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The Disabled Consumer and the Canadian Marketplace



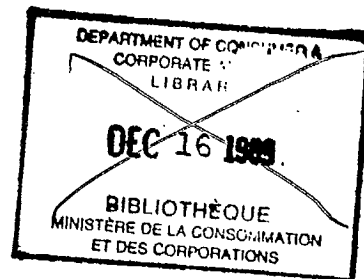
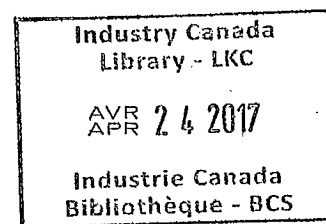
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The Disabled Consumer and the Canadian Marketplace

A Symposium



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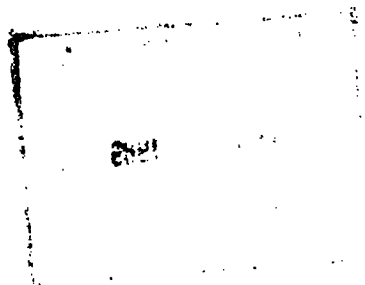
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**Dedicated to the
disabled employees of Consumer and Corporate Affairs Canada
coast to coast who daily, by their fortitude, professionalism,
and determination, inspire their colleagues to also give their
best in the public service of Canada.**

The Disabled Consumer and the Canadian Marketplace

Proceedings of a Symposium

Sponsored by Consumer Policy and Services

Atlantic Region

Consumer and Corporate Affairs Canada

in cooperation with

The Canadian Paraplegic Association - Newfoundland Division

To mark National Access Awareness Week

1989

Sir Wilfred Grenfell Campus

Memorial University of Newfoundland

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The opinions expressed by the symposium convener, presenters and participants do not represent the policies and positions of the Minister or the Department of Consumer and Corporate Affairs Canada.

Table of Contents

List of Participants	2
Introduction	3
List of Presenters	6
Wheelchair Accessibility: by Jill Phillips	7
Discussion of Physical Barriers and Hazards	10
Summary of Discussion	21
Consumer Issues of the Disabled: by Carmel Osborne	22
Discussion of Everyday Problems in Marketplace Transactions	24
Summary of Discussion	33
Marketing to the Disabled: A Roundtable Exchange	35
Summary of Roundtable	53
Closing Discussion	54
Issues and Strategies	56
A Final Note	65

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Introduction

The following are the proceedings of a symposium entitled *The Disabled Consumer and the Canadian Marketplace*, a project of Consumer Policy and Services—Atlantic Region, to mark National Access Awareness Week. The symposium is the third in a series organized by Consumer Policy and Services to explore emerging consumer issue areas in the Canadian marketplace. Previous symposia addressed consumer issues related to food and the consumer challenges faced by the functionally illiterate. While the subject matter of each symposium is markedly different, the format is similar each time. CCAC attempts to bring together knowledgeable individuals, officers of stakeholder organizations, representatives of concerned federal and provincial departments and staff from CCAC, as appropriate. Discussion and the exchange of opinion is deliberately unstructured so as to permit a maximum of frank and insightful exchange. The day's discussion is recorded so that the transcript can form the basis of a published proceedings, an "occasional paper", intended for circulation inside CCAC and among other interested persons in the hope that the ideas and insights the paper contains may spawn further activity.

Consumer Policy and Services—Atlantic Region is grateful to the participants in the symposium on the disabled consumer for their frank and compelling contribution. The record of their discussion deserves to be circulated widely and read carefully. It contains a catalogue of the difficulties and challenges faced by disabled consumers in the Canadian marketplace, as well as the participants' thoughts on what might be done, by whom and in which jurisdiction. Several of the issues articulated by the participants will be of particular interest to provincial departments of education and consumer affairs. Many of the issues identified are best tackled by business itself. But whether the reader is a public servant, private business person, volunteer with one of the many agencies which work with the disabled, or a disabled consumer, the record of the symposium will suggest different tasks to different readers.

Many organizations concerned about the rights, training and well-being of the disabled were represented at the symposium on the disabled consumer. All seemed keen to mark National Access Awareness Week in this fashion, in beautiful Corner Brook where the symposium was held. When National Access Awareness Week was brought to the attention of Consumer and Corporate Affairs in Atlantic Canada, Consumer Policy and Services undertook to mark the week in some way that would at the same time accord with CCAC's mandate as the "department of the marketplace" and recognize the importance of the issues the week is

intended to raise in the public consciousness. Consumer Policy and Services was very pleased to have the assistance of both the Department of the Secretary of State in St. John's and the Canadian Paraplegic Association (CPA), Newfoundland Division, in preparing for the day. It was at the suggestion of the CPA that the decision was taken to hold the symposium in Eastern Newfoundland.

Before discussion commences it is useful to review a few facts regarding the disabled in Canada and in the Atlantic region. The World Health Organization has adopted the following definition of a disability: "In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being".

For the purpose of developing a national database on disability, in 1987 Statistics Canada administered a national survey utilizing a set of questions having to do with "activities of daily living". For the purpose of the survey, persons are not considered disabled if they use a technical aid and that aid completely eliminates the limitation. For example, an individual who uses a hearing aid and states that he has no limitation when using the aid would not be included in the database. Time has also been added as a parameter. If the ability has lasted, or is expected to last at least six months, then it is included in the survey.

The *National Health and Activity Limitation Survey*, as it is called, determined that there are 346,370 disabled persons in Atlantic Canada, 10.5% of the total disabled population in Canada. Of that number, only 16,340 are institutionalized; the remainder, to a greater or lesser degree, are participants in the Atlantic Canadian marketplace. Compared to a national disability rate of 13.2%, the Atlantic Canadian rate is markedly high at 15.1%. Children under the age of 15 account for 8% of the disabled in the region, adults between the ages of 15 and 64 for 55% and persons over the age of 64 for 37%. Multiple disabilities afflict 61% of disabled persons in Atlantic Canada. The nature of their disabilities are as follows:

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|-----------|--|
| Mobility: | limited ability to walk, move from room to room, carry an object for 10 metres, or stand for long periods |
| Agility: | limited ability to bend, dress or undress oneself, get in and out of bed, cut toenails, use fingers to grasp or handle objects, reach, or cut own food |

- Seeing: limited ability to read ordinary newsprint or to see someone from 4 metres, even when wearing glasses
- Hearing: limited ability to hear what is being said in conversation with one other person or two or more persons, even when wearing a hearing aid
- Speaking: limited ability to speak and be understood
- Other: limited because of learning disability or emotional or psychiatric disability, or because of developmental delay
- Unknown: limited, but nature not specified

Persons reporting a mobility impairment are the largest group - at 66% - of the disabled in the region; 57% are agility impaired; 32% have a hearing impairment and 17% a visual impairment.

The official unemployment figure for the disabled in Atlantic Canada is a surprisingly low 7.5%, but the figure does not tell the whole story; only 34.4% or 65,415 of the disabled between the ages of 15 and 64 are in fact employed, and an astonishing 55.1% are deemed to be out of the work force altogether (only half of whom are in fact described as completely unable to work). Of the 125,510 elderly disabled in the region, nearly 85,000 report that they shop regularly. Only 16,000 disabled elderly report that they are, by virtue of their disabilities (as distinct from the limitations imposed by inadequate transportation or cost or distance), physically unable to do any more shopping or leisure activities outside the home.

In sum, the disabled represent a significant, albeit undervalued, consumer marketplace; despite the obstacles they confront, tens of thousands of Atlantic Canadian disabled persons endeavour to participate in the marketplace, right alongside their fellow citizens. Too often, as the following discussions reveal, an insensitive marketplace does itself a grave disservice by overlooking the business potential of 10.5% of Atlantic Canadians. Too often, an insensitive marketplace frustrates disabled Atlantic Canadians in their efforts to win fair and equal treatment in the Canadian marketplace.

Presenters

Each symposium in the series, organized by Consumer Policy and Services, begins with a few formal remarks delivered by invited speakers. The purposes are to provide some structure to, and to propose topics for, more detailed examination in the discussion to follow. In the case of the symposium on the disabled consumer, the two invited speakers were Ms. Jill Phillips and Ms. Carmel Osborne.

Jill Phillips

Ms. Jill Phillips has been Director of Occupational Therapy at Western Memorial Hospital in Corner Brook for the past two years. She became a certified occupational therapist in 1984 in England. Previous to her career in occupational therapy, she worked six years in the legal profession as a paralegal. She is on the West Coast Committee for the Canadian Paraplegic Association and has recently completed a survey of wheelchair accessibility in Corner Brook.

Carmel Osborne

Ms. Carmel Osborne has been Executive Director of the Consumer Organization of Disabled People in St. John's since 1985. Previous to working with CODP, she worked for Newfoundland Telephone in Public Relations for ten years. Ms. Osborne was educated at Memorial University and Holy Heart of Mary High School in St. John's.

Wheelchair Accessibility

Ms. Phillips:

There are many disabilities that determine the degree to which the disabled person is able to function as a consumer in the marketplace. I will be talking today mainly of the experience of the wheelchair user. The reason for this is that the Occupational Therapy Department conducted a wheelchair accessibility survey in Corner Brook last year. The survey brought to light some of the difficulties encountered by the wheelchair user in Corner Brook. My intention is to briefly describe some of the results of the survey and then to discuss how architectural values may limit unnecessarily the ability of the disabled to function as a normal consumer.

In total, 18 public buildings were surveyed. Buildings surveyed included restaurants, hotels, churches, shopping malls, service clubs, theatres, recreation centres and doctors' offices. In other words, the list included virtually every type of building Canadians visit in the course of a normal working day—to shop, to visit the doctor, to dine, and so on. All are buildings to which the disabled consumer requires access, just like any other Canadian.

The survey provides some sense of the effects of physical barriers on the disabled consumer. The first part of the survey examines the availability of wheelchair parking and its location in relation to the entranceways of various buildings. The section, for example, discusses car park surfaces and points out just how difficult gravel, sand or other such subsurfaces are to negotiate in a wheelchair.

Another section of the study examines various problems having to do with front entrances. It may come as a surprise to you, as it did to me, to learn that in many buildings the wheelchair entrance is the loading area at the back of the building. Would you by choice go to a special dinner at a hotel or a restaurant which required you to enter the premises through the delivery bay? It is not only the disabled who are affected by such insensitivity. The business community itself pays a price.

The study was conducted on behalf of the Occupational Therapy Department by an occupational therapy student. When staff get the time and the financing, we would very much like to have it properly printed and distributed. We would also like to have it updated every two years. The media were contacted at the time and several interviews were given. The report did receive considerable attention.

The business community was not provided with copies of the report. The study was conducted establishment by establishment; we were concerned some businesses would be offended by the report's findings. Some businesses will be shocked and perhaps angered to discover that, having made some sort of effort to make their premises accessible, they have, in fact, made their premises even more difficult for the disabled to use. I must acknowledge, however, businesses were very cooperative.

Perhaps the most important finding contained in the study, and the thing which frustrated the businesses surveyed the most, was their own lack of awareness of what exactly constitutes wheelchair accessibility. Many of the businesses surveyed were under the wrong impression, that making their premises accessible of necessity means spending a lot of money. Most unfortunate was the fact that several businesses had done just exactly that; they had spent a lot of money trying to make their premises accessible only to have them no more so at the end of the exercise than they were to start with.

