dr. Briemberg. My condition plateaued for a period of time and my doctors have said that they are impressed by my resilience. That said, in most respects, my condition has continued to steadily deteriorate since diagnosis. All of the

fingers on my right hand, with the exception of my index finger, have now “dropped” and cannot be straightened. On my left hand, my pinky finger and ring finger have also “dropped.” I experience shaking in my hands, which makes fine motor task extremely difficult. I have been fitted for wrist supports as my wrists are now hanging down due to muscle atrophy and weakness, making it difficult to lift or hold items without dropping them. I also suffer constant involuntary muscle cramps throughout my body. I am no longer able to lift myself up from most chairs, and use a power lift chair so that I can stand up from a seated position. The muscles in my feet and toes have continued to atrophy. I have difficulty lifting the front of my foot, resulting in a condition known as “footdrop.” Footdrop makes it very difficult to walk and has caused or contributed to a number of serious falls. I use a walker, however, I need to use a wheelchair to go anything more than a short distance. To use the wheelchair, I need someone push me due to the loss of strength in my arms and hands and my inability to use my hands effectively.

19. Despite my illness, I continue to live by myself and as independently as possible. While I have been on disability leave from my employment as a residential care worker since March 2010, I am proud that I am still able to fulfil my role as part-time property manager for the mobile home park I live in. I spend part of most weekends with my granddaughter. I am an avid cook and food enthusiast and I have been teaching my granddaughter to cook and sew. My granddaughter has asked me to compile a cookbook of all of her favourite dishes and family recipes, and I have been working on that project. My granddaughter and I sometimes go together to local restaurants for lunch or dinner. Sometimes we picnic, go to movies, visit sightseeing destinations, or go out for ice cream together.

20. I continue to have a busy life. I typically spend many hours a day communicating by phone or email with family, long-time friends, friends with ALS, doctors and others. I meet with my physiotherapist once or twice a month, and usually attend several medical appointments each month. Several times a week I go into town with a friend who assists me with getting groceries and running errands. In addition to my granddaughter and other family members, I regularly visit in person with friends and former work colleagues.

21. I am committed to a number of causes and activities and presently remain actively involved in these. In addition to keeping up my membership in the community groups I belonged to prior to my diagnosis, I now participate in local campaigns to raise money for ALS medical research and services to support those living with ALS and their families. In association with that the Association For Injured Motorcyclists, Interior BC Chapter and some local business sponsors, I organized a motorcycle ride to benefit the ALS Society of BC. I was a key participant in an ALS fundraising campaign undertaken by a Kelowna business as part of its 25th anniversary celebration this year.

22. However, my illness is steadily impacting on my ability to do these things. I am losing the ability to perform basic household and personal tasks.

23. I can no longer peel vegetables or open jars. It is sometimes too hard for me to pull up the sheets in bed at night. I find it challenging to dress myself, and have taken to wearing dresses every day to make dressing simpler. I have difficulty brushing my teeth, combing my hair and carrying out similar personal tasks. I now have home support workers who come to my home to assist me with daily tasks every morning and evening, seven days a week. I now have to have different strangers assist me with showering every day, something I experience as an assault not only on privacy, but on my dignity and self-esteem.

24. I can now only type on my computer keyboard with my left hand and have difficulty using a mouse. I am unable to perform work around the house and am no longer able to keep it up to the standard I consider desirable. I recently began using the services of a housekeeper to provide assistance. I am most concerned that my deterioration will soon impact my ability to spend quality time with my granddaughter and sons.

25. I hope to remain in my own home as long as possible. I have reconfigured and re-outfitted my home to this end. My washroom has been made handicapped-accessible and I have obtained a hospital bed so I can sleep at home with my chest elevated. I have to have a special, continuous air flow mattress to relieve pressure points and reduce the risk of bed sores. The ALS Society of BC has provided me with computer hardware and software to enable me to operate my computer without hands.

26. I am fearful about the progression of my disease. The nature of ALS is such that I cannot know which functions will be impacted next. I fear losing the ability to get out of bed and my ability to speak. As ALS generally affects the ability to control the muscles used to breathe, I use a respiratory ventilator when sleeping and already use it sometimes in the evening just to watch television. I fear that I will eventually suffocate and die struggling for air, like a fish out of water.

27. I have pain, for which I take some medication. Minor bumps and injuries can be very painful due to my loss of the muscle density that usually cushions bones from everyday impacts. Even resting my arms on a recliner chair can cause pain due to my muscle deterioration. I sleep on my side in order to breathe better, but the resulting body stress causes my hips to ache. I can no longer roll over to ease the resulting pain and now must, several times a night, get out of bed and walk around to get in from the other side in order to get some relief.

