



Submission to the Select Committee on Accessibility

About this submission

Accessibility is part of the work to address ableism, which is discrimination against people with disabilities. Accessibility and ableism are equality issues for women in New Brunswick for many reasons, including the fact that more women than men live with disabilities and there are disabilities that are more common among women than men.¹ Disabled women are also affected differently than disabled men by inaccessibility and ableism, including by [facing elevated rates of violence](#).

While the call for submissions is coming from a legislative perspective, the Women's Council is providing input that is broader in scope. This is because our expertise is not in technical knowledge of accessibility, but in addressing marginalization, inequity, and power imbalances. Our most meaningful and appropriate contribution is helping to ensure that accessibility is addressed within that context.

Our submission provides an overview of some of the critical concepts that must shape work on accessibility, ableism, and disability in New Brunswick. It also shares findings from our public engagement initiative, [Resonate](#), on the top issues and stressors identified by disabled women in our province. It explores the impacts of COVID-19 in relation to disability, as well as how disability community practices have shaped our survival of the pandemic. We conclude with recommendations.

Critical concepts

Accessibility

Every person has access needs—things that must be in place for them to be able to participate in a space, event, or arrangement. Access needs that are common to most people are normalized; they are simply the way things are planned, built, or arranged (for example, stairways are regulated by building codes that are based on accommodating average adult leg and gait lengths). Accessibility then becomes a response to disabled people, rather than something that all people require.

Accessibility is often thought of in terms of the built environment (e.g. whether spaces are accessible to wheelchair users) or the right to bring a service dog into a space. The accessibility of media as well as digital, online, and virtual spaces is also increasingly being addressed (e.g. screen reader-friendly websites and digital documents, Sign language interpretation or captioning for live broadcasts).

Mainstream conversations are relatively new on how institutions may provide an accessible built environment for mobility devices but be inaccessible due to their practices and policies. For example,

¹ The [Premier's Council on Disabilities'](#) submission to the Committee provides statistics on this. Additional statistics are available [here](#).

workplaces that only use open concept or cubicle workstations, have no work-from-home flexibility, or have a culture of regularly working through scheduled break and rest times would be inaccessible to some neurodivergent,² immunosuppressed or immunocompromised, and chronically ill people.

Ableism

Ableism is discrimination against disabled persons and the privileging of abled³ persons. It can be an explicitly held belief, an unconscious bias, or both. It exists at the internalized and interpersonal level as well as the societal scale in structures, systems, and institutions. Ableism is a broad term and there are also names for specific kinds of ableism, such as audism (discrimination against D/deaf people⁴).

Ableism arises from the idea that there is a “normal” or “ideal” body and mind. Society affirms and enables those who most closely align with that ideal while marginalizing those that do not. This ideal is shaped by racism (and white supremacy more specifically), gender-based oppression (including transphobia, homophobia, and misogyny), colonialism and imperialism, and expectations of productivity and individualism that are tied to capitalism.

Addressing accessibility without the context of ableism is inadequate. Doing so not only narrows what issues will be identified and addressed but removes the consideration of power dynamics. To make this concrete, consider that [in 2019](#) it was reported that hundreds of disabled workers in New Brunswick earned stipends far below minimum wage as participants in the province’s Adult Developmental Activities, Programs and Training program. Is this an issue of accessibility to employment opportunities or is it more accurately described through the broader lens of ableism as institutional exploitation?

Social model of disability

The medical model of disability asserts that individual people are disabled by impairments of their body or mind; the social model acknowledges impairments but argues that what is disabling is the inaccessibility and ableism of society. For example, the social model says that if a location lacks doors that are wide enough to accommodate a wheelchair, the wheelchair user is being actively disabled by the design of the space rather than their need to use a wheelchair. The social model affirms disabled people by validating the scale of challenges they face (which is to say: a world that has been built to exclude them) and naming that it is the ableist construction of society that is the problem, not them.

² From the [New Brunswick Neurodivergent Collective](#):

Neurodivergent, sometimes abbreviated as ND, means having a mind that functions in ways which diverge significantly from the dominant societal standards of “normal.” Persons with learning disabilities, an intellectual disability, Autistic, mad/living with a mental health condition, ADHD, other neuro-developmental disabilities (Down Syndrome, FASD, Fragile X, etc.) are part of the ND community.