It's a major problem. On any other matter, a wise business person would take the time to find the necessary professional advice—taxes, legal issues, even window dressing—but when it comes to making their premises wheelchair accessible, they think they can guess at what's needed. Or they leave it to some contractor who has never taken the time to read any of the literature on accessibility.

I could understand if there was a shortage of good material on accessibility—but there isn't. There's a lot of good information available. If anyone contacts the hospital to request an assessment of their premises, we fit it in whenever we can, no matter how busy we are. It's so important, when a business has taken the time to seek out sound advice, to make sure they get it.

As frustrating as the fact that businesses seem unaware of the information on accessibility, is the fact that others—aware of the information—seem unable to see how to apply it to their own business and to their own premises. If the hospital is asked to provide information, the first thing I do is ask to have a look at the business to see where the most suitable area for the ramp is, and at which angle it ought to be. I know of a business, for example, which spent the money to install a ramp, but did not bother to discuss the most appropriate location for the ramp or the most satisfactory gradient. As a result, they made the mistake of building their ramp straight down the slope in front of their building, instead of across the slope, and so the gradient is way above the 1 in 12 standard.

They simply hadn't taken the time to think about the matter. That's the sort of thing we're up against.

In another instance, the contractor installed a new ramp and was careful to provide a 1 in 12 slope. Unfortunately, he didn't think to provide a platform at the top of the ramp. The result is that when a disabled person wheels up to the top of the ramp, and takes his hands off the wheel to open the door, he rolls right back down again. If the contractor had only thought to provide a little platform at the top, he wouldn't have wasted his time and the business person's money.

The problem, as I've said, is that there is a lot of information available and plenty of good will in the business community to make changes to provide access, but somehow the information doesn't get into the right hands at the right time. Somebody has to tie the pieces together.

Often it is the small adjustments builders make to an otherwise sound design that renders a good effort a wasted one. In order to prevent snow build-up, for ease of snow clearing, contractors will place small ridges on a ramp. But, near the top, that little lip makes it very difficult for the wheelchair person who must get over it and open the door at the same time. Of course, I've seen some ramps that Arnold Schwarzenegger in a wheelchair wouldn't be able to get up! Too many people put a ramp in merely to be able to say they have done so and never give another thought to the difficulty, even hazard, it may constitute for the wheelchair person.

Businesses or contractors in search of information on accessibility can try the occupational therapy department at the nearest hospital or the Canadian Paraplegic Association. Unfortunately, both provide such information on a voluntary basis and quite possibly they will be unable to do so if their resources are limited.

Discussion of Physical Barriers and Hazards

The following discussion revolves around Ms. Phillip's presentation. The purpose of the discussion was twofold. First, the participants reviewed the difficulties that a disabled consumer routinely faces, when trying to gain access to a building. In particular, the problems associated with the front entrance and with parking spots intended for use by wheelchair users, were examined. Second, hazards which are commonly encountered by the disabled, both indoors and outdoors, were discussed.

Convener: Even though the organizations may be willing to provide information on accessibility, do businesses know to ask for it? It sounds as if the willingness is there to make the improvements necessary to make the marketplace more accessible, but there just isn't sufficient readily available expertise to ensure the effort is always productive.

Participant: The information is available but, as you say, there is no one organization that is expressly charged to distribute it.

Participant: The CPA is handing material out, the Consumer Organization of Disabled Persons is handing it out. Indeed our organization (CODP) has made it a point to see that it is provided to any government department — municipal, provincial, whatever — with which we conduct business. We have made a point to blanket our province with such information. So there is no doubt that the information is there.

Convener: So you're saying that just because no one has a shingle outside his/her door saying "Wheelchair Accessibility Consultant", doesn't mean there aren't all sorts of people around who are willing and have the expertise to help any business person who takes the time to ask.

Participant: There are plenty.

Ms. Phillips: The problem is not so much with getting the information as it is with what is done with the information once the individual has it.

Participant: It never ceases to amaze me that with all the attention the wheelchair disabled have received in recent years buildings are still being put up — new buildings — that are not accessible. There was a new hotel just built in Labrador, for example, that is less than 6 months old and it's not

wheelchair accessible. Our organization (the CPA) went to the Department of Labour and asked politely (?) "How did the building get approved? Who in St. John's put a stamp of approval on the blueprints?"

Convener:

Last year, our department supported two different studies by consumer organizations across the country related to this issue. In one case, the British Columbia chapter of the Canadian Paraplegic Association was provided with a project contribution to conduct a study of the design process of retail spaces. In the second case, we made a project contribution to the Newfoundland chapter of the Canadian Paraplegic Association to carry out a study of the availability of three point seat belt retrofit kits for automobiles.

Participant:

You mention the design process. That is where, in my view, the problem of the new building arises. Designers and architects simply are not yet sufficiently sensitive to the requirements of the disabled. They treat the insertion of ramps into their grand designs as an irritation. They persist in leaving the matter of accessibility to the last minute in the process of developing their designs. It may be that the older generation of architects are the problem and the problem will be self-correcting in time. But for the moment, their insensitivity costs everyone. I've heard that, if from the outset you design a building to make it physically accessible, it's approximately 1% of the total cost or less. If, however, the building is up and you must go back and retrofit for the requirements of the disabled, costs can run as high as 15% of initial construction costs.

Participant:

I am very concerned about the careless way people treat disabled parking spaces. Often the store or mall management is as guilty of abusing disabled parking spaces as customers are. We went to a mall here in Corner Brook a week ago; the disabled parking spot was empty, but someone had filled it with shopping carts. I felt like ramming the whole lot of them.

Participant:

The problem I encounter all too often is that even when the disabled spot itself has been left vacant, people who park alongside leave too little space for the disabled person to get out of their car. I personally will not take a chance anymore. I've been trapped once too often.

Participant:

The disabled parking spot is supposed to be wider.

Participant: It's supposed to be wide enough to take the width of the door, but I personally wouldn't depend on it. Technically a disabled parking spot is approximately 4 feet wider than a standard spot to allow for the width of the door. What seems to happen is that when a store decides to put in a disabled parking spot, they install or paint the sign to mark it, but don't bother to widen it.

Convener: Half measures again, well-intentioned half measures, that seem to cause as many problems as they solve.

Participant: In the wintertime, you can't see the disabled symbol on the pavement.

Participant: How long do the white lines last anyway? Our organization recommends the signs be put on an upright post. My greatest frustration is that half the time the disabled parking spot is occupied by the vehicle of a non-disabled person. The next time I'm going to call the RCMP, or the RNC, or the mall managers to insist they ticket the offending car.

Participant: We've done that for the past two months in Stephenville and it's working quite well.

Convener: Are there products on the market, which, when you are assessing accessibility, you are concerned about? For example, are certain kinds of flooring or carpeting being used that should not be installed in certain situations? It's one thing to talk about the ramp and the width of the door, but what about all the other materials or fixtures which restrict the disabled?

Participant: It depends on the disability. To give you an example, I like carpet because of my crutches, but moving a wheelchair on a carpet can be difficult. So you see, it depends. Speaking personally, anything which has an extremely slippery surface—especially when wet—is a danger, whether you're in a wheelchair or not. Some hospital floors, which are highly polished and easy to keep clean, are dreadfully dangerous.

Participant: Floors in fast food restaurants are also very dangerous, especially if they have just been mopped, which, it seems, the young people who work in them, are always doing. If you're on crutches, in a wheelchair, using a cane or have a mobility problem of any sort, it can be very exciting to buy

a hamburger. Your concentration has to be acute. All these years of coming face to face with tile floors, I've learned. It's second nature to me now. I just look at the surface and I make a subconscious assessment; if it's carpet, I've got to push forward a bit more; if it's a slippery surface, I have to watch where I put my crutches so they don't come out from under me.

Convener: As a business person, how do I know, with all the best intentions in the world, whether I should have a smooth floor or a carpeted one?

Participant: I don't think anyone in the disabled community is very concerned about flooring. They're more worried about getting into the building first; once in there, most disabled people simply adjust to the environment they're in. If the building has slippery surfaces, they take a little more care.

Participant: Well, I'm concerned about flooring. My child falls frequently and when she takes a fall, she's in pain. Not to pick on fast food restaurants, but they use such smooth tiles, which are very slippery, especially in rainy weather. When snow and salt are on their floors, the situation is treacherous. I think we, as a group, could ask the operator to put large wide runners down for the winter. It's really dangerous otherwise.

Participant: Any rough surface where you can catch a grip might be all right.

Participant: The other problem a wheelchair encounters with carpeting is the build-up of static electricity. I find if I roll down a carpeted hallway and then touch an elevator button...

Convener: You fly back 5 feet!

Participant: I'm going to throw a monkey wrench into this discussion. I think we're dealing with a lot of different situations and needs. I can understand that a wheelchair person would certainly prefer carpeting to provide them with a better grip. But in my case, being blind and needing a cane, I find flooring that will set up an echo to be much better.

Convener: So the harder the floor, in fact, the better.

- Participant:** Well, not necessarily harder. But as long as it does have an echo.
- Participant:** There's no way to please everybody.
- Convener:** The business person may hear the call from the disabled community for greater sensitivity, for recognition of the potential of the disabled, if only unnecessary impediments were removed. However, it must be very difficult to know how to respond.
- Participant:** The business person has to be concerned with the non-disabled consumer as well. The fast food operator wants a place that looks attractive and is easy to keep clean — hence their famous tiles.
- Participant:** That may be, but I find their flooring unnecessarily slippery.
- Participant:** Hospitals have some of the most slippery floors, but the problem with hospitals is that if they installed rough surfaces, patients running around bare foot would complain.
- Participant:** At the very least, developers should try to eliminate the worst problems — deep pile carpeting or highly polished flooring, for example. There has to be some flooring product out there that's not going to stay damp forever.
- Participant:** Here in Corner Brook, one so-called Federal Building is not accessible to wheelchair people. There are 4 or 5 government departments located there, plus the post office which incidentally has a very slippery floor. Most of the government offices are on the second floor and there's no elevator. I think it's a perfect example of insensitivity on the part of government.
- Participant:** We have a lot of problems with government departments at various levels. Matter of fact, when our organization first started off, we contacted the Ombudsman to raise several concerns. It turned out his office was on the second floor of a building with no elevator; we ended up holding our meeting downstairs in one of the corridors.

Convener: Ms. Phillips, your comments have sparked considerable interest. Perhaps we should return to your study for a moment. Was there one category of building that came off better than the others or one category that was particularly poor?

Participant: Shopping malls were among the most accessible structures. The worst were the service clubs. They are invariably located in old buildings that are extremely difficult to retrofit. The terrible irony is that many of their members are disabled.

Convener: How about doctor's offices?

Participant: Some are ramped and some are "up flights" of as many as 18 stairs.

Participant: Did you have a look at the matter of extra wide steps?

Participant: You mean the steps that are the standard drop but a step and a half wide before the next step down?

Participant: I think they're terrible.

Participant: I like them. I've got room to move my crutch about. I don't have to worry about my foot falling off or the crutch sliding off. The steps I hate are the really narrow ones. But the worst of all are the chain link steps. If I'm not careful, my crutch goes right down between the holes.

Participant: There you go. There's no pleasing everybody.

