

Action

des femmes handicapées de Montréal

Volume 6, 2003

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The bilingual newsletter of *Action des femmes handicapées de Montréal* is published each year with the help of a grant from l'*Office des personnes handicapées du Québec*. AFHM brings women with disabilities together to: promote their rights; pursue research to identify their social, medical, legal, and employment needs; offer information on available services, and sensitize the community to their dual reality.

Word from the President

As I review the first half of the year, it is with great pleasure that I write these few lines to you. And, although I am proud of what we have accomplished, I realize the extent of the work that lies ahead of us in the upcoming months.

The year 2002 has been one of change, movement, and commitment: just think of changes that were made in government policies on support to community organizations and the changes made in AFHM's internal structure.

Think back to the government's lack of commitment to the needs of women and people with disabilities. Thankfully though, it is during those hard times that we see more people get more involved thus creating new alliances and greater solidarity.

Let us not forget our successes, our gains and the joy that we have had in getting to know one another. We are the only organization in Montreal – if not Quebec – working for the rights and needs of women with disabilities – across diverse disabilities – and we have done so for 15 years. In spite of our precarious resources, we are paving our way, writing our history, and the voices of women with disabilities are being heard. I would like to thank and salute these women who, each day, commit themselves to building a more humane world by living their lives to the fullest.

My wish is that in 2003, we will be fully recognized having the financial resources necessary to make our organization a stable and permanent one. And I dream we will be able to offer services to women with disabilities throughout Montreal, its perimeters and even throughout the province of Quebec. We need your commitment, your support, and all of the extraordinary resources that lie within each and every one of us; to pursue our goal of having our organization recognized.

I invite you to submit your comments, suggestions and texts. You can reach Julienne Longtin anytime at 488-1868; she does excellent work and will be more than happy to transmit your comments to us.

We have a lot of work ahead of us if we wish to gain greater public visibility. We can tell our story on video, on text, or via our artistic creations; any one of these means can express the potential and richness of la différence in our society.

In this newsletter, you will see which activities are being planned for the coming year, our ongoing projects, and the struggles that lie ahead. So please come and join us all. Do not hesitate to contact us if you have difficulty participating. We are committed to finding a way to help you.

Solidarity is the essence of real growth.

Danielle Guindon, President

Translated by Marie Soudre



Action

des femmes handicapées de Montréal

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Talk To Us!

Dear members /and allies

To echo the words of our president on the front page, the Board of Directors would like to be able to respond to your needs.

To achieve that, we would like to introduce this new section: communication to the editor. Here, you can share specific concerns about how being a woman with a disability affects you in all areas of your life. For example:

- ❖ Let us know if adapted transport is getting better or worse.
- ❖ Often, our lives are made difficult by bureaucracy and bureaucrats who lack specific knowledge. Is a government department giving you hassles?
- ❖ Is your partner having a hard time understanding changes in your life?
- ❖ Do you want to have a baby and wonder what that experience is like?
- ❖ Are you a disabled lesbian/ bisexual who finds the gay community not so disability-friendly?

Also, let us know any tips and solutions—information that could help other women with disabilities.

For to be self-determined means we can choose what we want and find ways to express it.

But, the only way we can respond is if you let us know. Send us a letter your comments in whatever format you choose. We will publish them in our next newsletter.

Let us see how we can improve the world together. ♦

Write to us at:

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The Pitfalls and Potholes of Inaccessible Montreal

by Kenzie McCurdy

In the last issue of the *Action des femmes handicapées de Montréal's* newsletter, I ranted all about the horrors of the adapted transport system. For this issue's rumination, let's imagine that all the adapted transport system's problems are solved (ok, stop snickering. I heard that!) Let's imagine we have spent our hour on the phone braving busy signals and the intimidation of abrupt, unfriendly operators; we have succeeded in securing a spot in the exclusive Approved Transport Club. Wow! Doesn't that feel good? We deserve a pat on the back for all that hard work.

So now imagine: it's two days later. Let's say we are going to dinner. Reservations have been made, we are all dressed up; we even called to make sure the restaurant was accessible. Yep, everything is perfect. Nothing can stop us now.

It's 5 pm as we start to get ready (5:50 if you're male). You know the routine— shower, hair, make-up, outfit. With hardly a minute to spare, we are ready. Now remember: the adapted transportation's problems are solved. So naturally, they arrive at 6 pm on the dot to take us to our destination. We get in the cab or minibus, show our bus passes and away we go. By this time, our thoughts turn to the meal ahead. What shall we order? Do we feel like pasta or should we splurge for the salmon? Before we know it, we have arrived and are shaken out of our mouthwatering reverie. We look outside the window at the address.

<GASP>

TWO STEPS????!!!

How could this have happened? Remember: we called the restaurant in advance and asked if it was accessible! Panicked, our mind starts racing with scenarios of what we can do next, but all our efforts

return to the same dead-end; we blank out dumbfounded, aggravated and defeated.

This scenario happens all too easily here in Montreal, a city not known for its ease of access. The problem is manifold but to me, the most obvious obstacle is the lack of knowledge. Many able-bodied people just do not know what "accessible" means. Most people do not notice of how many steps they climb to get into their place of work or whether that cozy bistro on the corner has a ramp. As well, many people assume that one or two steps is accessible, not understanding that a person in a manual wheelchair cannot even go up one step alone and that a person in a motorized wheelchair is not able to go up even one step with help.

According to the Canadian Human Rights Commission:

At this time... there are no national standards for access to buildings. Building codes are a provincial responsibility, and not all provinces have adopted the Model National Code. As a result, accessibility standards vary from province to province and people with disabilities can never be certain that they will not have to negotiate an obstacle course as they go about their business. (<http://www.chrc-ccdp.ca/arra/ar98-ra98/disab-defic.asp?l=e>)



Photo : Kenzie McCurdy

And even when there has been an effort to make a building accessible, I often wonder if these efforts have been thought out in collaboration with the disabled community themselves. I am sure that in most cases, this is true. However, most of us have come across buildings where we wonder if someone let their child draw up the blueprints. Like me, I am sure many of you have had to enter a building from a loading dock or an uninviting alley lined with garbage bins to scent the way. Or have had to use an entrance where there is a buzzer that you must push in order to contact someone to open the door— and found that the buzzer does not work. Or have tried to use a public washroom that is kept locked just so that no one other than a disabled person can use it— except that you can't use it either unless you find a security guard to let you in; no small feat usually.