³ Being abled is a potentially temporary state; anyone can become disabled through illness or accident and everyone who lives long enough will eventually become disabled.

⁴ “D/deaf” is used to reflect both “deaf” and “Deaf.” Lower-case deaf is a medical term for having little or no hearing; capitalized Deaf refers to people and communities who are part of the distinct identity and culture of Sign language users. D/deaf people and communities may describe themselves using either form. Many D/deaf people do not consider their deafness to be a disability.

Person-first and identity-first language

The use of person-first language (e.g. woman with a disability) and identity-first language (e.g. disabled woman) is often political and a person's preferences may change over time or based on context.

Person-first language is often assumed by non-disabled people to be the most respectful. The idea is that the person comes first, then the disability. This phrasing challenges the historical and ongoing dehumanization of people with disabilities.

Identity-first language reflects the social model of disability. Disabled persons may also use identity-first language to affirm that disability is not negative or something to avoid naming and to claim being disabled as a core part of who they are. Some disabled people use identity-first language to resist being pathologized (treated as if they have a disease or illness). Consider the difference between *I have autism* and *I am autistic*—the first implies autism is something that a person has, which is how we talk about illness, and the second is an assertion of identity.

Nothing about us without us

This maxim demands that disabled people be included in all matters that impact them. It doesn't mean merely considering or thinking about disabled people; it requires having disabled people at decision-making tables in positions that can impact and influence decisions.

Marginalized groups often face the issue of having people who are not part of the group attempt to represent and advocate for them. For disabled people, this is enabled by the paternalism that is endemic to ableism and is often done by family and caregivers. The harm of this cannot be overstated as there are so-called disability advocacy organizations that strive to eliminate certain disabilities, notably ones linked to neurodivergence.⁵ To address this, the United Nations [advises](#) that: "Organizations of persons with disabilities should be distinguished from organizations 'for' persons with disabilities..." Other terms that capture the spirit of this distinction include *organizations with frontline or impacted leadership* and *leadership with lived experience*.

⁵ From Rosemarie Garland-Thomson in "[Integrating Disability, Transforming Feminist Theory](#)":

Preventing illness, suffering, and injury is a humane social objective. Eliminating the range of unacceptable and devalued bodily forms and functions the dominant order calls disability is, on the other hand, a eugenic undertaking. The ostensibly progressive socio-medical project of eradicating disability all too often is enacted as a program to eliminate people with disabilities through such practices as forced sterilization, so-called physician-assisted suicide and mercy killing, selective abortion, institutionization, and segregation policies.

Disability justice

Disability justice is an intersectional framework for dismantling ableism. The World Institute of Disability [explains](#),

The Disability Rights Movement established civil rights for people with disabilities, opening up opportunities for them to participate more fully in society... But the Disability Rights Movement fell short of examining how aspects such as the intersections of race, gender, class and sexuality play a role in the oppression of people with disabilities. That's where Disability Justice comes into play.

Sins Invalid, a disability justice-based performance project, has developed a widely-used list of [10 principles of disability justice](#). The principles provide a radical critique of society, including capitalism.

Findings from Resonate

Through Resonate, the Women's Council heard from more than 1 400 individuals in New Brunswick in 2017 and 2018. The findings are available at resonatenbresonances.ca. They include stories, ideas, and priorities from participants in their own words as well as information on the initiative's methodology.

In the data collection stream for women, 40 per cent of respondents (528 of 1328) said they were either disabled, living with a mental health challenge, or both.⁶ Of these women, 9 per cent said they were living with a disability, 74 per cent said they were living with a mental health challenge, and 17 per cent said they were living with both.

In response to a question about the most significant problems they'd faced in their own lives as women living in New Brunswick in the previous 12 months, the most common issues cited by these 528 women were health care (both in general and specific to mental health); employment, education, and training; and violence.

On a question about daily stress, money was named as a top stressor for these 528 women. For women who did not say they were living with disabilities but did say they were living with mental health challenges, work and health also emerged as top stressors. For women who said they were living with disabilities but not mental health issues, health was listed almost as frequently as money as the area of life that caused the most daily stress. A number of women who identified as living with both a disability and mental health challenges declined to identify one area of life that caused the most daily stress and instead provided responses that described their daily stress as arising from multiple sources.