Convener: Let me ask you again, are there products that limit the accessibility or the participation of the disabled which, in your view or experience, ought to be regulated? Are there products on the market which you think are downright hazardous? Should some level of government require that pile carpeting be labelled a hazardous product? Should terrazzo flooring be required to carry a warning label because when it's wet, it's dangerous?

Participant: I can't think of any products.

- Ms. Phillips:** I think someone should do something about automatic door closers. We recently renovated the old Coma centre area of the hospital and we had to have a door that closed automatically to comply with fire regulations. We required a door that someone in a wheelchair, or with some other type of mobility impairment, would be able, with a light touch, to open and have the door slowly close behind them, rather than closing heavily. Doors which close too fast can knock people off their feet or catch their wheelchair if they're not quick enough to wheel through. Yet there is apparently nothing on the market. The catch 22 is that we require such a door to be in compliance with the fire regulations, but can't install one because it is unavailable in Canada. So the only part of the hospital in violation of the fire safety code will be the Occupational Therapy Department.
- Participant:** That's simply a matter of adjustment to the door, isn't it?
- Participant:** Shopping malls have very heavy door closers.
- Participant:** What about the closers on elevators?
- Participant:** In large buildings of many floors, the elevators are set to open and close very quickly so as to make no one wait. But for the person in the wheelchair, they are treacherous.
- Participant:** I think it's just a matter of adjustment.
- Ms. Phillips:** They can't do it. I was talking to the consulting engineers contracted to design the new facility and choose equipment. They said that they have the lightest doors available installed already — but they're still useless.
- Participant:** And then of course there are turnstiles. You cannot get into them with a wheelchair.
- Participant:** They are terrible.
- Participant:** If you're on crutches, you get stuck in them everytime.

- Convener:** Did your study look at barriers like turnstiles?
- Participant:** No. But, of course, we are only too aware of the barrier they constitute.
- Convener:** So, on the one hand, they are required, and yet on the other hand, there is not an adequate product on the market, or rather the product that is available is flawed; indeed for a certain segment of the population, it actually constitutes a hazard.
- Participant:** If you walk around the city, you will find fire hydrants and even the occasional parking meter in the middle of sidewalks. It's very hazardous at the best of times to walk with a cane. So, you can imagine, what it must be like to be walking down a street, and then suddenly find you've walked into the back of a car parked on the sidewalk.
- Convener:** I guess I took it as given every sidewalk is being repaired, but you are telling us that this is not the case?
- Participants:** (Laughter)
- Convener:** Thank you for sorting that one out.
- Participant:** I hate those posts that they have in department stores.
- Participants:** (Laughter)
- Participant:** Try to find the guy who has the key to unlock the darned thing.
- Participant:** You have hit the nail on the head.
- Participant:** The posts in department stores are a major problem. A store in St. John's had to remove its post; previously they had kept the post locked to prevent customers from taking carts to the parking lot, but the problem was the manager had to be called time and time again to unlock it. So they replaced the post with a slightly wider space between the permanent posts, large enough to allow a wheelchair to pass through, but not wide

enough to allow carts through. I was very pleased to have played a part in the store's decision to replace its post. I had suggested to the manager that he have a look at widening the posts when I happened to be in the store Christmas shopping with my son, who is in a wheelchair.

Carmel: So it can be done.

Participant: The problem is stores change managers so frequently. Our parents' organization had persuaded one particular manager to unchain his gate, but the next day he was gone and the new manager was padlocking the gate once again. Of course, he is never to be found when I'm shopping with my son, and we are forced to wait a long time while they page him, or try to find him at coffee somewhere in the mall. I have given up shopping there, the frustration is too great.

Participant: In one case, our group succeeded in getting posts removed from the front of one department store because we were able to persuade the fire department that they constituted a danger in the event of a fire.

Convener: When I talked to Ms. Phillips and to Ms. Osborne, I said, "I know it's National Access Awareness Week, and I know its purpose is to bring the issue of accessibility into focus, but can't we get beyond that because everybody is already sensitive to the problem of accessibility to buildings.

In the hour we've been here, we've heard that federal government buildings aren't all accessible, ramps still aren't properly sloped, telephone poles and hydrants are placed in the middle of sidewalks, doors close too quickly, thereby trapping people, and businesses don't know where to go for help in making good use of the information that is available. So, even though everybody may be conscious of the accessibility issue, we seem not to be making the kind of deliberate and careful progress we should be making.

Participant: We talk about people making others aware of the accessibility issue. But because of my daughter's particular disability, I have to make people aware of hazards all around us. I'll give you an example of the sort of hazard I'm referring to. At the school my child attends there is a half ramp of concrete which is going to be replaced next year. The school had contractors look at it. The contractors tore up the ramp and left a big mound of concrete overturned on the path. My child has a balance problem; she has considerable difficulty walking. So, you can imagine,

the kind of hazard this big piece of concrete, overturned and lying on top of what was left of the ramp, posed for my daughter. I exploded one day, and I said to the principal, "What's going on? This is totally unacceptable. It's unsafe." The principal said it would be fixed during the school break. I said, "There are 15 school days left, and that's 15 days of potential injury." Well, on Monday, I was thrilled to find the work done. Tuesday, however, I came to school to find bookbags all lined up across this nice clean concrete. The kids thought it was a nice clean place to leave their things. I explained to the kids the hazard they had created and they moved everything immediately.

The point is everyone has to look for the hazards. It's not enough to provide ramps and stairs, and so forth; they all have to be maintained. There's so much in the environment that's a potential source of injury, but which is constantly overlooked. We have to make an effort to see the risk.

Convener:

When you have a child, you begin to look at the world as a place of hazards for your child. However, we tend not to bother to think of the hazards all around us.

Participant:

Stores are full of dangers. Display racks of small toys, like dinky cars, use little elongated hooks on pegboard. Those little metal hooks are deadly. Seven inches of steel wire sticking out. My Karen falls, as I have said. In a store, if she falls, she may fall on to one of those. It is just a miracle that she hasn't been turned face-first toward a rack when she has fallen.

Participant:

Those single prong display racks with the 6 inch prongs terrify me. I avoid stores that have them because I'm afraid of slipping or having one of my children end up impaled on one of these things. I routinely avoid businesses that use those kinds of things because I'm not prepared to take the children.

Participant:

Now they are a product that should be banned forthwith. They're just too hazardous.

Participant:

I lose my balance a lot too because only one part of me works the way it should. Sometimes in a store I go headlong, and several times have fallen against one of those displays.

- Participant:** That's such a simple thing about which to do something.
- Participant:** There are many hazards I can think of for the disabled in stores. There's, first of all, the way stores shelve products.
- Participant:** They're just so overstocked.
- Participant:** On one occasion, I was walking through a store, my shoulder struck a box and it crashed down. They're dangerous, not only for the person with a disability, but for anyone.
- Participant:** I've given up counting how much stuff I've knocked off shelves.
- Convener:** Are there certain stores that are more hazardous than others?
- Participant:** Yes. Grocery stores. Especially if you have a problem with height also. I cannot reach above my height because I lose my balance. I was in a store and I wanted a particular article. I tried to reach it and everything came down on top of my head. How do you get out of something like that without embarrassing yourself to pieces?
- Participant:** Narrow aisles are my greatest frustration. At least with grocery stores you're usually safe because, if the aisle will take two lanes of carts, they will also take wheelchairs easily.
- Participant:** But for someone on crutches or holding someone else's arm, grocery stores pose a problem.
- Participant:** Anywhere I go, I've got to be aware of my surroundings: am I going to knock something over; am I going to bump into this; what's the floor surface like?
- Convener:** With degrees or different types of disability, your level of consciousness must adjust. You don't put your foot down without being conscious of where it's going. That's really what you're talking about, that really is the problem the disabled consumer faces. You can't do things unconsciously; everything has to be done deliberately, consciously.

Participant:

I am constantly looking down so I don't see a lot of scenery. As a kid growing up I learned the hard way that I had to do so.

Summary Of Discussion

This discussion revealed the many problems associated with disabled parking, entranceways constructed for the disabled, and physical hazards encountered by the disabled.

Some businesses are insensitive to the disabled consumer, in that they still fail to provide adequate access to their premises. The problem stems from the lack of information, or rather, lack of effort, on the part of some businesses to obtain and correctly apply information regarding the construction of physically accessible premises. Such information is available from local hospitals, the CPA and organizations like CODP.

Parking, intended for use by the disabled consumer, is often treated as an afterthought by retail management. A store may decide to put in disabled parking, by installing or painting the sign to mark it but neglect to widen the parking spot to the required width, which is 4 feet wider than a standard spot.

The discussion also revealed a range of physical hazards and barriers encountered by the disabled person. Stores contain many hazards, such as display racks with 6 inch prongs, which are a danger to those with balance problems, who may fall against them. Physical barriers include posts at the front of stores, turnstiles, and some types of doors. Outdoor hazards include fire hydrants and parking meters placed in the middle of sidewalks.

The suggestions and concerns raised in this discussion are especially useful to business owners who would like to increase the number of their disabled customers.

Consumer Issues of the Disabled

Ms. Osborne: This is National Access Awareness Week. The week is focused around 5 areas: transportation, education, employment, housing and recreation. I am going to deal with each area in turn, and describe to you some of the consumer issues our organization has addressed. But first, I should explain, that the issues we take up are issues brought to us by our membership.

Transportation

To begin with transportation, we have been informed by our membership of the difficulties encountered by the deaf in using the airlines. For the deaf person travelling, no visual aids are provided, beyond the few used to accompany the oral explanation of airline safety regulations.

When the deaf traveller's plane gets diverted for reasons of weather or mechanical difficulty, I am told that often no one bothers to tell the deaf person. Two years ago, one of our Board of Directors was on his way back to St. John's from a meeting, and ended up in Toronto. When the plane landed, he assumed he was in St. John's because no one had bothered to tell him. It's very much a matter of training.

Also, in regard to transportation, we are concerned that the ferry service to the smaller islands is not accessible to the disabled. Wheelchair passengers must stay in their cars during the run, which you and I would not be permitted to do because of safety regulations. They are forced to break the law.

Education

To move on to the second theme for the week, education. Although a lot of the schools are wheelchair accessible, when the disabled student gets into the building, there are usually no readers for the blind, no large print books for the visually impaired, no sign interpreters (there are only 3 in the whole province of Newfoundland), and many times washrooms are not wheelchair accessible.

Employment

On the subject of employment, I don't think I need to say very much about the part played by discrimination in restricting the opportunities of the disabled.

Housing

There is insufficient housing across the whole province for disabled people. An apartment building may be described as wheelchair accessible, but the apartments themselves rarely are. Counters are too high, washrooms are inaccessible, doors are too narrow, dials on appliances can't be reached, and so on.

Recreation

As far as recreational facilities are concerned, despite the very obvious interest the disabled show in sports and recreation at every level, facilities are practically non-existent. To take just one example, accessible camp sites in Gros Morne National Park do not exist.

Other Related Issues

I want to turn now to describe a tossed salad of problems with which our members have had to deal. For instance, banking machines are very high. A person in a wheelchair cannot reach up to them. There is no voice synthesizer in them for the blind. They are very convenient; it's regrettable that they are only convenient for the able-bodied. If a disabled person tries to use a machine after hours and uses their card to gain admittance to the vestibule where the card machine is usually located, by the time they get the door open and their card out, the door is usually locked again.