Near my home, there are two new movie theatres. They are of the mega-huge variety with tons of restaurants, video games and 18-22 theatres crammed in. Movie theatres have always been troublesome for me in terms of access. The problem is that there is a spot designated for you to sit with your companion. In the old days, that spot was at the very rear of the theatre where the screen looked marginally larger than your television screen. Now, in these new theatres, your seat is in a more “thoughtful” position. It is almost at the front where you are so close to the screen that you can practically see the layers of makeup actors use to cover up their blemishes. I have gone to these theatres with guests. On occasion, these guests have not sat with me because the closeness of the screen was too hard on their eyes.

I had a similar experience at the Molson Centre where for safety reasons, people in wheelchairs may not stay on the floor near the stage since there is no accessible entrance from that level. Instead, we must sit in a designated area so far away from the stage that the live experience is lost. While it is nice that we are able to attend a live show or hockey game, we do not have that option of paying more for better seats. We will never experience the rush of being front row centre.

The problem is that disabled people often do not have a choice when it comes to access. There is one way and that is what we must accept. It is supposedly “better” than no choice but the fact is, choice is an integral part of independence. A venue is not accessible, in my eyes, until we can go where we like inside and outside with complete ease.

What all the above ramblings show is that accessibility is not an integrated part of society yet. And until it becomes that, disabled people will always be on the outside, relying on the help of others. What we need is a mass education strategy. As much as we may get tired of being advocates, if we want things to change, we have no choice. People must constantly be made aware of what accessible means. It is not just a one-time solution. We must educate, reeducate and keep on educating until every building is made accessible. And then we must continue to educate so that our presence will not be forgotten. ♦



Photo : Kenzie McCurdy

Accessible Montreal: One Curb Cut at a Time

by Maria Barile

If you are a woman who uses a wheelchair and you live on a one way street, you know the adapted bus stops in front of your house and the driver tilts you onto the sidewalk from the street. Now, imagine a slippery winter evening— say around 5 pm. The driver tries to tilt you up in your electric wheelchair and his foot nearly slips.

This happened to me in the winter 2001. Since then, I have tried to get the City of Montreal to create a curb cut in front of my house.

One of their many excuses was that a curb cut in the middle of the sidewalk could be dangerous to children who decide to cross the street there. What about the danger of not having the curb cut to the drivers, and us?

Another woman in our organization was told a curb cut would be dangerous for her. It turns out that the real reason was, “it cost too much money.”

Their logic is that if they do it for one person, it would create a precedent. Also, they argue, if I moved from my present address, the expense to create a curb cut would be money wasted. (Never mind that it's my house which I have lived in for 30 years, and that I have no plans of moving).

Eventually, I was told that there is a policy that forbids this. Since the spring of 2001, I tried to obtain copies of this policy. Finally, after the *Montreal Gazette* printed two stories on my situation and after I had a rather unpleasant conversation with a second city worker, I was able to obtain a copy of this policy. The following excerpt explains it all:

Politique de service sur l'aménagement de rampes pour handicapées 7.04

Cadre particulier

5.2 aucun rampe pour personne handicapée ne doit être construit ailleurs qu'aux intersection de rues,

(no ramp for people with disabilities should be constructed other than at the intersection of the streets)

In February, Luc Forget of Exaequo told me that the City of Montreal is prepared to make some changes and requested recommendations.

But my question is more fundamental than a recommendation. The above policy singles out people with disabilities. Is this bordering on discrimination? ♦

Your viewpoint is greatly appreciated to aid us in our collective understanding and in determining our process for change.

Did you know?

ESTIOL

There is new information on the hormone known as “estiol” and pregnancy among women with Multiple Sclerosis. Information is available from MS Canada's newsletter (Nov. 2002, Vol. 29 No. 4) or from their web page at www.mscanada.ca.

Physical accessibility not the only challenge

by Sujata Dey

During the summer of 2002, the *Table des groupes de femmes de Montréal* surveyed its members on their attitudes, policies, publicity, accessibility and procedures regarding accessibility .

This survey by the *Table* showed that physical accessibility is not the lead factor in determining whether women with disabilities participate in women's groups.

To women with disabilities, this is counter-intuitive. For years, we have fought to make spaces accessible throughout our community encountering frustration when most spaces are not accessible.

Well, take these statistics: in the sample of 44 member groups, 22 were accessible and 22 are not. So basically, we are talking about the same number. Out of the accessible groups, 12 had women with disabilities participating in them. And out of the inaccessible groups, there were nine groups who had women with disabilities participating in them.

While there is a difference, it is slight. Now, it could be that these women had disabilities that do not need to be accommodated by architectural accessibility. Unfortunately, the survey did not break down the participants by type of disability.

But the point is that accessibility alone doesn't necessarily ensure the participation of women with disabilities. For some groups reported that despite the fact that they were accessible, they had never seen a woman with a disability use their service.

Obviously, we can't forget physical accessibility; it is crucial. However, the survey gives us cause to believe that there may be other factors that influence women with disabilities' participation.

When we asked groups whether accessibility was a priority for their organization, the results become more interesting. Sixty-five per cent of groups who said that accessibility was a priority for them had women with disabilities participating in

their group. But when we take the groups who said accessibility was not a priority, only 18 per cent of them enjoyed the presence of women with disabilities in their groups.

OTHER FACTORS

And when we look at other statistics such as the presence of women with disabilities as employees, whether the group has a policy on accessibility and whether the groups wishes to become accessible, we see that the groups with these factors are also likely to have women with disabilities in them. It is unclear whether the women with disabilities were there first and these policies followed or whether these policies encouraged women with disabilities to attend. I would guess that both go hand in hand most probably.