28. Using my muscles in stretching or reaching motions sometimes causes excruciating pain and a tearing feeling in the muscles. At present, this pain subsides fairly quickly; however, I believe that I would find lasting pain at that same level unbearable. I am aware that increased pain might be addressed with additional narcotics and analgesics, but I have no desire to live my life in a drug-induced haze.

29. I am terrified of losing control of my bodily functions. I have experienced incontinence while at home on several occasions. I have now experienced incontinence while out shopping, an experience I can only describe as horrendous. Fear of this happening again has caused me to spend more and more time at home. As my illness progresses, these episodes will become more frequent. I will eventually lose the ability to clean myself when they do occur. I am fastidious by nature, and the prospect of being fully incontinent mortifies me.

30. I want to be very clear: I do not believe that my family considers me a burden. Nor am I concerned that as I get more and more ill they will begin to do so. When I told my family and friends that I wanted a physician-assisted death, my concern was that they might be disappointed in me for not trying to hold on and stay with them until the last possible moment. But I do want to express the fact that I, myself, will be greatly distressed by living in a state where I have no function or functionality that requires others to attend to all of my needs and thereby effectively

oblige my family to bear witness to the final steps of the process of my dying with the indignity a slow death from ALS will entail. I do not, in particular, want to be the cause of my 11 year old granddaughter's sitting vigil as I die an ugly death, and I believe that is what she will do, because she loves me. I do not want to be a burden, not because I fear my family does or would resent me - I do *not* think that - rather, I do not want to be a burden because I *know* they love me.

My Death

31. One of my greatest fears is to be reduced to a condition where I must rely on others for all of my needs. I do not want to live in a bedridden state, stripped of dignity and independence.

32. I have informed my family and close friends of my desire to have a physician-assisted death. My sons, granddaughter, mother, sisters and closest friends all strongly support my right to make the decision to die and have told me that they do not want to see me suffer.

33. I am aware that assisted suicide is legal in Switzerland. I am not financially able to travel to Switzerland and obtain assisted suicide services there. Further, it is important to me to have my family around me when I die. I do not want to die in a strange country, surrounded by strangers. I want to be able to obtain physician-assisted dying services in Canada if and when I resolve to end my suffering and die with dignity.

34. I do not want my life to end violently. I do not want my mode of death to be traumatic for my family members. I want the legal right to die peacefully, at the time of my own choosing, in the embrace of my family and friends.

35. I know that I am dying, but I am far from depressed. I have some down time - that is part and parcel of the experience of knowing that you are terminal. But there is still a lot of good in my life; there are still things, like special times with my granddaughter and family, that bring me extreme joy. I will not waste any of my remaining time being depressed. I intend to get every bit of happiness I can wring from what is left of my life so long as it remains a life of quality; but I do not want to live a life without quality. There will come a point when I will know that enough is enough. I cannot say precisely when that time will be. It is not a question of "when I can't walk" or "when I can't talk." There is no pre-set trigger moment. I just know that, globally, there will be some point in time when I will be able to say - "this is it, this is the point

where life is just not worthwhile.” When that time comes, I want to be able to call my family together, tell them of my decision, say a dignified good-bye and obtain final closure - for me and for them.

36. My present quality of life is impaired by the fact that I am unable to say for certain that I will have the right to ask for physician-assisted dying when that “enough is enough” moment arrives. I live in apprehension that my death will be slow, difficult, unpleasant, painful, undignified and inconsistent with the values and principles I have tried to live by. I am proud to be dedicating the final days of my life to trying to change the law in this respect. It is my hope that my actions in being a plaintiff in this case will bring others the peace of mind and sense of control that the law is presently denying me.

37. While I appreciate that others may feel differently about it, personally, I find the idea of terminal sedation repugnant. I do not understand how anyone could assert that it is a viable alternative to physician-assisted dying. I cannot believe that any rational person would want that end for themselves or anyone they care about. I can understand that, if you allow a person’s suffering to become completely overwhelming, there will be a point where terminal sedation is better than soldiering on, but I cannot see how anyone, approaching death rationally and while still able to evaluate their options, could choose to die that way. It is not rational to choose to waste away slowly while unconscious, but still alive. There is no closure in that, no dignity.

38. The idea that I might, even though in an induced coma, be able to hear people and things going on around me as I lay wasting is a terrifying thought to me. And if it is correct to say that I would not have any sensation at all of being alive while in that coma, then I do not see why I cannot instead have the dignity and closure of actually being dead.