Super mailboxes. Well, postal services, in general, are a cause of considerable distress to the disabled. The small post office franchise operations, which are intended to take the place of the older community post offices, are too often being placed in stores which are inaccessible. Little care or attention is being paid to the requirements of the disabled in the selection of franchisers.

Discussion of Everyday Problems in Marketplace Transactions

The following discussion centres around some of the issues raised by Ms. Osborne, as well as many other related issues. The participants discuss concerns faced by disabled consumers in daily life. First, certain routine occurrences in the life of the non-disabled consumer, such as receiving mail, are discussed from the disabled consumer's viewpoint. Second, the problems encountered by disabled travellers and disabled restaurant diners, are considered.

Participant: On the difficulties encountered by the blind airline traveller, I have discovered that even if you are blind, more often than not you have to ask to be shown how the mask drops down. Some flight attendants will occasionally show me where the bell is located if I need any assistance.

Ms. Osborne: More training should be provided to ensure that all flight attendants understand the importance of giving their demonstration to the disabled.

Participant: I would certainly be grateful.

Convener: So, some flight attendants are sensitive and volunteer, but you are saying that others are not, and that there should be some deliberate attempt to sensitize all flight attendants to the requirements of the disabled traveller.

Participant: The disabled have some advantages. For example, when we fly on airlines, we get the discount tickets. If we use the ferry from Nova Scotia to Newfoundland, I believe we can travel free. But, those are the only two benefits I can think of. When we do travel, I find many hotels put the accessible washrooms in the large rooms, so automatically we have to pay the highest room rate.

Participant: If you want the washroom, you pay it.

Participant: I do a lot of travelling, and in the airport they always call for children or people who need assistance. But, once they get aboard, there is nothing more done for these people.

Convener: Does the CPA provide sensitivity training to groups that ask?

- Participant:** If they ask for it we do the best we can. The airlines are sorely in need of it. One of the worst things a person in a wheelchair can go through in an airport is to be carried up the steps of a plane like...
- Participant:** Baggage.
- Participant:** In small airports, it's done by the baggage staff; generally they have no training or sensitivity to a person's disability. And when you are on the plane, you have to be lifted into the seat because of the fixed arm rests. Unless a person is very strong in their upper torso, they could not possibly get over that armrest. All the frustrations one encounters in theatres are multiplied tenfold in planes.
- Convener:** So it isn't just that the staff are insensitive. The structure is insensitive, as well.
- Participant:** The people who have to deal with the disabled are the least qualified to do so, and don't want to do it. They do it because they have to, and they let you know you've been a nuisance.
- Participant:** I've had occasion in the past year or so to travel to Montreal and Toronto, and in both airports the signage is very, very inadequate.
- Participant:** When someone, like myself, has trouble finding where the different exit numbers and gates are, I wonder how a disabled person must feel. I recall a couple of months ago looking for the correct departure lounge; when the flight was ready to board, the number of the gate at last flashed up on the screen, but for an hour before that you had not an inkling whether you were near the right room.
- Participant:** Transport Canada needs to improve something as simple as signage in its airports.
- Participant:** Even something as simple as directions to the baggage area is pitiful.
- Convener:** To come back to the matter of the sensitivity of staff, it sounds to me, as though there might even be some money to be made for an organization that wanted to develop a training module on sensitivity to the disabled

consumers be offered to businesses. It might make all the difference in the world in the way the disabled are treated, if such a course were available.

Participant: Again to be fair, I must say, I love the automatic doors at the airport that respond to your weight.

Ms. Osborne: I'd like to discuss some of the problems encountered by disabled restaurant patrons. In restaurants, I've never seen a menu in braille.

Participant: The Holiday Inn in St. John's can provide a braille menu.

Participant: But, there are not very many restaurants that can provide a braille menu.

Convener: Do you know what the situation is in some larger centres?

Participant: In Toronto, I first saw a braille menu.

Participant: For all the good work I think we have accomplished in recent years, sometimes I think we are losing ground in some areas. I was attending the COPO Conference in Montreal a couple of years ago. One of the participants was blind and had a seeing eye dog. The crowd decided to go out to a restaurant; one of the restaurants refused to take the person because of the eye dog. The woman said, "Oh that's no problem. Just give me the name of the manager, and I'll have the Human Rights Commission contact him tomorrow." Well, did they change their tune in a hurry!

Participant: That is why I won't get a dog.

Convener: Do you mean to say that because you are fearful of being treated that way, you won't have a dog?

Participant: No, I'm not fearful at all. I will stand up for my own rights. But I don't like unnecessary hassle. There are other reasons too. A lot of people don't want dogs in their homes.

- Convener:** It may be a convenience but it's still a dog.
- Participant:** I'll stick to the cane.
- Participant:** There is a lot of work to a dog.
- Ms. Osborne:** To return to fast food restaurants for a moment, they have all fixed seating. All the chairs are bolted to the floor. So therefore a person with a mobility impairment has to sit on the end, stuck out in the aisle.
- Participant:** That is the case in many restaurants.
- Participant:** Especially in cafeteria-style restaurants. Their tables all seem to have legs that prevent you from getting your wheelchair all the way under the table. You have to stay far back from the table, and lean forward to eat.
- Convener:** That's interesting. Have you found that to be a frustration, or is it just one of those things you accept?
- Participant:** I just take it as a matter of course, really, but I do notice it, and it is a problem.
- Convener:** Of course, fast food operators are going to say that the reason chairs are fixed is because it keeps the place tidier. Would there be a compromise here?
- Participant:** All they would have to do is have a small percentage of their seating left unfixed.
- Participant:** You wouldn't want to have them designate one table the "disabled table" though; that would be appalling.
- Convener:** Perhaps the solution would be to have several chairs throughout the restaurant that are fixed, but which can be lifted out of their fixture if the need arises, much like the posts in department stores which prevent one

from taking carts out of the store. One post can be pulled from the floor, if the need arises.

Participant: Let me say a nice thing about fast food restaurants for a moment. You are far more likely to find a braille menu in a fast food place than in a conventional restaurant.

Participant: If ever I become confined to a wheelchair, the first thing I'm going to do is get a basketball referee's whistle, and when I run into accessibility problems I'm going to give three blasts on the whistle.

Convener: I'm not a disabled person, but let me venture a response to that approach. I suspect many disabled people are still somewhat inhibited by their disability. It's easy for us to stand here and say we'd blow a whistle and demand attention, but would we?

Participant: No.

Participant: Some could.

Participant: I know blind people who don't want anybody to know they're blind.

Participant: I, myself, would not have the courage to draw attention to the problem in a dramatic way, but there are some in our organization who could. I am thinking, for example, of video game parlours; I couldn't say or do anything about them, but I think some of our teenagers would be willing to if we got them involved in our association.

Participant: If I encountered a barrier in a grocery store, I'd just simply turn around and go out. I'd say "to hell with them".

Participant: That's what is happening. Most people have choices today, and if one store isn't sufficiently accessible, they vote with their feet, so to speak.

Participant: Most of the large stores are controlled from Toronto anyway, and making a fuss in Corner Brook wouldn't resolve the whole problem of the company's insensitivity.

- Participant:** If they want our business, they're going to have to become accessible.
- Participant:** I've been around long enough, and I've been using the chair long enough to know where I can I get the service and the respect I want.
- Convener:** But, for many consumers though, there is still a residual inhibition that may prevent them from demanding their rights.
- Participant:** I don't want to use the word "inhibition". But the community of disabled persons contains the same diversity of personalities as the non-disabled community. Depending on your age, you may or may not wish to become conspicuous. Teenagers, for the most part, don't want to be different than their peer group. They don't want to do anything that's going to draw attention to them apart from their peer group. I went through that when I was 14, 15, 16. Now that I'm in my 30's, depending on the situation, I might make an issue of the inaccessibility of a premises. If I'm out socially, I may not call attention to the fact that a place is inaccessible. But I may make a point of going back the next day. It depends upon the person. It depends on how socially active the person is. There are a lot of disabled people who are not socially active. Of course, there are others who are perhaps too active for their own good.
- Participant:** The general rule is that disabled people do not wish to call attention to themselves.
- Participant:** I can see no point in giving somebody, working as a cashier, a hard time.
- Participant:** If the manager is there, then we do point out their premises are not accessible.
- Ms. Osborne:** I'd like to touch on one or two more difficulties encountered by our members, if I could. We were speaking about restaurant seating a few moments ago. I'd like to now deal with theatre seating. Unless a person is prepared to transfer out of their wheelchair into the regular theatre chair, the wheelchair person is not permitted in the theatre.
- Convener:** So that they are not blocking an aisle.

Ms. Osborne: But, the problem is not everyone is able to transfer themselves; therefore, they would have to depend on someone to lift them.

Participant: I'd like to digress to say, just for a moment, that most of the issues discussed here today do not apply directly to the residents of Xavier House. I've certainly got a lot more insight into the problems of the disabled, but our residents, disabled though they may be, don't really share in the problems we've discussed. Our home is a personal care home for people who have no homes for various reasons, or can't be managed at home. Most of our residents are mobile.

Convener: You are a private non-profit organization?

Participant: Yes.

Participant: Our residents have to be ambulatory. Most of them have medical problems - brain damage and things like that - and their families can't look after them at home.

Participant: They range, in age, from 26 up to about 69.

Participant: I think probably the biggest need, that this group of people has, would be more of these type of facilities in our community. The facility that Xavier House is operating is a former convent and it's been converted for this purpose, but there is a very real need for a lot more homes and chronic care facilities for these people who are psychiatrically disabled, brain damaged through accidents, but still mobile. These people are without their own voice.

Participant: These people need chronic care-type facilities. I asked someone in the medical field, just this week, how many more beds we could use, like the beds provided in Xavier House, and the figure was about 100. They have 18 people at Xavier House.

Participant: We have a waiting list.

Participant: A few may manage to move on for a special reason. But usually they stay, because they consider it their home.

- Convener:** Do you encourage them to exercise a certain degree of independence?
- Participant:** Oh yes.
- Participant:** We have structured programmes for the residents, plus we take them shopping for different things. But, generally speaking, they consume at such a low level that the issues, we've been discussing, really don't apply to our group.
- Participant:** Gas bars - a lot of gas bars - are now self-serve. They are open all night, but you can't get full service after 10 or 11 o'clock at night. So, if a mobility impaired person, driving at night, needs gas, they're out of luck. The self-service pumps are no use to a person who is mobility impaired. They can't get out of their car to serve themselves; there isn't the room alongside the pumps to get out and into their chair; nor is there the room between the car and the pump to fill the car, even if they could.
- Convener:** You've actually received complaints about that?
- Ms. Osborne:** Oh, we have. Just the other day, we received one.
- Participant:** Another issue, I would like to touch on, is elevator control. New elevators, with a voice synthesizer to indicate the floor, ought to be required. I don't know what the expense would be, but if they can put them into cash registers, it can't be very costly to put them into elevators.
- Participant:** I've noticed some elevator buttons with braille markings on them.
- Ms. Osborne:** But, not all blind people use braille. Apparently, it's very difficult to learn.
- Participant:** I've only ever seen one elevator that has the voice activator. That one elevator was at the Sir Frederick Fraser School, in Halifax.
- Participant:** They have one in Atlantic Place.