ATTITUDES

In my interviews with the groups, I encountered some groups which were completely accessible but had outdated attitudes— attitudes that women with disabilities didn't use their service because they only served mothers or women looking for work, and that people with disabilities "had their own services".

While this attitude was rare, we must challenge this attitude by encouraging the idea of equality of women with disabilities as women and as feminists. We must advocate for the idea that welcoming women with disabilities in feminist groups is not an act of charity but of equality— an act that opens the feminist movement to all women.

For many groups expressed a wish to become accessible but felt that it just cost too much. These groups often didn't know what the pictograms for accessibility were and didn't indicate if their group was accessible. And these are actions that cost absolutely nothing! We have to show people that accessibility is not just a money problem but a question of will. And if we have the will to be accessible then physical accessibility and participation follow.

I must thank the members of the *Table des groupes de femmes de Montréal* for their openness. More than 72 per cent of their members responded to the survey and 80 per cent of them wished to become accessible. On the 3rd of December, we had a satisfying workshop where we presented the results and gave tips on how to become more accessible.



SOME INTERESTING STATS

- ❖ 22 had an accessible entry (16 by the front and 6 by the side)
- ❖ 13 had an accessible entry and an accessible bathroom
- ❖ 10 groups had documents in alternative formats (mostly by demand only)
- ❖ 21 had members with disabilities
- ❖ 2 had a TTY
- ❖ 6 used sign-language interpretation services
- ❖ 4 groups indicated accessibility on their publicity
- ❖ 28 groups (80 per cent of the respondents) wished to become accessible
- ❖ 73 per cent mentioned a lack of financial resources as a barrier to accessibility; only 7 per cent indicated a lack of interest ◆

New Books on Women with Disabilities

Serge Aimetti. Béatrice Hess, *La reine des sirènes. L'égalité au-delà de la différence*. L'Alsace-Le Pays, 2000.

Sylvie Boutaudou. *Ces femmes devenues mères... malgré tout*.

Déclic, April 1998 (vol. 45), pp. 36-38.

Centre technique national d'études et de recherches sur les handicaps et les inadaptations de France. *Les femmes handicapées. Dossier professionnel documentaire no. 11*. Éditions CTNERHI, 2002.

Under the direction of P. Costa, S. Lopez and J. Pélissier. *Sexualité, fertilité et handicap*. Masson, 1996.

Nicole Diederich. *Stériliser le handicap mental?* Éditions Érès, 1998.

Access Concordia

A PLACE FOR STUDENTS WITH DISABILITIES AT CONCORDIA UNIVERSITY

by *Mélanie Rabatte*

Around 574 students with different disabilities attend Concordia University. Up to now, Services for Students with Disabilities is the only program that gives the support that we need to succeed in university. But since October of 2002, a new association for students with disabilities has started.

Access Concordia was created by a group of students who thought that the university's student community needed to be educated. The association will not only support students with disabilities but also change our fellow students' attitudes. We will provide information on disabilities and on our concerns. In doing so, we will sensitize students and staff to the different barriers we encounter as people with disabilities. As well, Access Concordia hopes to improve physical access at the University—to make university education more possible for all students with disabilities.

The first mission of Access Concordia will be to get a space where students with disabilities can relax and support each other.

Membership is open to students at Concordia and to all others who wish to join us as associate members. ◆

Did you know?

Last year, *Action des femmes handicapées* set up its first French discussion group on the Internet. This group is open to all disabled women who wish to exchange ideas and share their experiences with other disabled women. To join this group, go to <http://cf.groups.yahoo.com/group/afhm> and click "join" on top of the page.

(*Mélanie Rabatte*)

From the Incredible to the Ridiculous

A TESTIMONY

By *Martha Twibanire*

(vice-chairperson of

Action des femmes handicapées de Montréal)

Speech given at a sensitization workshop by the *Table des groupes de femmes de Montréal* on December, 3rd 2002 on the International Day of Disabled People.

Greetings to all,

I wanted to share with you, in a brief speech, my experiences both as a disabled woman and as a single mother of three children. Certain things are common to most of us. But I think that when you live alone and care for young children, things are a little different and somewhat more complicated.

For example :

Accessibility :

I'll begin with public places: private clinics, banking institutions and learning establishments:

Private clinics: Even before I make an appointment with the clinic, I first have to make sure that the place is accessible. Imagine if there's an emergency...

Banking institutions: I had to switch banks because the automatic teller in my area was not accessible; I did not want to pay the extra fee for using another bank machine. So I changed from the Royal Bank to Canada Trust.

But that's not all. One day, I spotted a Canada Trust bank across the street on the corner of St. Catherine and Guy. I wanted to cash a check so I headed towards it. When I got there, however, there were ten steps to climb. Unbelievable...!

I had to ask a passer-by to go in to ask if a bank employee would come outside and meet with me. When he came out, we had no other choice but to do my banking transactions outside on the sidewalk. Totally ridiculous.....

Learning establishments:

Ever since we've immigrated to Canada, I've only been able to meet with my children's teachers during the Christmas holidays. And this was only possible because the teachers themselves took the initiative of coming to my home to meet with me.

However, you can understand how I would have liked to attend parent-teacher meetings and other activities as well.

On October 19th, 2002, I had to go with my son to St. Louis College for his registration. The college was not accessible so I had to stay at the bottom of the stairs for at least an hour....in the rain.

Luckily, someone drove by, helped me into the car and took me all the way home. I then called the college administration to make them aware of how inaccessible their building was to people with disabilities.

By then, my son had finished his exam and was looking for me everywhere. Thankfully though, he had the presence of mind to call home. I had a taxi pick him up at the college.

Employment :

I'm taking courses right now and within a month, I'll be actively looking for a job. With three children to support, I can't afford to waste any time.

Here again, I will have to deal with the problem of inaccessibility. Last year, I remember losing two job opportunities because of this. It seems like the only recourse we have is to work for low-budget, non-profit community organizations.