39. I do not want my last conscious thought to be worrying about what will happen - to my body and my family - once I am in the coma. I believe terminal sedation would horrify and traumatize my 11 year old granddaughter. We are extremely close and I believe that if I was not dead but rather sedated, she would insist on visiting and staying with me and, if denied the right to do so, would feel guilty about not staying and resentful of those who prevented her from doing so. Either way, her mind would be filled with visions of my body wasting away while I was “alive.” I cannot stand the idea of putting her through that. I believe that would be cruel to my

granddaughter. I could not feel at peace knowing that that was what I was leaving her, and my other family members, to go through.

40. I simply cannot understand why the law holds that the able-bodied who are terminally ill are allowed to shoot themselves when they have had enough because they are able to hold a gun steady, but because my illness affects my ability to move and control my body, I cannot be allowed compassionate help to allow me to commit an equivalent act using lethal medication. The law obliges me to act now and kill myself - while I am able but while my life is still enjoyable - or to forego altogether the right and ability to legally exercise control over the manner and timing of my death. That is a cruel choice to impose on someone.

41. I also cannot understand why it is permissible for my friend, who is on kidney dialysis, to say "enough is enough" and make the decision to die. I cannot understand why the law respects his wish and decision to die, but does not do the same for me. We are equally competent. I do not understand how or why it is the role of government to say that his choice results in a "natural" death, but my choice would not.

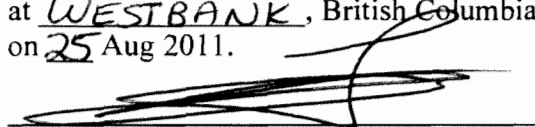
42. I fail to see what the government feels is so "natural" - and therefore somehow "good" - about my slowly suffocating like a fish out of water. This is not the legacy I wish to leave behind. Memories are not made of this.

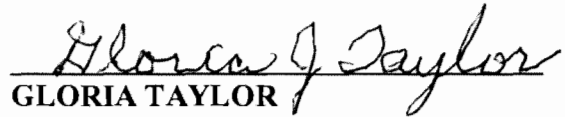
43. What I want is to be able to die in a manner that is consistent with the way that I lived my life. I want to be able to exercise control and die with dignity and with my sense of self and personal integrity intact. I want to be able to experience my death as part of my life and part of my expression of that life. I do not want the manner of my death to undermine the values that I lived my life in accordance with. I do not need the government to dictate for me how I should spend the last moments of my life or how I should die.

44. I am dying. I do not want to, but I am going to die; that is a fact. I can accept death because I recognize it as a part of life. What I fear is a death that negates, as opposed to concludes, my life. I do not want to die slowly, piece by piece. I do not want to waste away unconscious in a hospital bed. I do not want to die wracked with pain. It is very important to me

that my family, and my granddaughter in particular, have final memories that capture me as I really am - not as someone I cannot identify with and have no desire to become.

45. I have pre-arranged my cremation. I have chosen songs I would like played at my service and am designing a memorial program. I am working on a eulogy, which my cousin has agreed to read aloud for me at the service. We create ourselves through our lives. These acts are part of my creation of the person I want to be and the person I want others to see and remember me as. I want my death to be part of that creation as well. As Sue Rodriguez asked before me - whose life is it anyway?


SWORN (OR AFFIRMED) BEFORE ME)
at WESTBANK, British Columbia,)
on 25 Aug 2011.)
)
A Commissioner/Notary for taking)
Affidavits for British Columbia.)


GLORIA TAYLOR

NADINE CASEY FRENCH
Barrister & Solicitor
104, 3500 Carrington Road
Westbank, BC V4T 3C1

Copy of article titled "Westbank woman forms health lobby group", published in Westside Weekly on March 8, 2006

This is Exhibit A referred to in the
Affidavit of Gloria Taylor, sworn
before me on August 25, 2011.



A Commissioner for taking Affidavits
for British Columbia



GARY NYLANDER/Westside Weekly

Gloria Taylor is heading up the group Health Advocates R Us so people can relay their experiences to authorities in Victoria.

Westbank woman forms health lobby group

■ Her own family's horror stories with the health-care system have prompted Gloria Taylor to take action

By J.P. SQUIRE

Special to the Westside Weekly

Westbank grandmother Gloria Taylor says the health-care system has let her and her family down three times so she's formed a new advocacy group.

She sent out a mass e-mail to news outlets across the province last week announcing the establishment of Health Advocates R Us.

"I'm going to collect stories and hope to get them to Health Minister George Abbott and Premier Gordon Campbell," she said.

Taylor says she became aware of the shortcomings in the health-care system three years ago when she went to the emergency department of Kelowna General Hospital suffering from a bowel blockage.