Participant: I'd like to return to the comment made by Carmel, regarding mail. It's your right to get your mail. Yet, in St. John's the other day, they came to my home with a registered letter, and I wasn't there to sign for it. They, then, dropped it off at one of those mini-post offices in a nearby mall, and left me a note to say so. What they didn't realize, and hadn't considered, was that particular mall is totally inaccessible.

Convener: What is it about the superboxes that renders mail inaccessible?

Participant: There are two problems. One is that they're usually up on some sort of concrete pad, and even if they have notched the pad with a ramp of sorts, the area on the pad in front of the boxes is too narrow to manoeuvre a wheelchair.

Participant: And another is that Canada Post, in its wisdom, designated all the #1 mailboxes exclusively for the physically disabled. Unfortunately, #1 is customarily the uppermost box.

Participant: It apparently didn't occur to them to designate a box close to the bottom.

Ms. Osborne: We challenged Ottawa, on this issue, several times. All we are told is that they are looking into the matter. About 2 months ago, I wrote Canada Post again to express our frustration with the time their examination is taking.

Participant: In the wintertime, when the snow is up around the superboxes, they are virtually impossible for mobility impaired persons to use.

Participant: This is a national problem.

Participant: COPH, the Coalition of Provincial Organizations of the Handicapped, a national advocacy lobby group, is working very hard on this issue.

Ms. Osborne: At the main post office in St. John's, their ramp provides access via the main post office area. On weekends, however, since they've closed the main office, the mail boxes and post boxes, which are accessible to the able bodied, are not to the disabled because the ramp is into the locked part of the building.

Participant: In Corner Brook, the disabled can't use the post office at all because the door is too heavy.

Participant: In Stephenville, the post office counter is too high. The really aggravating problem, however, is that they've just opened a new post office, in a drug store, that is completely inaccessible. They did challenge the owner to try to enter his own building in a wheelchair. He refused. He said he wouldn't be able to go to work.

Ms. Osborne: Many disabled women find that doctors' offices are inaccessible. The examination tables are too high for many; it should be possible to wind them down, and then up again.

Participant: On many hospital wards and in private rooms, the washrooms are inaccessible; the doors are too heavy, or too narrow. In fact, I was in Toronto about 3 or 4 weeks ago, and went into, what they called, a wheelchair accessible bathroom; it was a very large room, but, once in there, the disabled person is faced with a raised platform 8 feet by 8 feet and 10 inches high beneath the toilet.

Summary Of Discussion

From the above discussion, it seems obvious, that many "routine" activities for the non-disabled person, are, in fact, very "non-routine", and even difficult, for the disabled person.

Something as simple as sending or receiving mail is a problem for the disabled. Many mini post offices are now located in shopping malls which are inaccessible to the mobility-impaired person. With the advent of "super" mailboxes, receiving one's mail, if one is disabled, becomes difficult, at best. Most of the super mailboxes are on a raised concrete pad, making them inaccessible to some disabled persons. Other obstacles, to the boxes, include snow, in the wintertime.

Other instances in daily life, which pose problems for the disabled, are gas stations, the control of elevators, doctors' offices and washrooms.

Disabled travellers face a wide variety of difficulties, depending on their particular type of disability. In the case of ferry travel, a wheelchair-bound individual must remain in his/her car; although for the non-dis-

abled traveller, it is prohibited by law, due to safety concerns. Many of the problems encountered by the disabled airline traveller are caused by lack of sensitivity on the part of the flight attendant.

Finally, issues concerning the disabled restaurant patron were examined. Particular problems included the lack of braille menus and fixed seating arrangements in fast food restaurants.

It is important for the business owner, as well as for others, to recognize the above-mentioned problems. By doing so, perhaps the number of difficulties, faced by the disabled consumer, could be reduced.

Marketing to the Disabled: A Roundtable Exchange

The roundtable exchange concerns consumer issues of the disabled person. Required equipment, such as wheelchairs, as well as smaller items, such as toys and clothing used by the disabled, are examined on the basis of the cost, the availability and the existence of standards, for the item.

Convener:

Could we turn now to a range of consumer problems we have not yet discussed? Have you run into problems in getting credit, or in getting mortgages? Have you run into problems getting warranty coverage on equipment that you must buy? I'm sure disabled people have to buy a range of products about which I know very little. Are there problems in getting proper warranty servicing and parts, and so on? Can you tell me whether there are certain scams to which the disabled fall prey? As a disabled person, do you know whether disabled people get victimized in different ways than other consumers? For example, are the homebound disabled more prone to telemarketing fraud than the non-homebound?

In short, can you describe to us consumer abuses to which, in your experience, the disabled fall victim. I mentioned telemarketing because we are very interested in this subject just at the moment. We find that it is the elderly and the isolated who are especially vulnerable to telemarketing fraud.

Ms. Osborne:

The costs of a disability are great, not just the emotional and the physical, but the financial costs, as well. Insurance rates for the disabled are usually much higher. As for automobiles, the price is usually prohibitive for most disabled persons. You and I may be able to buy a car for \$10,000, where most persons with a mobility impairment would have to pay \$20,000 in order to be able to get the extra equipment they require. There are no tax breaks available to the disabled to assist them with these additional costs.

Convener:

Has anybody ever had any trouble, as a disabled person, in dealing with a financial institution?

Participant:

Most disabled people are on fixed incomes; so they face the standard problem of anyone on a fixed low income, if they try to borrow money. The bank is going to look at their chances of paying back a loan. Since, such a large proportion of disabled people are on social services, or keep going by jumping from funded project to funded project, they are denied

bank financing, not so much because they are disabled, but because they are on a fixed income.

Participant: We do know of one instance where an insurance company, every time they mailed their renewal materials to a disabled person, doubled or tripled their rate. The only excuse, the company offered, was that a disabled person was automatically in a high risk category. We ended up going to the Federation of Insurance Brokers to complain that the agent was discriminating against the family because of the person's disability. We thanked them for the human rights case.

Participant: I don't think many insurance companies are guilty of that sort of thing.

Participant: You are right. We have had only one or two complaints of this nature, but our concern is, if one insurance company attempts to do this sort of thing, others may also try to raise their rates unfairly, for instance, for disabled drivers.

Convener: You have not heard about problems related to banks or mortgage companies? Carmel mentioned to me earlier that a hearing impaired person, gainfully employed as a body repairman for 15 years, was required to provide evidence that his position was not a temporary job creation project for the disabled, when he applied for a mortgage.

Participant: That's discrimination.

Convener: I'm wondering if that incident was merely a case of one insensitive loan officer, or if it is a standard banking procedure where the disabled are concerned.

Participant: I think it is the former. I work for a major bank, and I've never come across that sort of thing.

Convener: That's reassuring.

Participant: We don't have anybody out there making enough money to borrow anyway.

Participants: (Laughter)

Participant: The unemployment rate among the disabled in this province is very high.

Participant: 85%

Participant: Most disabled people are, in fact, employed by some sort of publicly-supported project, whether it's funded by Canada Employment, or Social Services, or whomever. The work, such projects provide, is usually low income; so, to go to any financial institution, and to look for a loan, to buy a house or an expensive car, is simply unrealistic for most disabled people.

Convener: Does the visually-impaired community run into any distinctive problems with the financial services sector? I would think that disabled groups are perhaps more reliant on certain service industries - for example, financial planning - than other groups; does the disabled community have difficulties in getting the kinds of services they require from this sector?

Participant: None that I can think of.

Participant: When you're talking employment in that sector we have real problems.

Participant: Definitely.

Participant: The services sector includes retail sales and the travel industry. I have had several incidents reported to the office. And it seems the elderly are usually involved; they seem especially susceptible to either direct mail marketing schemes or telemarketing schemes. In one case, an elderly lady, who lived alone, was ordering a lot of things that she didn't really need, and, of course, getting very poor value for her dollar, which was the cause of her complaint. When I asked her why she persisted in ordering so much junk, she told me the only reason she did so was to receive mail. In another case, we were notified by a member that the disabled group in his town were getting calls regarding one of these vacation schemes, promoted by telemarketers, we've all heard about.

Participant: I had a call, about 2 years ago, from some outfit down in Austin, Texas. The lady spent 40 minutes trying to sell me a deluxe travel package. The catch was I had to give her my Mastercard number. I told her I was skeptical of the value, but that if she would send me some printed material I would examine it. But that's the hook; she claimed she was not permitted to send anything out to anyone, without first obtaining their Mastercard number.

Participant: Then, of course, you have no control over what may be charged to your card. I checked with the Bank of Montreal, here in Corner Brook, to ask whether that fraudulent operator in the United States could access my account here in Canada if I had provided my number. The bank advised me that if I had given away my number, they could do nothing to prevent my account from being "ripped off".

Convener: Consumer and Corporate Affairs is very conscious of this matter. In fact, during this past year, our department, in cooperation with the major credit card companies, banks, gasoline dealers and department stores, joined forces to circulate 10 million very attractive brochures during National Crime Prevention Week, entitled "Protect Your Credit Card." We released all sorts of announcements and bulletins, and our minister made several speeches on the subject.

The most compelling message contained in all the material was - never give your credit card number away. The trouble seems to be, however, that no matter how many times we may try to spread this message, certain populations don't hear it. Whether they don't get the message because they are visually impaired, or hearing impaired, or lonely, or functionally illiterate, or isolated, or disabled, or whatever, it's one thing to say it, but it is quite another thing to make sure everyone takes the advice.

Participant: Can companies ask for your credit card number?

Convener: They can ask you, but you don't have to give it.

Participant: But, it is standard practice, for many firms, to request your card number; for example, to confirm hotel reservations or to order a book. What should you do then?

Participant: It's just a matter of knowing the business you're dealing with.

Participant: All of the issues we've heard here today apply to the mentally and the emotionally handicapped as well.

Participant: My greatest frustration is the outrageous prices charged for toys for disabled children. In most instances, the difference between the toy for the disabled child and the standard toy is very slight, but the price is many times greater. Sometimes the only difference is that the knobs on the special toy are slightly larger, or wheels are a shade larger. I find the catalogues, which advertise toys for special children, inflate prices unforgivably. And in some cases, the toy is exactly the same as a toy available in any department store, but, because it is deemed to be suitable for the disabled child, they think they can push the price way up. In my opinion, they are preying on the parent's desire to buy suitable toys.

Participant: What I can't understand is why the manufacturers don't take into consideration the needs of disabled children when they design the toy. In so many cases, ever so slight modifications to the design would make it satisfactory for disabled children.

Participant: Many of the toys advertised in those special catalogues are identical to toys offered in any department store, aren't they? The physiotherapist at the hospital says she has purchased several items identical to those in the catalogue, at less than half their price.

Participant: You really have to look around.

Participant: Yes, you have to shop carefully, but the problem goes deeper than that. I believe they are misrepresenting many products in their catalogues as special toys for the disabled child, when they are not.

Participant: Children have to play. But, every time I go into a department store, looking for toys for my child, and see some toy which, if it had been modified ever so slightly, could have been suitable for my little one, my blood boils. I know I am going to have to order some special edition of the toy, at an outrageous price.

Participant: Chances are it's moulded plastic anyway; it would simply have been a matter of making the mould slightly bigger.