In short, I feel that accessibility is the key to the overall integration and participation of people with disabilities. Gaining access to employment, to medical care, to information, to different activities and to different lifestyles like everyone else, is what will transform people's attitude towards people with disabilities.

This is what, in a nutshell, I wanted to share with you today. I encourage all of you to continue your struggle towards accessibility. This is a barrier we must all deal with together. Together, we will overcome it. Long live women! ♦

Translated by Marie Soudre

CLSC, DPJ, the POLICE and PSYCHIATRY:

A Dangerous Combination

by Ghislain Goulet

printed with permission of Louise Baron

In her early twenties, Marie* is a single mother of three children. Unemployed, she has a violent boyfriend who prevents her from communicating with her family. Isolated, she has very little contact with the outside world.

In the last few weeks, she has been feeling tired; the responsibility of raising three children has taken its toll on her. She contacts the CLSC to ask for help. A few moments later, someone from DPJ (*Département de la protection de la jeunesse*) shows up at her door, introduces himself, and starts asking questions about her children; he asks to see their birth certificates. Afraid that her children may be taken away from her, Marie panics; she runs to a neighbour's house to call the police.

Marie returns home and waits for the police to arrive. The police arrive, notice the representative from DPJ but, of course, do not ask him to leave. So now, Marie has the police and children's protection services working against her. Finally, after endless negotiation and with the involvement of Marie's family, the children are placed under the care of Marie's brother.

That evening, an ambulance shows up at Marie's home to take her to a psychiatric hospital. She has no idea who has called the ambulance but there she is, in a hospital, against her will. A psychiatrist meets with her and concludes that she poses a danger and prescribes medication. The next day, another psychiatrist— who knows nothing about her case except what the first psychiatrist had said— confirms the diagnosis. Marie is placed under surveillance.

Marie rebels against her forced hospitalization refusing to acknowledge her condition. She categorically refuses to take her medication. She tries to leave the hospital, but in vain. She is then restrained and forced to take her medication.

By then, of course, her hostile behaviour is noted: her chart reads that she is aggressive and a danger to herself.

The hospital refuses to give her the name of her medication nor do they inform her about its possible side-effects. She carefully removes the label on the medicine cup hoping to find out more about what they are giving her. So far, no one has told her what she was suffering from. Over time, appeased by her medication, Marie becomes more docile and agrees to take her meds.

With the support of her sister, Marie decides to take her case to court. Of course, the hospital tries to dissuade her from doing so claiming she has no legal recourse. Marie then contacts *Action Autonomie* to find out what her rights are. A lawyer is hurriedly assigned to her case — literally overnight. He barely has enough time to prepare for the hearing much less actually meet with Marie.

On January 5th, Marie— under the influence of medication— meets with her lawyer, escorted by a hospital attendant and a security guard. As if things weren't bad enough already, she only has a few minutes to confer with her attorney before the hearing begins. However, her lawyer is confident about her case. He claims that she should be released from the hospital today as he sees no reason why she was placed under psychiatric care in the first place. What she really needs, he says, is simply a chance to rest and recuperate. It is decided that her sister will take her in, and her brother will continue to take care of the children.

The hearing is barely underway when the judge asks her lawyer if he has an expert-witness, a psychiatrist who can contradict the diagnosis. The lawyer answers no, that he hasn't had time to find one. The judge refuses to go any further; he will postpone the hearing to the following week and orders Marie to remain in the hospital until then. The lawyer objects and explains to the court the events leading up to Marie's hospitalization. The judge agrees to hear the case.

The first witness is a psychologist from the hospital who gives an impressive list of Marie's mental illnesses. Her lawyer then asks whether she poses a danger. The shrink's answer is vague : he wouldn't know since he is unaware of Marie's past or present situation. And since she has no history of mental illness, he could not arrive at a precise diagnosis. He couldn't understand how she ended up in ➤

the hospital. Furthermore, he points out that her condition had greatly improved since her hospitalization was ordered at the end of December.

When the lawyer says that Marie's sister is prepared to take her in to take care of her, the shrink seems surprised. Asked whether he believes that could pose a danger, the shrink begins to mumble and says yes... there could be danger. When asked what kind of danger, the shrink responds that he could not know that since the diagnosis was not precise.

The shrink then turns to the judge and says that he would prefer if Marie receive treatment at the hospital. (i.e. take her medication).

Finally, Marie is called to testify. She retells the events leading up to her hospitalization. However, when asked if she will continue to take her medication after she is released from the hospital, Marie, in all honesty, (God forbid) responds that she would not. The judge then immediately puts an end to the hearing refusing to hear Marie's sister's testimony—testimony which would have clarified Marie's situation.

Finally, the judge orders that Marie be kept at the hospital under surveillance for a week. He lectures her on the gravity of her situation given the fact that children's protection services had to get involved, and that he understands that it cannot be easy for a frail young woman such as herself to raise three children on her own. Paternalistic, he points out that she should take advantage of this week at the hospital to seek help.

A few days later, Marie and her sister meet with the shrink. He has the court order lifted and Marie is released from the hospital.

* Marie is a fictional name.

WE HAVE RIGHTS!

Can you see how Marie's rights were not respected?
Let us know your answers.

Here is the law as it pertains to keeping someone in an institution

Unless your consent is freely given with full knowledge of your rights and circumstances, or that it is authorized by law or the court; it is illegal to keep you in an institution either for a psychiatric evaluation to follow up with a psychiatric evaluation.

The only condition that would justify keeping you in an institution would be if your mental state indicates:

- ❖ a danger to yourself or others
- ❖ a serious and immediate danger to yourself or others

Hence, the purpose of keeping someone in an institution is to deprive them of their freedom. But even when institutionalized, a person still retains all their other rights. For example, he or she cannot be forced to take medication or undergo any treatment whatsoever. This is where the rules of free and informed consent apply.

For additional information, you can reach *Action Autonomie* at 525-5060. ♦

Translated by Marie Soudre

Did you know?