She says she didn't even get a bucket to throw up in; when she finally got a bed, it was in a hallway with other patients, then a casting room, then the maternity ward; and she had her dressing changed by a nurse who had worked in records for years, but was filling in because of a staffing shortage.

On Dec. 8, 2005, her father went to the Trail hospital's emergency department but spent two days there, ending up with severe bruising to his wrists and back and a broken rib.

The family claims that as a result of the traumatic

experience in hospital, he went from a functional 82-year-old to an Alzheimer's patient living out his days in an extended care facility.

Recently, Taylor's son went to the emergency department with back problems at 4 p.m. but he ended up in a stretcher in a hallway next to a bathroom and then in the showers.

He finally checked himself out at 10:30 p.m. because "he couldn't take it any more," said Taylor. "He never did get a room with a real bed."

Around the same time, Taylor was in the emergency department with a friend and overheard a nurse say there were no hospital beds available, the halls were full and two patients were waiting in ambulances outside.

"My stories are long and life is so short, and I fear that Interior Health is making it much shorter for a lot of people," wrote Taylor in her e-mail.

"It sounds morbid, but I hope they legalize euthanasia before I get too old. I don't want to live like that. It's scary," she told The Daily Courier.

She claims IHA has gagged its employees so they can't talk about problems; yet "it's amazing how many nurses, doctors, everyone is so anxious to tell their stories."

The Taylor family tried unsuccessfully to get documentation on their father's injuries, she said. The family was told he pushed against a security guard, lost his balance and fell down, and also had to be restrained.

"I don't believe it. I work with people with dementia. He's just a little guy and he was anxious to get out of there after two days in emergency. Nobody phoned my mom or his doctor. If it wasn't for an X-ray technician, we would have never have known about the injuries," said Taylor.

"Nobody's listening to us. The IHA just put us off. It's a cover-up."

westside

▼ ADVISORY COUNCIL

Non-native elections underway on WFN reserves

By Jason Luciw
WESTSIDE REPORTER

Without the power of a vote on the Westbank First Nation council, members of the WFN's Advisory Council must be masters of persuasion.

That's the view of non-native WFN reserve resident Ludwig Teichgraber, who will be acclaimed Aug. 30 for his second three-year term on the advisory council.

The council exists to take the concerns of 8,000 non-native residents living on WFN's two west side reserves before the WFN council.

Only the WFN's 550 members are eligible to vote for the chief and council.

The council was created three years ago as a mandatory requirement of self-government for the WFN.

The system is similar to a minority government, said Teichgraber. Advisory council members must remain conciliatory toward the WFN council if they are to get anything done. And the WFN band council must hear out the advisory council, to avoid unrest amongst the majority of its reserve residents.

While mandated by the self-government agreement with Ottawa, the system relies on constant cooperation and communication to remain intact, said Teichgraber.

After three years working under that system, Teichgraber said he feels he can be an even stronger advocate for non-native constituents in his second term.

"It's been a big investment of effort and time and it's worthwhile continuing this," he said.

"Now that I'm trained, I

might as well do another three years," he joked.

He represents the Lakeridge District, which includes the Lakeridge subdivision and all properties on reserve No. 10 from Campbell Road to Horizon Drive and Bear Creek Road.

Teichgraber said the biggest challenge over the next three years will be to insure that the issues non-native residents aren't lost in the midst of the gangbuster development currently taking place on the two west side WFN reserves.

An advance poll for the Aug. 30 advisory council elections was held Wednesday

On Aug. 30, voting will take place between 8 a.m. and 8 p.m. at the WFN Health and Wellness Centre at 1900 Quail Lane.

In the election, there will be races in only two districts this time around.



John Murray

In the Prairie district, including Sun Village, Westlake Gardens, Grandview Terrace, Sonoma Pines, Sage Creek and the WFN commercial district, current council chairman John Murray, a retired municipal administrator, clerk and

treasurer, will be challenged by lawyer Nadine Casey French.

French said she is not up to speed on all the issues yet, but has been doing her research and hopes to hear from constituents about their issues.

"My priority, if elected, would be to take every opportunity to discuss and ascertain the issues and concerns of my fellow constituents and those of the WFN, and to promote a positive and constructive dialogue between the parties."



Nadine Casey French

French works on WFN land and said she has a keen interest in all matters affecting residents who are not WFN members.

"I have a strong sense of community and believe in contributing to (my) community," he said.

Meanwhile, Murray said he will run on his record of the past three years.

"A big issue that we accomplished, which took us about a year and a half, was the negotiations with the Okanagan Regional Library District to get membership for residents who live on the reserves without paying a fee.