- Participant:** The advice that the consumer should shop around is, in fact, a way of life for the disabled.
- Participant:** The terrible irony is that the disabled are the least able to go hunting around.
- Participant:** I'd go so far as to say this business of exorbitant prices for supplies for the disabled constitutes some sort of conspiracy.
- Participant:** Suppliers seem to think all they have to do is put the word "special" before the product name, and they can charge an absurd price.
- Convener:** You consider this a form of exploitation?
- Participant:** Yes. They know they can charge whatever they like because some institution will end up paying - the government, or hospitals. They set their pricing structure accordingly. It's not set at a level where the ordinary consumer can afford to pay, but they know we really have no choice.
- Convener:** You are suggesting this situation is true for two kinds of products. It's true of products where the government will subsidize its purchase, but it's also true in the case of a small item, like a toy, if it's labelled "special".
- Participant:** I would like to bring up the cost of wheelchairs and supplies. It has seemed to me, for sometime, that prices are excessively high for no other reason than that so many people purchase their supplies with government assistance. A wheelchair is anywhere up to \$2,000. And a cushion, just to sit on, just a piece of foam, can cost \$300. Obviously, it's not worth that.
- Participant:** And they don't last very long either.
- Participant:** Everything is being priced, not for the consumer, but with the government in mind, since it seems prepared to pay the high prices. I remember, I had to buy a part for the hand-controls on my car - a shaft that runs down to the gas pedal, that's all - and the price was \$450 because the government was going to pay 80%.

- Participant:** Or some insurance company is going to pay for it.
- Participant:** But the ordinary person, who is not on social assistance, or hasn't got that sort of insurance, still has to pay the grossly-inflated price.
- Participant:** In so many instances, it is not a matter of whether I can I afford the item I require; I've got to have it. I've got to have a wheelchair. I've got to have hand controls for my car. So I have to pay the ridiculous price and do without something else.
- Participant:** There were 3 major catalogues in Canada from which you could order special equipment. Now, two are actually produced by one company; so, in fact, where there were 3 companies, now there are only 2 in Canada, and their prices are very, very close. In other words, there is almost a monopoly in this country with respect to special equipment.
- Participant:** How long is it going to be before there is just one company in this country? Then, the only choice, the disabled consumer will have, will be to either buy from the Canadian company, at whatever price they choose to charge, or to order from the United States, and pay shipping, freight and exchange, on top of the original price.
- Convener:** What is the range of equipment they provide? Is their line for all manner of disability?
- Participant:** Yes. From commodes, to wheelchairs, to TVDs.
- Participant:** Sensory integration equipment for children.
- Participant:** To give you one example - a bowl that is nothing more than a chair with handles, ranges anywhere from \$600 to \$1500. Anybody can see it's not worth \$1500.
- Participant:** It's outrageous.
- Participant:** Crutches, the last time I priced them at the drug stores, were about \$80 a pair, for the standard under-the-arm style. I have to cut them and

redrill holes to customize them to my needs; but, to get a pair made that way would cost several hundred. In my younger years, I used to break my crutches all the time; I recall I broke 6 in 5 months, at a hundred bucks a shot, beating around, when I was 15.

Participant: It's been my experience that so much depends upon how or where you were covered when you were disabled; for example, if you were on workers' compensation, there's really no limit to supplies you can get, and nobody seems to bother about the outrageous prices charged. Nobody concerns themselves whether the cost is \$2,000, and the item is worth no more than \$100; they get it anyway. It's bad enough being disabled; but it is so galling to be shafted again and again by these suppliers.

Participant: I have to pay about \$500 a year for splints, plus we have to pay for the flights for my treatment. Also, my husband accompanies me, so there is his lost income.

Convener: And that is out of your pocket?

Participant: Yes.

Participant: The point, I'm making, is that there seems to be a price structure in the business of equipment for the disabled that is inflated because of the government's willingness to pay any price.

Convener: You are not objecting to the assistance available from government. You are upset that the system is uneven, reasonable prices are not charged, and non-subsidized consumers are seemingly cheated.

Participant: Yes.

Convener: You are also concerned about the other range of products, like toys, the purchase of which is quite clearly not subsidized. You are concerned that the same pattern holds true; that, because they carry the notation "special", even if it's the same toy you could buy from Woolworth's, such products are double the price if purchased from a supplier.

- Participant:** Their principal purchasers are still institutions, like hospitals, and so the pattern holds true.
- Participant:** To buy a \$10 or \$15 Monopoly game you must pay \$80 or \$90.
- Participant:** A braille checkerboard would run you \$20 or \$30.
- Participant:** As a disabled person, you've got to pay a hell of a lot more for specialized versions of fairly ordinary consumer items.
- Convener:** Could anything be done to change this?
- Participant:** One way, of course, would be to permit the disabled some sort of a tax break on the purchase of essential supplies, for the purchase of a wheelchair, for example.
- Participant:** There certainly seems to be a monopoly building in supplies for the disabled in Canada.
- Participant:** Why can't people, who are into regulating toys, insist that manufacturers produce a percentage of toys suitable for disabled children, when they are tooling up for a new line, or test their designs to make sure the toy is suitable for disabled, as well as non-disabled children?
- Participant:** Some sort of national standards, voluntary or otherwise, are in order to insure toys are suitable for children with various levels of fine and gross motor coordination, so that the same range of products could be purchased by parents of all children.
- Participant:** Why build in systematic discrimination?
- Participant:** Well, some toys are designed to develop fine motor skills; so, they'd have to be smaller. They'd have to be physically different from those used by a disabled child.

- Participant:** The full range of toys should be available any old day at a Woolworth's, or Zeller's, or K-Mart, with no necessity for any sort of special designation on the toy because your child is disabled. If toys were designed and labelled according to the suitability for different levels of motor coordination, then the price gouging would stop.
- Participant:** My daughter Karen has a special bike. Actually, it is more like a large trike, because of her balance problem. But, despite its appearance, it is no more complicated than a mountain bike. In fact, it is less complicated than most mountain bikes, and yet it cost \$800.
- Participant:** The parents of disabled children are being ripped off. I think Consumer and Corporate Affairs could very easily target this issue. Somebody should.
- Convener:** The retailer is going to say that he or she can't stock very much, and must respond to demand. I could see urging manufacturers to, at least, run a new toy by a focus group of disabled children and their parents, to give suggestions for modifications, that could be made, to ensure the toy was available to disabled children.
- Participant:** Well, interestingly enough, manufacturers like Fisher-Price, do run their products by a range, not only of age groups, but also of children with various disabilities. Some of the Scandinavian toys are also evaluated with disabled children in mind. As for regulations to require that a percentage of products be produced for the disabled in any particular product line, regulations are intended to ensure all children can play safely with a particular toy. The regulations don't make a distinction between toys that a 10 year old could safely use, but a 5 year old could not.
- Participant:** Our safety criteria are intended to be universal. We don't categorize toys; we avoid that at all costs.
- Convener:** You bring up an interesting point when you say there are several major international producers who manufacture a range of products which they have tested with focus groups of the disabled.

- Participant:** Last year, the Canadian Toy Testing Council began to evaluate toys for their suitability for mentally and physically-disabled children.
- Participant:** They are based in Ottawa. Annually, they publish their toy report, which presents their assessment of toys available in Canada. Their report is available around Christmas time in most bookstores.
- Participant:** They use focus groups of children to prepare their assessments of toys. And so their assessments of the suitability of toys for the disabled would have been prepared, using a focus group of disabled children, at least one year before the evaluation is written.
- Participant:** Have you ever had any problem as far as warranties on the equipment you must purchase?
- Participant:** I've had some problems with wheelchairs at the hospitals; they just don't seem to last anymore. And when we must return a chair to St. John's, what do we do for a chair in the meantime?
- Participant:** I bought a chair 25 years ago; in the last few years, I used it in the shower. It never did rust. Recently, I bought a chair to replace my old chair; in 2 months, the thing was rusted out. That's how I know quality is a thing of the past.
- Participant:** Yes, I've noticed it too. It's really a sad situation as far as chairs are concerned.
- Participant:** Are there no national standards for wheelchairs?
- Participant:** Well, if there are, I don't know of them.
- Participant:** Someone phoned the CCA office the other day looking for standards for wheelchairs and I couldn't find any information on them.
- Participant:** There may be standards regarding their height and width. But, as to their construction, I know of no standards whatsoever. I suppose it is possible the Standards Council of Canada may have established some.

Participant: No, they haven't.

Participant: The chairs being manufactured now are, in my judgement, not safe. The sporting models have only nails where full footrests used to be. Anybody getting out of bed, who makes the mistake of dropping down on to them, runs the risk of driving these up into their feet. They're not designed for safety. They're designed for the person who wants to play basketball, but they are being bought incorrectly by all sorts of people who will never play sports in them. Just as you may purchase very expensive running shoes to look like a jock, so these people buy the fancy chair to look like disabled athletes. But they don't realize the risk they run.

Convener: Has CCAC ever looked at safety standards of this equipment?

Participant: Not as far as I know. As I said, the first time I'd ever encountered the question of standards, of any sort, for this equipment, was 2 weeks ago. As far as I have been able to determine, there are no standards of any kind, anywhere in Canada, for wheelchairs.

Participant: If you look at a catalogue, you'll see more varieties of chairs than varieties of cars.

Participant: I called the CSA; they're not involved. I called several people with Health and Welfare, whom I thought might regulate them under the Food and Drug Act because they regulate a lot of medical appliances, but they have no standards for them.

Participant: When they produce chairs, they make the height of the chair seat just so. But they never take into consideration the fact that a person sitting in a chair for 16 hours a day is going to have to add a cushion. The result is that the person gains an extra 2 inches or 3 inches, and then has considerable difficulty getting under some tables and desks.

Participant: And it affects your centre of gravity.

Participant: There are walkers on the market which I am certain are unsafe. My concern regarding the safety of wheelchairs is not limited to wheelchairs.

I am equally concerned about the safety of a whole range of technical aids.

Participant: We've been talking about technical aids and the mobility-impaired; how about the visually-impaired?

Participant: Same story. If you want visual aids, they're expensive.

Participant: Canes are very expensive. A white cane is twenty-odd dollars.

Participant: There are not many suppliers for such things. In fact, there is only one in Canada now. In the United States, you may find two.

Convener: What about the CNIB? Does it offer a range of products to the visually-impaired community?

Participant: We have white canes and that sort of a thing, but the CNIB still has to buy them from someone else. We don't sell them at profit.

Convener: Even with the purchasing power that the CNIB would have, you still end up paying a high price.

Participant: And most times we don't sell them anyway; people can't afford them, so they're given away.

Participant: Some of the stuff comes from England, and some from the United States. But, either way, the prices are very high. If the item is from England, you just can't afford it, but often there is not an equivalent available here.

Convener: We have heard today that others haven't had problems getting parts for special devices, provided they're prepared to wait long enough. That would be true of devices for the visually-impaired just as it would be for the mobility-impaired?