Claire Chénard is now in charge of women's issues at the OPHQ. *Action des femmes handicapées* met with her in April 2001.

Locked in a relationship

By Tracey Mitchell

American woman with a disability

My roommate and I will be celebrating our eight-year anniversary this year. We met, I guess, by chance and he knocked me off my feet.

For the first year and a half, everything he did made me weak in the knees. It was not always easy to tell, but he really had a hold on me. For our two-year anniversary he gave me a wheelchair. It sounds like a strange gift, but I sort of expected it. It was nice enough, as wheelchairs go, but for a long time I wouldn't take it out of the house, so he bought me more gifts.... forearm crutches, canes, leg braces and even a walker. He was not very romantic. For our three-year anniversary, he surprised me with a motorized wheelchair. By now, I wasn't thrilled with our relationship, but this wheelchair was nice. I took it everywhere. For the next year or so our relationship was pretty uneventful. He didn't bother me and I didn't bother him. He must have sensed that I really didn't want him around because for our five-year anniversary, he wanted to do nothing but keep me in bed. I guess that was his idea of romance. Year six and year seven have also been pretty uneventful on his part. I'm wondering if he has run out of gifts to give me. Over the years I have tried to get him to leave, told him that I didn't want to be bothered and he should just leave me alone, but he's very persistent and won't go away. So here we are approaching our eighth year, and I am wondering what he is going to give me this time. I can't say I'm looking forward to it because he never gives me anything that I want...oh well. By the way, you may actually know my roommate. His name is Multiple Sclerosis. ◆

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This Poem Is About Surviving a Mental Institution

By Tina Minkowitz

American woman with a disability

You had not forgotten who you were that time.
When they took you like a piece of raw meat
wrestled to the ground
hung up in Ereshkigal's castle underground
When they bound you stripped you of skin hair eyes
raw like a potato wet and clean
scarred and dirty
black flesh rotten with flies
When they took you like a lost angel free in flight
so the romantic vision gave you
and shot you to hell with pain
When they looked at you like a clean slate
When they made you beg for more to ease the pain
When they corrupted you by telling you there was
no choice
When your vision went black with no choice
No choice to accept their pain or fight and receive
more pain
no choice
no choice
Something was changed that day
but you held quiet inside you the seed or the hope
(of the seed)
Did you wait your whole life for it to burst into
flame? ◆

Visions of Healing

By Penny Parkes, AFHM member

I thought I knew.
What my healing
was supposed to look like.
But I didn't.
There will be no total regeneration of my body,
with, at most, a slight limp,
to remind myself of the road I once travelled.
I have joints that have been eaten away.
And good-byes to say.
I will not recuperate all my losses.
I thought if I fought long and hard enough
To take back what I had lost long ago,
I would get back my body, whole and intact.
I thought there was no healing
without the wholeness of having
my wounds effaced from my body –
without the strength
to protect myself from devastation.
I was wrong.
Because I know the arms of healing
stretch out to include me.
And I have heard that,
to those who quest long enough,
comes a vision of healing
where wholeness and strength are measured
by the number of caresses a person
lavishes on her battle scars. ♦

© 1997



Khobz tounes

Algerian cake

by Wassyla Hadjabi

CAKE

bowl of crushed and peeled almonds
1 bowl of grounded rusks (hardened sweet biscuits)
1/2 bowl of melted butter
1/2 bowl of sugar
1 tablespoon of orange blossom water
grated zest of one lemon
1 bowl of eggs
baking powder

SYRUP

500g of fine sugar
1 glass of water
1/2 glass of orange blossom water

PREPARATION INSTRUCTIONS

In a baking dish, mix together the almonds, lemon zest, grounded rusks, baking powder, and sugar.

Mix together the eggs and melted butter. Add orange blossom water. Mix together vigorously with a wooden spoon. Pour into buttered mould and bake.

Meanwhile, prepare syrup by boiling the water, sugar, and orange blossom water together for 20 minutes.

Pour syrup over baked cake. Let stand for a few minutes to allow cake to absorb syrup. Cut into diamond-shaped squares and serve on paper muffin-cup liners. ♦

Translated by Marie Soudre

News on the Accessibility Committee from the *Table des groupes de femmes de Montréal*

During their annual general assembly held in May 2000, *la Table des groupes de femmes de Montréal* (TGFM) adopted an accessibility policy which stipulates that their activities will be made accessible to women with disabilities. A work committee was then set up to see that this policy be implemented.

This policy is based on four well-defined principles: the feminist principle of equality, universal accessibility, diversity, and inclusion. Presently made up of five women, this work committee (supported by the staff of the *Table*) aims to integrate the concerns of women with disabilities into the TGFM's mandate.

Concretely, what this means is that, the activities of TGFM must be made accessible to women with disabilities. This implies, in particular, that the proper funds must be found to allow any disabled woman—officially chosen by one of the *Table*'s member groups—to participate in their activities. Furthermore, the *Table* must organize most of their training sessions and all of their committee meetings in an accessible location equipped with all the necessary adapted material. Our objective: to make all the meetings of all the committees within the *Table* accessible to women with disabilities.

Money is often the first barrier faced by groups and individuals concerned with accessibility. Therefore, the *Table* will work to make its members better aware of the importance of considering accessibility needs when applying for funding. Another challenge: that a global budget be created which would encourage accessibility in Montreal women's groups.

To make our concerns better understood, the accessibility committee met with two representatives of *l'Office des personnes handicapées du Québec* (OPHQ) on the 29th of May 2002: Ms. Bernabelkader, regional director and Ms. Chénard, regional representative on women's issues. They were

very interested in the *Table*'s approach to accessibility citing, in particular, its feminist viewpoint on this issue and the participation of disabled women as part of the community at large.

Moreover, members of *Action des femmes handicapées de Montréal* — in conjunction with the work of the committee — attended meetings which resulted in the *Table* advocating for the inclusion of women with disabilities' concerns during the fusion of Montreal's municipalities. They advocated that more women with disabilities be hired and that their needs and concerns be taken into consideration in the new City of Montreal.