This is Exhibit B referred to in the affidavit of Gloria Taylor Sworn before me at WESTBANK In the Province of British Columbia this 25 day of AUGUST, 2011
[Signature]

westside

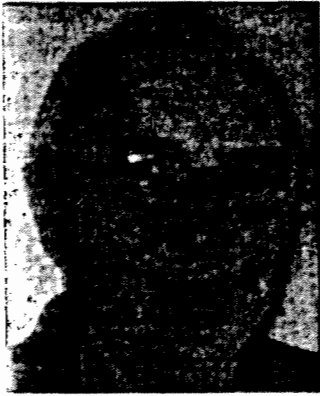
▼ ADVISORY COUNCIL

Non-native elections underway on WFN reserves

That's now included in the (WFN's) budget."

The advisory council must also continue to insure fair compensation is given to residents should any redevelopment occur in manufactured home parks, said Murray.

"We would like to see (compensation rules) up to at least provincial standards for removal of residents due to redevelopment."



Terry Turcan

In the Okanagan District, retired union representative Terry Turcan is the incumbent. He is being challenged by Gloria Taylor, a local health care advocate and manufac-

tured home park manager.

The Okanagan District covers Bayview and manufactured home parks and residences along Old Okanagan Highway and Shannon Lake Road.



Gloria Taylor

Taylor said it's important that all people have a say about what happens on the land they live on, even if they don't own the land.

"We should have a voice in what affects our lives on a daily basis and by being allowed a voice, we can make this a land we can all be proud to live on."

Taylor said she remembers how frustrated she was

when she first learned she had no vote because she was not a member of the WFN but was living on reserve land.

"I could not vote for anything to do with the Westbank First Nation, as I was not a WFN band member."

Taylor said that experience was one reason she decided to run in the upcoming election.

✦ The other was to be an advocate for change on WFN reserves.

"I hear the people when they talk to me about things like the lack of appropriate transportation when they get off work at midnight, the poor lighting on roads with no shoulders that children have to walk on."

More affordable housing and better access to health care are also needs that have to be addressed on the west side of the lake, said Taylor.

As for Turcan, if re-elected, he said he will also lobby the WFN council for improved street lighting, sidewalks and other services because the reserves are rapidly evolving from a rural to an urban community.

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westside

▼ ADVISORY COUNCIL

Non-native elections underway on WFN reserves

▼ WFN RESERVES

Races in two of the five advisory council districts

WFN FROM C5

Turcan said he agreed with Murray that the WFN must be lobbied to insure fair compensation for manufacturers displaced by redevelopment. The band's existing law gives minimal compensation, he said.

"It gives one-year notice and \$2,000," said Turcan.

And he feels it should be substantially more than that.

"Compensation of \$2,000 for people that sometimes have more than \$100,000 worth of assets is certainly not reasonable at all."

Ongoing service agreements between the WFN, the Central Okanagan Regional District and the District of Westside will need to be continually monitored, he added.

"Seeing the library access achieved in this (term) certainly made me feel very good," he said.

"We'll continue to monitor CORD, the fire services

and the tax situation, making sure services are being provided that we feel should be there."

In addition to Teichgraber, Avril Manzer will be acclaimed in the East Boundary District, which covers reserve lands running from Daimler Drive to Red Cloud Way.

She replaces her husband, Ray Manzer, who served on the advisory council for the last three years.

He left the council due to illness.

Sandra Bushfield will also be acclaimed in the Lakeshore District after incumbent John Thompson decided not to run again.

The Lakeshore District covers manufactured homes and other residences along Boucherie Road.

Manzer said she is no stranger to the advisory council system.

"I was one of the first people that was appointed by (former WFN Chief) Ron

Derrickson to set up the advisory council," said Manzer.

"I spent four years on that, working with lawyers and helping to write the advisory council law."

Bushfield said she put her name forward because she wanted to be more involved and informed about what was going on on WFN land.

She agreed that work on roads, sidewalks, lights and sewers is needed on many parts of the reserve.

She also wants to see better bylaw enforcement on reserve lands.

"I realize the WFN is a fairly new government, but it must start enforcing some rules within its jurisdiction."

She also wants to ensure the WFN works closely with the new Westside municipal government on common issues.

"We must grow together," said Bushfield.

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No. S112688
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IN THE SUPREME COURT OF BRITISH COLUMBIA

BETWEEN:

LEE CARTER ET AL.

PLAINTIFFS

AND:

ATTORNEY GENERAL OF CANADA

DEFENDANT

AND:

ATTORNEY GENERAL OF BRITISH COLUMBIA

INTERVENOR

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