- Participant:** There is little delay in getting service or parts. It's the cost.
- Convener:** Are there products on the market that, in your judgement, shouldn't be? Products that don't do what they claim to do?
- Participant:** Yes, there are.
- Participant:** I've got a couple of examples. I have amassed a nice collection of cushions over the 30 years since I've been in this chair. They keep advertising cushions to prevent pressure sores, or to rise up and drop down, or to make changing seats easier, and so on. They usually don't do what they are advertised to do.
- Participant:** They may do what they claim for a very lightweight person, but generally they don't work in my case.
- Participant:** There seem to be more products on the market today than ever before which make medicinal claims; foods that make health-related claims. Here, in this area, there are a lot of products being sold that weren't available 5 years ago. They claim to magically cure everything from excess weight to heart problems. But, they are just basically foods. I think everybody has to be aware of those, whether you're disabled or not.
- Convener:** In this country, it's illegal to make a health-related claim for food.
- Participant:** Some of these things can be very carefully worded though, to keep within the regulations, and to give consumers the wrong impression at the same time.
- Participant:** Magazines that come from the States, for example, the magazine of the U.S. Veterans' Association, carry a lot of these advertisements.
- Participant:** I, certainly, would like to see somebody evaluate some of the claims made for some of the products directed to the disabled consumer.
- Participant:** CCA will test products to make sure they do what their labelling claims they can do; for example, a can of paint, which claims a 500 square foot

coverage, could be tested to see that, within reason, it will cover 500 feet. I don't see any difference in that and the testing you are calling for. I'm not talking about testing medical devices; I'm talking about testing the supplementary products to which you have referred.

Convener: To your knowledge, has CCA ever tested any of the products we've been discussing?

Participant: I can't say; but I can tell you that the teams of people, who evaluate claims, would be only too pleased to receive copies of the ads you've described. Both our Marketing Practices people, and our Consumer Products people, would be very interested to be told of these practices.

Participant: As a consumer, I certainly would like to see more done to verify the performance claims made for supplementary equipment for the disabled.

Participant: I saw a new product yesterday — an adult's folding walker.

Participant: They've been around for a while, haven't they?

Participant: This particular one folds at the wrong point.

Participant: There are serious injuries with those things. I remember the price on that thing was between \$250 and \$400, and yet an exercise bike will only cost \$175 or \$180.

Participant: There ought to have been a weight restriction on that walker, and yet I'm sure there were no restrictions.

Convener: If there were improvements you could make; for instance, if you could sit down tomorrow and say, "I'd like to have things done differently", and have retailers treat you as you wished, what would you have them change?

Convener: When you buy groceries, if you manage to get through the door, your money is like everybody else's; you are treated like everyone else, provided you are willing to pay the prices.

Participant: Matter of fact, you might get a little more personalized service from the clerk. I find, for the most part, as long as I'm reasonably polite, not obnoxious or anything, I get a little bit more personalized service. Even so, with the crutches, I have a real problem carrying things. I'd like to nominate the person who invented plastic shopping bags for a special award. They're the greatest thing.

Participant: You made the point that you find you are treated with a certain courtesy, perhaps because of your disability. But you are a reasonably good looking person. If you were a bit more physically-disabled, or your disability was disfiguring, or you had a mental handicap, I suspect the treatment you would receive from store staff would be different.

Participant: Returning to St. John's with a blind gentleman, we stopped off at a service station to gas up. We went in to their snack bar; the waitress kept talking to the blind person through me.

Participant: This is quite common. This happens to us all the time, particularly in restaurants.

Participant: They talk around you, through another person. But, then, I usually say, "well, why don't you ask me?"

Participant: It's a constant battle.

Participant: I wish cans of food could be given, if not braille labels, then at least some sort of stamped identifier on the lid.

Convener: So how do you manage shopping?

Participant: I go with friends.

- Participant:** Marks & Spencers, in England, have one person in each area, who has a badge on, saying if a customer needs any help, the person is there just to assist shoppers; there is also a place in the store where one can go, if one is visually-impaired and needs help, and they will have a staff person available to go around with the visually-impaired shopper.
- Participant:** I phone stores before I go, and arrange to have someone assist me.
- Convener:** I expect you go back to the stores where the store staff are helpful?
- Participant:** Exactly, but that's true with everybody, whether you are disabled or not.
- Convener:** Are there certain consumer items that are more or less difficult to purchase? You mentioned footwear.
- Participant:** There are people who, due to polio or whatever, have different sized feet. I'm not talking just half a size, but a size and a half to 2 sizes difference.
- Participant:** Clothes are a big problem for the disabled person.
- Participant:** You can't buy footwear, or clothes, to pull on, with no buttons.
- Participant:** Yes. I need velcro on my clothes and shoes.
- Convener:** So, you have to make adjustments to your clothes before you can use them.
- Participant:** Well, I have always needed assistance because I have the same problem; everything — buttons, zippers or ribbons — are too far for me to reach, or too awkward for me to do up. I need loose clothing and clothing with velcro also.
- Participant:** This year Sears has clothes for the disabled in their catalogue, for the first time.

Participant: There is a company which carries a line of clothes for disabled people, in their catalogue. But they're very expensive.

Participant: That's a classic example; velcro is not an expensive product to produce, but velcro used in clothing for the disabled puts the price way up.

Participant: The problem with velcro is that it wears away with washing. But you have to wash your clothes, and so each time you wash them, some of the velcro is going down the drain, and it's no good to you any longer.

Convener: Are you able to buy clothes with velcro here in Corner Brook?

Participant: No, only shoes.

Participant: But they're getting harder to get because they're not in style anymore.

Participant: I wear what I've got on for comfort because I'm going to be standing up all day.

Participant: I have another footwear-related concern. I can't get footwear that is wide enough for my braces.

Participant: Until the sneaker with the velcro fastener became popular, the only footwear a person requiring braces could use were the ugly heavy leather shoes made expressly for the purpose. But then the velcro sneaker became available, and the disabled discovered they could vary the width of the sneaker; so the leather shoes started to tumble in price. The problem now is that the sneakers are no longer as readily available as they were just a year ago since tastes seem to be changing, and the leather shoes have begun to climb in price once again.

Summary Of Roundtable

The roundtable exchange dealt with the high costs, lack of availability, and lack of standards of goods intended for use by the disabled. Explanations, as to why these problems exist, were also explored.

Smaller items, like toys and clothing, are, in the judgement of the participants, subject to inflated prices. It was noted that any toy or piece of clothing, which is specially designated for use by the disabled, was very expensive, possibly due to lack of competition among producers of these goods.

Specialty equipment, such as wheelchairs, crutches, and cars, are also subject to inflated prices, mainly due to the fact that government or insurance companies often end up paying for the item. Unfortunately, the disabled consumer, who is not subsidized by either of these agents, finds some of the equipment unaffordable.

It is also evident, from the above discussion, that there is a lack of standards, with regard to both the safety and the quality of goods intended for use by disabled persons. Apparently, wheelchairs are standardized with respect to height and width, but not with respect to safety. The problems discussed need to be recognized and rectified by the producers of disabled consumer goods.

Closing Discussion

Participant: 25 years ago there wasn't a disabled movement; the disabled were extremely quiet. In the last 15 years, disabled consumer movements have appeared. Disabled people are speaking out. Numerous organizations have appeared. We're saying to government at every level we want transportation, education, accessibility. In the next decade we'll make real headway in the private sector. In the next decade we won't have to put up with the price discrimination that goes on now.

Convener: Why doesn't the disabled community exploit its buying power?

Participant: In all the years I've spent in this chair, I noticed very little change in the status, confidence, public profile, self-assurance or determination of the disabled community until after the Vietnam War. A lot of paralysed veterans started changing things.

Participant: The Vietnam War increased the population of disabled persons greatly in the United States and created a huge market for products for disabled persons. But they were also articulate. They demanded attention. The rest of us are playing catch-up. But we are learning how to use our influence, and, as you say, our buying power. But you have to appreciate we have come a long way in a relatively short time.

Participant: Is there anything Consumer and Corporate Affairs can do for the disabled community regarding prices and standards of quality in products for the disabled?

Convener: No. Prices as such aren't something CCA is in a position to do very much about. Except, that is, if there is evidence of price fixing among suppliers which would constitute an offense under the Competition Act.

Participant: The other way in which CCA may have a role to play might be in regard to the matter of safety standards for products for the disabled. As I indicated, until two weeks ago I was unaware standards did not exist for wheelchairs. As a result of our discussion today, I will make sure the CSA becomes aware of the lack of standards in this area. Furthermore, I will pass along this information to the Mechanical and Electrical Hazards Division of CCA. That unit is very involved in the development

of mechanical standards for things like bicycles. Their mandate is to determine whether a product may possibly constitute a danger to somebody's health and safety; certainly the points you've raised suggest products for the disabled should be examined with this in mind. The Product Safety sub-activity of Consumer and Corporate Affairs is somewhat unusual in that the people working in the field like myself are the people who usually write if not the standards, then at least the draft regulations to enforce the standards.

Participant: Corner Brook was supplied with federal money several years ago to create an urban transit but we don't have within that system a unit to provide transport for the disabled.

Convener: That is very definitely a provincial affair.

Participant: In the future, if the federal government gives grants for an urban transportation to a particular city then the requirement that the system be accessible to the disabled ought to be built into the grant.

Participant: You have to make your system accessible from the beginning because if you don't the games that go on to add the service afterwards would drive most people insane.

Convener: Can I close our symposium on the disabled consumer by saying how grateful I am to you for spending this day in this very warm windowless room. I've found the day very enlightening. I hope that some part of the day was enlightening for you as well. Virtually everyone contributed something to our discussion. For that I am very pleased.

Issues and Strategies

Consumer and Corporate Affairs Canada has a role to play on behalf of the disabled. Organizations of the disabled routinely talk to Secretary of State or to Employment and Immigration about funding programs, training, job creation, staffing and so on. Provincial governments, of course, meet with organizations of the disabled in regard to hospitalization and medical services. Not so well known is the fact that Consumer and Corporate Affairs distributes several publications having to do with the disabled. Participants in the symposium were provided with one example, a case study on the conversion of a home to accommodate several disabled children, prepared in concert with other federal agencies and distributed by Consumer and Corporate Affairs. Consumer and Corporate Affairs' interest in the problems of the disabled consumer arises from its responsibility for the fair, safe and efficient operation of the marketplace in Canada.

The legislation which created the ministry of Consumer and Corporate Affairs states, that in the exercise of his responsibilities, the Minister of Consumer and Corporate Affairs shall advocate on behalf of all Canadian consumers. CCAC is the department of the marketplace. It is required to ensure that information available to consumers is accurate, that products are safe, and that fair competition predominates in the marketplace. It is, however, sometimes difficult to segment out from larger social issues those which are explicitly consumer issues. But this is what symposium participants attempted to do.

The problems of various vulnerable populations—the disabled, the elderly, the functionally illiterate—have profound implications for Canadian society, and for virtually every department of government at every level. But the task for Consumer and Corporate Affairs is to determine what portion of such complex social issues is, in fact, the responsibility of CCAC. That is what the Consumer Policy symposia series is intended to do. When one speaks of the disabled and of the health, services, and transportation issues which they confront, it is obvious that many different departments will have some role to play in addressing them. CCAC's task is to determine what portion of each of these very large problems falls within its jurisdiction.

It is the intention of Atlantic Consumer Policy and Services to take from this symposium those issues about which CCAC might be able and mandated to do something. But, CCAC must be mindful that there are other departments, such as the Secretary of State, which could more appropriately address the problem. The Secretary of State has created

a Secretariat for Disabled Persons and it has a representative within the office of the Secretary of State here in Newfoundland, charged to deliver the programmes of that department. The officer describes her role as one of advocacy; that is, to provide support to organizations which attempt to advocate on behalf of the disabled. The objective of the Secretary of State is to raise the issues of the disabled at every opportunity and to support groups that do the same.