Last summer, the *Table* also hired Sujata Dey as project coordinator to do a survey on the accessibility of our members' activities to disabled women. The survey rated accessibility on several points, such as: 1) accessibility and how physical accommodating the building was 2) the publicity surrounding an event 3) The attitude of employees toward women with disabilities etc. With a response rate of 72 per cent, the *Table*'s groups' participation was excellent.

As a sequel to this survey, a meeting was organized within the context of International Day of Disabled People. The purpose of this meeting was to make members of the *Table* better aware of the reality of living as a disabled woman and to share our diverse experiences with accessibility. This activity was held on the 3rd of December with 25 women attending, each from very different environments.

On the agenda:

- ❖ overall results of the survey
- ❖ certificates of acknowledgement awarded for accessibility
- ❖ several personal accounts from disabled women, namely one by Martha Twibanire, head of a single parent family
- ❖ Lise Veilleux and Andrée Dumouchel's introduction of *Projet Traces* involving four dancers (two blind women and two non-blind women) followed by a video presentation.
- ❖ Maria Barile's description of the mandate and work of AFHM.

All this was followed by a very moving discussion on the reality of living as a disabled woman causing us to reflect on how we can do things differently and deal with our time constraints. This meeting enabled the *Table des groupes de femmes de*



Montréal to make bridges between different women and to establish a greater sense of solidarity.

Finally, a "How-to" document was written on how to make the activities of the Table more accessible to women with disabilities. This first attempt, *Mode d'emploi pour l'accessibilité de nos groupes*, was drawn up by the accessibility committee; we hope to have a more complete version available in the coming year. From now on, we will always include a budget for accessibility in all of our funding requests. And above all, we continue to sensitize people; changing attitudes is the first step to opening people's eyes to the realities of women with disabilities' lives. The more we speak out on the life and reality of ALL women, the greater our solidarity will be.

There still remains a lot of work to be done but things are progressing well; I think we can say that the activities of the *Table des groupes de femmes de Montréal* will one day be totally accessible to women with disabilities. ♦

MEMBERS OF THE ACCESSIBILITY COMMITTEE:

Maria Barile, Louise Baron, Diane Charette, Sujata Dey, Diane Heffernan

Translated by Marie Soudre

Did you know?

BREAST CANCER PROJECT:

Action des femmes handicapées de Montréal is doing a survey on the accessibility of 14 breast cancer screening centres and five designated centres for investigation and research on breast cancer. We are conducting this survey in cooperation with the *Table sur le dépistage du cancer du sein de Relais-femmes* and *l'Équipe cancer de la Direction de la Santé publique Montréal-Centre*. The results of this survey will be made public on our web site (www.afhm.org) in the months to come. This project is subsidized by the Canadian Research Institute for the Advancement of Women (*Programme de contribution pour la santé de femmes*).

About DAWN Canada



On behalf of the Board of Directors, members and staff we would like to congratulate you on the re-launch of AFHM's newsletter! We wish you every success in this initiative!

DAWN Canada: DisAbled Women's Network Canada, is a national organization controlled by and comprised of women with disabilities. We are from all backgrounds and all disabilities. We are disabled and non-disabled. We are a feminist organization and a member of a number of equality seeking women's coalitions as well as an affiliate member of the Council of Canadians with Disabilities (CCD). We are working to achieve control over our own lives and end the stereotype that labels us dependent burdens on society.

DAWN Canada's mission is to end the poverty, isolation, discrimination and violence experienced by women with disabilities. We are working to ensure we get the services and support we need, have access to opportunities of non-disabled people take for granted, and have freedom of choice in all aspects of our lives.

To achieve our mission on behalf of women with disabilities, we have set the following goals:

- ❖ to do outreach to all women with disabilities, including aboriginal women, black women, Asian women, South Asian women, women of colour, immigrant women, lesbians, older women, women in institutions, and single mothers;
- ❖ to address issues such as poverty, employment equity, violence, mothering, sexuality, health, isolation, access to services, and New Reproductive Technologies (NRGTs);
- ❖ to be a resource for and about disabled women and our concerns;
- ❖ to provide role models for girls with disabilities;
- ❖ to be a bridge between women with disabilities and the women's movement; ➤

- ❖ to work together with the women's movement on issues which affect all women and to help the movement become accessible to women with disabilities;
- ❖ to work in coalition with those who share our concerns for social justice; and to be the voice of women with disabilities.

OUR HISTORY

In June 1985, seventeen women with disabilities from across the country met in Ottawa to discuss issues of concern to them and from that initial meeting, DAWN Canada was born. We are a national not-for-profit, cross disability consumer driven organization for women with disabilities which have networks in every province and all territories in the country. From our inception, DAWN Canada has focused on six areas of concern for women with disabilities. They are employment, poverty, self image, sexuality, access to health care and other services, and violence against women with disabilities. DAWN Canada is affiliated with provincial DAWN groups and other women with disabilities groups in Canada and internationally.

Our focus over the past number of years has been in the area of research, defining needs and concerns of women with disabilities and implementing strategies to address these issues. We collected extensive validated information in many areas including employment, health, self image, sexuality, violence, leadership development, parenting, and suicide prevention. Through partnerships with the funding support of Federal government departments, such as The Office of Disability Issues – Human Resource Development Canada, we have produced a wide selection of publications relevant to women with disabilities. A sample of these include:

- ❖ Expanding Our Horizons: Tech II Project
- ❖ Connecting Our Realities: Community Based Access to
- ❖ Mandatory Minimum Sentencing
- ❖ A Dark Corner in Canadian's Human Rights
- ❖ Portfolio Development Curriculum
- ❖ DAWNing Opportunities: Transitions to Self Employment
- ❖ DAWNing: How to Start and Maintain a DAWN Group

- ❖ The Impact of Block Funding on Women with Disabilities
- ❖ Finding Directions: Employment & Women with Disabilities
- ❖ Relief At What Cost? Women with Disabilities and Substance Use/Misuse

OUR CURRENT WORK

DAWN Canada is currently working on a number of initiatives in partnership with government departments and other non-profit organizations. Specifically we are currently involved in:

Expanding Our Horizons: Through funding received from ODI, we are currently working on bridging the "digital divide" through our work on empowering members of our network, and other women with disabilities from other countries in their technological skills. During this initiative, we will be developing a Technical Tools CD that will be distributed across the country and available in a variety of formats.