Poverty, caregiving, stress, harassment, and a lack of work/life balance were identified as factors that contribute to challenges with disability and mental health for these 528 women.

⁶ This includes women who responded to the question "Are you a woman living with a disability" with yes or by describing a disability in the question's additional comments field and women who responded to the question "Are you living with mental health challenges?" with yes or by describing a mental health challenge in the question's additional comments field. The Women's Council asked about disability and mental health in distinct questions as many people living with mental health issues do not identify as disabled and we wanted to gather as much nuanced data as possible.

COVID-19

During the pandemic, disabled people have watched their lives be dismissed as inconsequential every time that “it’s only the old, the ill, people with pre-existing conditions that will die” has been said.⁷

Disabled people have also seen many of the accommodations they have long asked for and been denied—such as flexibility to work from home and use of virtual meetings and appointments—widely implemented because abled people needed them in order to keep working.

Disabled people are now watching those options being clawed back in an effort to return to “business as usual.” Immunocompromised, immunosuppressed, and chronically ill people are witnessing society’s willingness to risk their health and lives for the sake of a return to the workplace and so-called normal.

Disabled people are also witnessing public policy continue to fail to take an equity-based approach, even in the face of a pandemic that has made it clear that communities are only as safe and secure as their most vulnerable members. Consider, for example, the Primary Care Network outlined in [the new provincial health plan](#). Via the Network, “anyone without a doctor or nurse practitioner in the province will be able to access a family doctor or nurse practitioner in a timely manner while they wait for a longer-term placement with a local community clinic or a primary care provider.” There is no acknowledgement that inconsistency in providers affects some populations differently than others and these populations should be prioritized in being connected with permanent providers. Due to complex health care needs and the realities of medical discrimination, some populations, including disabled people, benefit significantly from having consistent providers with whom they have established trust.

As people emerge from COVID-19 newly disabled or with additional disabilities, and as New Brunswick’s population continues to age, it is critical that we do better in terms of addressing ableism and systemic inequity at all levels. This will not only support those who are vulnerable and marginalized, but everyone.⁸

This is critical for surviving COVID-19—and building resilience in advance of future global events like it. Consider that many of the strategies that have supported individuals, families, and communities during the pandemic, like mutual aid and bubbles or pods, have deep roots in disabled community practices. The reality is that there is no viable future for our province without the contributions, knowledge, and leadership of disabled persons and communities.

⁷ This is profoundly ableist and a form of eugenics.

⁸ This is often called the [curb cut effect](#), a metaphor rooted in disability activism.

Recommendations

The Committee must approach accessibility with an acknowledgement of the profound ableism of our society and the importance of situating work on accessibility within that context.

While the Committee, as a government institution, cannot enact disability justice, it must align itself as much as possible with disability justice's commitment to addressing how ableism intersects with racism, white supremacy, misogyny, poverty, and all other forms of oppression.

The Committee must affirm the contributions that disabled persons and disabled community practices have made and will make to New Brunswick as well as the importance of co-creating⁹ our province's future—not just accessibility legislation—with disabled people.

The Committee must co-create accessibility legislation with disabled people and organizations of persons with disabilities. Other groups, including the Women's Council and organizations *for* persons with disabilities, must not be afforded more influence or impact than organizations of persons with disabilities. This will require developing ways to compensate disabled individuals who are not affiliated with organizations, or who are affiliated with unfunded or underfunded organizations of persons with disabilities, for their expertise and labour.¹⁰

To begin to create the conditions required for co-creation, the Committee should build trust by committing to making public the results of the gender-based analysis and disability analysis it undertakes on accessibility legislation.¹¹ The analysis should include identifying where there were gaps in available data as well as systemic challenges in the co-creation process that must be addressed to strengthen conditions for future co-creation.

⁹ A primer on co-creation is available [here](#).

¹⁰ People from marginalized identities are constantly expected to provide their expertise and labour to government without compensation; this reinforces their marginalization, contributes to their economic precarity, and shrinks the pool of contributors to those who can provide free labour.

¹¹ The Women's Council has [consistently advised](#) government to “show its work” on gender-based analysis.