CCAC has no such advocacy role in regard to the disabled *per se*. CCAC's task is to advocate on the behalf of all consumers. Thus, to the extent that a disabled person is also a consumer, CCAC does have an advocacy role. Advocacy on behalf of the disabled, in regard to employment, education, medical services or transportation, is not the responsibility of CCAC, but rather of other departments, such as the Disabled Persons Secretariat, or the Department of Health and Welfare, or the appropriate provincial department of health. If, however, disabled Canadians require advocacy on their behalf in order to obtain fair, safe and efficient service in the marketplace, then CCAC is the appropriate department to do so.

The following is a summary of the issues identified during the symposium. All are of considerable concern to disabled persons and to their families, as the transcript makes clear. The role of CCAC, however, is limited to dealing with those issues which jeopardize the fairness, safety, or efficiency of the Canadian marketplace. Evenso, by raising the awareness of the reader—whether a CCAC staff member, public servant in another level or department of government, a business owner, retailer, producer, service sector staffperson or interested member of the non-disabled public—of the problems faced by disabled persons, perhaps some, if not all, of the issues will receive the attention they require from someone in the best position to effect change.

A. Physical Hazards and Barriers

- new buildings should as a matter of course be designed and constructed with provision for access for the disabled, rather than retrofit with facilities for the disabled. That this does not always happen is very difficult to understand.
- because business operators and/or contractors fail to make use of the information or expertise available to them, renovations undertaken to provide access to the disabled are sometimes

improperly designed. Ramps, for example, are occasionally constructed with an improper slope or surface merely because the contractor has not taken the time to review available information.

- the choice by a business operator of flooring for the business premises ought to be made in consideration of the various disabilities of patrons.
 - tiles are very slippery when wet and pose a considerable hazard to persons with any sort of balance problem. Hard floors, however, are better for the blind, because they set up an echo.
 - carpeting can actually assist someone on crutches, but is difficult to manoeuvre on for the person in a wheelchair. Also, wheelchairs can generate a considerable build-up of static electricity on certain types of flooring.
- While no one flooring type will meet all the concerns of the disabled, business operators should be mindful of the problems which certain types of flooring create for the disabled: wet tile creates the greatest hazard; deep pile carpeting creates special problems for the wheelchair-bound and for those on crutches.
- that the disabled can report some government buildings are still not accessible is shocking in this day and age. The appropriate federal and provincial agencies ought to be made aware of such situations if they are not already and be required to correct them immediately.
- the disabled report that, generally speaking, the most accessible buildings are shopping malls and that service clubs are the least accessible.
- there is no consensus among the disabled on the best stair design: extra-wide stairs are best for those on crutches, but not for the visually impaired; the mobility impaired find that metal grating stairs pose a special hazard.
- there is general agreement that door closers create major problems for the disabled. Automatic closers which will permit a disabled person to open then move through the doorway in sufficient time before closing are difficult to find; they usually

are too difficult for the disabled person to open, or they close the door before the person has been able to move through. Fire doors which can be operated by the disabled are apparently non-existent. In a grim twist, symposium participants learned that the only part of the Corner Brook Hospital which is in violation of the fire code is the Occupational Therapy Department because a suitable fire door cannot be found in Canada. Elevator doors close far too quickly to accomodate the disabled.

- turnstiles constitute a barrier to those in wheelchairs and on crutches
- posts at the front of stores which prevent carts from being removed are often the cause of considerable embarrassment and frustration to the disabled who are often made to wait until someone is found who can unlock a chain or gate.
- in-store hazards include pegboard displays with long hooks, against which a disabled person may stumble, and overstocked shelves, too susceptible to being bumped and spilled on top of the disabled person..
- fire hydrants and parking meters placed in the middle of a sidewalk constitute a hazard for the disabled which ought not to be tolerated; to the participants from Corner Brook, this problem was apparently very real but the problem is apparently not widespread beyond Corner Brook.
- theatre seating constitutes a source of embarrassment and frustration to the disabled; the wheelchair-bound must be lifted from their chair, transfered over a rigid arm and into their theatre seat; the alternative is to block an aisle and create a hazard.
- elevator controls should be voice-activated or have braille markings. Some sort of voice synthesizer is required to inform the visually impaired of their floor.
- most fast food restaurants have fixed-seating, requiring wheelchair users to sit on the end of the table, in the aisle. Some arrangement could be made to have a limited number of the fixed seats lift out their bracket to permit the disabled to sit at a table like other customers. Such seats should be scattered

about the restaurant so that one table does not become a designated "disabled seating area."

- during ferry travel in Atlantic Canada, the wheelchair-disabled are forced to stay in their cars because no provision is made to enable the disabled driver to get out of their vehicle; and yet to remain in their vehicle is to violate safety regulations.
- signage in airports does not satisfactorily serve the needs of the disabled traveller; inadequate provision is made in airports to inform hearing impaired of changes in gates, departures, etc.
- some disabled persons complain that in doctors' offices examination tables are too high.
- some private rooms in hospitals still have inaccessible washrooms and in hotels, in order to have the use of an accessible washroom, some disabled feel they are unfairly required to take a large, higher priced room.
- disabled-parking is often abused by mall staff, who leave the spaces filled with shopping carts. Other problems include the fact that the spaces often are not wide enough; spaces should be 4 feet wider than a standard spot. Non-disabled shoppers who may respect the disabled space nevertheless will park in the abutting "no parking" area; they apparently do not appreciate that the reason for the extra space is to permit the disabled driver to disembark from their vehicle. Winter creates special problems for the disabled; if a disabled parking spot is only marked by a sign on the pavement, it can become covered by snow.

B. Information and Awareness

- there is an apparent lack of information on accessibility; CPA, CODP and local hospitals will provide the information, but it has to be sought by contractors and business people.
- airline attendants are perceived by the disabled to be insensitive; special effort should be made to train/sensitize all flight attendants to the requirements of the various sub groups of disabled persons. Disabled persons must occasionally be carried onto the plane, like baggage; this is as embarrassing for the

disabled person as it is taxing for the people who must do the work.

- many disabled people are inhibited about drawing attention to themselves or to their predicament when they encounter a barrier or problem. This inhibition should not be taken to mean acquiescence; even if a business proprietor receives no complaints from disabled patrons, the disabled may be "voting with their feet."
- some disabled persons readily admit that retail staff can be sensitive to the situation of the disabled consumer and may in fact provide the disabled with more personalized service; but the consensus among symposium participants was that such clerks are the exception. Clerks tend to talk "around" the visually impaired, for example.
- many disabled need extra service when shopping, especially for groceries. In England, Marks and Spencer provides someone to assist the disabled to shop and has realized the benefit in its bottom line for its effort.

C. The Service Sector

- few restaurants can provide a braille menu. Participants were told of instances where an establishment has attempted to prevent a visually impaired person entering the establishment with a seeing-eye dog.
- self-serve gas bars do not provide enough room between the vehicle and the pump to permit the wheelchair-bound driver to serve themselves. The problem is made worse by the fact full-service stations have more restricted hours so that disabled drivers may find themselves unable to obtain a refill even though able bodied drivers can do so.
- a range of complaints were directed at Canada Post. Some mini-post offices are located in inaccessible shops. Super mail-boxes are often installed on an inaccessible concrete pad; snow in the winter makes accessibility an even greater problem. Box #1 is designated for the physically disabled, but it is usually the uppermost box and impossible for the wheelchair-bound to reach.

- some disabled perceive that they are automatically placed in high risk category by insurance companies and hence may be required to pay excessively and unjustifiably high insurance premiums.
- the disabled seem inordinately vulnerable (perhaps because a significant number are homebound) to mail and telemarketing schemes.

D. Toys and Clothing for the Disabled

- toys designated "special" automatically become very expensive, even if there is little difference between the special item and the regular item. The disabled apparently feel very strongly that they are being gouged by an unsavory pricing policy on the part of certain suppliers and retailers of specialized goods.
- in the opinion of the disabled and of parents of the disabled, toys should be labelled to indicate the suitability of a toy for different levels of motor coordination.
- the Canadian Toy Testing Council does evaluate toys for mentally and physically disabled children but symposium participants felt that every toy manufacturer should use focus groups of disabled children to determine the suitability of its products for the disabled child, perhaps even before the toy is issued so that the slight modifications necessary could be made which would make the toy more suitable for special children.
- satisfactory footwear is difficult for the disabled to buy. Some disabled consumers require extra-wide shoes, others require shoes of differing sizes. Velcro fasteners on shoes do provide a solution to width and adjustment problems in footwear and did cause prices for special footwear for the disabled to drop. Recently, however, footwear with velcro has become more difficult to find because they are no longer in style. The price of special footwear is once again on the rise.
- many disabled persons require velcro or pull-on clothing since they cannot manage buttons, zippers, etc.; velcro on clothing, however, wears down quickly when the article is washed. Furthermore, there are very few suppliers of clothing made espe-

cially for the disabled so there is very little competition, and hence high prices.

E. Equipment for the Disabled

- very inflated prices, in the virtually unanimous view of symposium participants, are charged for the special equipment and devices the disabled require. This may be due to a perceived lack of competition among manufacturers and suppliers, but it may also be due to the fact that governments and/or insurance companies often pay for such items and seem prepared to pay whatever is charged. Unfortunately, the non-subsidized disabled consumer is then also required to pay the same purportedly inflated price.
- participants are of the opinion that warranties on their specialized equipment requirements are inadequate and that quality has deteriorated.
- there are apparently no technical standards for wheelchairs other than for height and width. Participants reported a variety of hazards associated with the inadequate construction of chairs and adult walkers. The sport model of wheelchair is not safe for everyday use because of the construction of the footrest but some are in fact bought for everyday use by young people who wish to appear to be wheelchair athletes; the choice is not wise but the absence of standards in chair construction is the greater problem.
- technical aids for the visually-impaired are very expensive since there is only one supplier in Canada; the alternative is to import equipment from the U.S. or England.
- specialized products often don't do what they're supposed to do; wheelchair cushions, for instance, are represented to eliminate various discomforts and abrasions but rarely do so. Publications for the disabled, originating in the U.S. are rife with ads making claims for health-improving food products and technical aids that are dubious to say the least; the problem is that the disabled are especially vulnerable to such advertising and such claims because a high proportion is isolated, physically and/or emotionally.

A Final Note

Consumer and Corporate Affairs Canada, Atlantic Region undertook to make National Access Awareness Week with a symposium on the disabled consumer because of the Department's interest in the fair and safe access of all Canadians to the Canadian marketplace. CCAC is grateful to the Canadian Paraplegic Association, Newfoundland Division and to the Consumer Organization of Disabled Persons for their enlightening and enthusiastic contribution to the planning of, and participation in, the resulting symposium. But the real credit for the success of the day must go to the participants who spoke of their experiences as disabled consumers or as parents of disabled children with disarming candor, passion and good humour. As the summary of the issues identified makes clear, the day was very productive. In the summary, there are several issues which CCAC will endeavour to pursue. But there are also several which the business community may well wish to examine. When another National Access Awareness Week comes around it may then be possible to say that at least some of the issues and irritants which vex the disabled consumer are at long last being addressed.

38-296