CAEFS Human Rights Consultations: DAWN Canada recently received funding through the Canadian Association of Elizabeth Fry Societies to complete research on the treatment of women with developmental disabilities and women with mental health problems in our prison system

National Litigation Strategy: Through funding received from The Court Challenges Program of Canada, our organization is planning a consultation to strategize on our future litigation approaches and to take a look at the priorities of our Equality Rights Committee for the next fiscal year. These consultations will be taking place in March/April 2003.

A sample of recent consultations/initiatives, members of our network are involved in:

- ❖ HIV/AIDS and Disability Consultations – AIDS Legal Network: Montreal
- ❖ Womenspace – Technology and Equality Seeking Women's Groups – E-book
- ❖ NAWL – Child Custody and Access – Ottawa
- ❖ Cross-Sectoral Working Group on Violence Against Women – Toronto
- ❖ CWHN – International Women and Health Conference – Toronto
- ❖ Parliamentary Standing Committee – Assisted Human Reproduction – Ottawa



- ❖ Women In Public Policy Initiative – National Advisory Committee - Vancouver
- ❖ Womenspace – Digitalizing a History of the Women’s Movement – Herstory Coalition
- ❖ Council of Canadians with Disabilities – Annual Meeting – Winnipeg
- ❖ Pay Equity Task Force – Ottawa
- ❖ CAEFS Consultations – Ottawa
- ❖ REACH – Accessibility and Transition Houses – Ottawa
- ❖ KDAWU – Mothering & Women with Disabilities – Seoul, S.Korea
- ❖ Womenspace – Social Policy Development using ICT – Ottawa ◆

Manifesto of the third European Conference Women with Disability Victims of Violence. What to do?

Falerna, Calabria, 16. - 18. November 2001
DPI Italy, IES Spain, bifos Germany, DPI Europe

We, more than seventy women with different disabilities from 16 European countries and one African country, gathered in Falerna, Calabria to exchange experiences on violence and discrimination.

We state that the conditions for violence and discrimination are the same in all countries of Europe. In view of the similar structures, disabled women are subjected to massive human rights violations without regard to their age, ethnic origin, sexual orientation, class and religious or other status.

We no longer accept being objects of violence and discrimination, and we insist on the respect and the protection of our human rights. We demand that all governments take the necessary measures to avoid wars or riots. Disabled people and especially disabled women suffer even more from the effects of wars.

WE DEMAND:

- ❖ all countries reaffirm their commitment to the UN-standard-rules on the equalization of opportunities for persons with disabilities and amend these rules with respect to the special needs of disabled girls and women
- ❖ extensive anti-discrimination legislation with regard to the special needs of disabled girls and women
- ❖ programs, actions and initiatives that impact on disabled people and women, and that these measures incorporate the human rights of disabled women and girls, and provide financial support for these programs



Did you know?

In Quebec, we have four disabled women’s organizations:

- ❖ *Action des femmes handicapées de Montréal*
- ❖ *La Maison des femmes sourdes*
- ❖ *Comité d’aide aux femmes sourdes de Québec*
- ❖ *Collectif femmes et handicap* (This was the first disabled women’s organization in Quebec and probably in North America.)

- ❖ that all official documents, e.g. of the United Nations concerning women, incorporate the special issues of disabled women and demand action

VIOLENCE

We demand:

- ❖ to ameliorate the living conditions of disabled girls and women
- ❖ in education,- professional training and professional-life in professional activities in self-sustaining activities by easy access to grants and loans economic independence, be it by employment or by basic pensions paid by the state
- ❖ research and gender specific statistics in order to take the necessary actions
- ❖ the analyzing of the stories of disabled women in order to develop strategies to change their living conditions
- ❖ representation of interests of disabled women within institutions
- ❖ accessibility of all women's centers such as women's shelters, counseling agencies against sexual violence, women's projects
- ❖ accessibility to counseling and information on rights and possibilities
- ❖ education for disabled women on their body and their sexuality
- ❖ awareness campaigns on all forms of violence to which disabled women are subjected
- ❖ special attention for disabled women who have problems communicating and therefore have problems being believed
- ❖ financed prevention - programs against sexual violence
- ❖ financed self-defense-training courses and self-assurance training courses
- ❖ training for female disabled self-defense-trainers
- ❖ to collect cases of violence against disabled girls and women, to publish them and to take legal action
- ❖ effective legal measures to punish sexual violence against disabled girls and women

BIOETHICS

We demand:

- ❖ that our opinion is heard concerning bioethics - prenatal diagnostics and prenatal selection, sterilization and genetics - that disabled women are represented on all boards regarding bioethics
- ❖ counseling agencies for parents which inform on and reflect the real experience of disability, the qualities and the perspectives. The counseling has to be done by medical professionals together with disabled people with different disabilities
- ❖ to abolish all discriminating laws, especially with regard to selective abortion and sterilization

PERSONAL ASSISTANCE

We demand:

- ❖ that personal assistance has to be offered for all spheres of life (at home, at school, at the place of work and at leisure-time)
- ❖ that disabled women with personal assistance have options either to live on their own or with the family
- ❖ that personal assistance-services have to be available to women with different disabilities. Payment of these services has to be guaranteed in all European countries
- ❖ training for personal assistants and recognition of the profession in order to motivate and to strengthen the rights of the employed assistants

PEER COUNSELING

We demand:

- ❖ that DPI Europe fights for the official recognition of the profession of Peer Counselor and the methods of Peer Counseling throughout Europe
- ❖ the enlargement of the exchange of experiences regarding Peer Counseling between countries
- ❖ Peer Counseling as service for disabled people has to be offered in all European countries (also in institutions)
- ❖ financing of Peer Counseling agencies



NETWORKING

We demand:

- ❖ financing of networks of disabled women in order to support initiatives and projects and financing of a female coordinator in Europe
- ❖ an accessible website (especially for blind women) with links to information from different countries and to important financial programs
- ❖ financing of seminars of Empowerment and trans-national and national meetings

We no longer accept being viewed as invisible citizens, ignored by women's and disability policies.

We insist on the respect and the protection of our human rights. We demand acknowledgement of the special issues of disabled girls and women, and that action is taken accordingly. ♦

New Books on Women with Disabilities

Charles Gardou. *Naître ou devenir handicapé. Le handicap en visages - 1.* Éditions Érès, 1997.

"L'expression d'une réalité. La loi française est-elle bien adaptée face au problème récurrent de la stérilisation?" *La Revue de l'APAJH*, December 1997 (vol. 56), pp.6-7.

Thierry Nieman et al. *Femmes handicapées en Europe: vers la fin de la double discrimination?* Le dossier. *La revue de l'APAJH*, December 2000 (vol. 68), pp 8-20, 22.

Réponses Initiatives femmes handicapées de France. *La vie autonome de la femme handicapée.* Réponse Initiatives Femmes Handicapées, 2000.

Delphine Siegrist. *Oser être femme. Handicaps et identité féminine.* Desclée de Brouwer, 2000.

Did you know?

Action des femmes handicapées de Montréal invites you to let us know any news regarding women with disabilities.

Did you know?

DISABLED WOMEN'S MANIFESTO

Disabled women throughout the world have gathered together to join us. Not long ago, women in Seoul, Korea formed an organization and drew up a manifesto which declares, "We are not disabled people. We are disabled WOMEN!"

Adaptech Project



ADAPTED COMPUTER AND
INFORMATION TECHNOLOGIES

*Maria Barile, Catherine Fichten,
Jennison Asuncion*

The Adaptech Project research team is made up of professionals, students, and consumers. We investigate the use of adaptive computer and information technologies by Canadian college and university students with disabilities. We are based at Dawson College in Montreal. We collaborate with individuals across Canada who form part of our multisectorial, dynamic and bilingual advisory board. Our primary objective is to provide empirically based information to interested individuals, professionals and organizations regarding universal accessibility of computer and information technologies.

We have completed three major research projects since 1996. The findings from these three studies demonstrate that students, regardless of gender, age, program of study or disability, make use of computer technologies throughout their studies.

The number and nature of the advantages that computer and information technologies provide demonstrate their importance in the academic success of students with disabilities. It is also noteworthy that personnel responsible for providing services to students with disabilities report that the use of computer technologies is beneficial not only to students but also to the education community in general. About half of the students in our samples had two or more disabilities. This implies the need for workstations that are adapted to accommodate several different disabilities at the same time. Students in our samples reported that they "cross-use" adaptive technologies - that is, students with a given disability use technologies that were developed for users with different disabilities.

Despite the fact that the Adaptech Project conducts primarily scholarly research, our findings have important implications. These prompted us to share our findings beyond the academic community. In addition to academic research, we have undertaken projects that are likely to be of interest to persons with disabilities as well.

In today's society, people make use of computer technologies for a variety of reasons. Unfortunately, computer technologies are not always

adapted to meet the needs of persons with disabilities. Nor are these technologies always compatible with the hardware or software that is already installed on their computers. In addition, hardware and software is expensive, making it difficult for persons with limited financial means to have access.

It is for these reason that Adaptech has launched the "Free and Inexpensive" project. This allows persons with disabilities the opportunity of trying out software before buying. We are on the lookout for products that are readily accessible and relatively inexpensive. Some of the programs are trial versions that only function for a limited time or only include some of the functions or features of the full program. Other programs are fully operational.

Our criteria for including a product involves a maximum cost of \$150. By going to our web site (www.adaptech.org) and visiting the Downloads section you can view our list of software and judge for yourself which of these products are useful in meeting your needs. We are not implying that these programs are effective replacements for state of the art adaptive hardware or software available to consumers. Rather, we offer these as short-term solutions or as an opportunity for testing products before purchasing them. We believe that "Free and Inexpensive" is a good place to start.

We encourage you to visit our website to learn more about the Adaptech Project, our research and recommendations and to discover "free and inexpensive" products. We welcome your comments and would be pleased to answer any questions you may have. We will be launching new research projects in the near future and will keep you informed of our progress. ♦

For additional information, please contact us:

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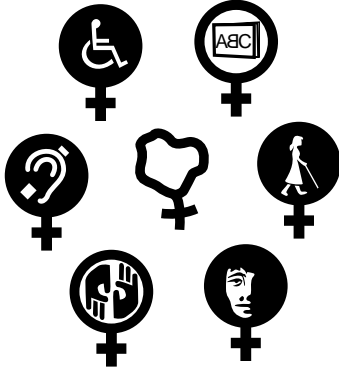
Jennison Asuncion: asuncion@alcor.concordia.ca

Action

des femmes handicapées de Montréal

7785, rue Louis-Hébert
Montréal, Qc H2E 2Y1

www.afhm.org



Dear members

It's the time of year to renew your membership with *Action des femmes handicapées de Montréal* (AFHM). This will ensure the sustenance of our organization which advocates for your rights and ensures that Montreal women with disabilities have a place of their own to talk about their concerns. This will also allow you to continue to receive free documentation and participate in women's activities.

To renew your membership or become a new member please fill out the form below and return it to us with

\$3 for women with disabilities,

\$5 for non disabled women,

\$10 for committees of women with disabilities, women's organizations, non-profit organizations.

Send it to:

AFHM,
7785 Louis-Hébert St.
Montreal, QC H2E 2Y1

Membership form

Renewal New Member

- Woman with a disability
- Nondisabled woman
- Organization

If organization, what type of service is offered?

Name/Contact: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____