

Promoting Inclusiveness Within the Trade Union Movement



When I joined the Ministry of Labour's Handicapped Employment Program in 1980, I decided I would find out what trade unions were all about. After all, I was already a community activist and political animal, and saw some definite similarities in the work of the disability rights and trade union movements.

Shortly after arriving, I met Brother John Ford, who was then both President of Local 527 and a librarian in MOL, which was conveniently located on the same floor where I worked. I approached Brother Ford, and like a good President, he encouraged me to get involved. Thanks to his encouragement, as they say, the rest is history.

In those days, promoting disability issues within any union was a rather lonely place to be. Fortunately, things have changed considerably, but much remains to be done.

The late Dave Humphrey joined the Program, and together we began raising access and other disability issues in our local meetings. Sister Beverley Johnson encouraged us to raise them more centrally in the union movement, which we began to do. Today, an increasing number of unions have a Disability Rights, Caucus or Committee, which provides a safe environment for mutual support, and a vehicle for collective action on issues of common concern.

As a community and trade union activist who is blind, my particular issues have always been access to information-- print materials and websites. Today we have the W3C Guidelines for creating more accessible websites. The advances in computer technology make it far easier to produce documents in large print or Braille.

But the chronic unemployment level remains our greatest stumbling block. Continuing progress in Unions requires work from within, and as a result of our low numbers, we are always looking for allies to help us promote our agenda.

Increasing the level of understanding of the Duty to Accommodate, improving attitudes, bargaining for accommodation and accessibility, and a return to the call for full employment are all areas that need more work by any union that wants to be truly inclusive of all its members, including those of us who have a disability.

Becoming Blind



As my husband and I drove home from Sick Kids Hospital on that very cold day in January 1985, we knew that life as we had known it was over.

What we had feared had been confirmed. I was blind. This is what we had feared was happening those months up to this date. I was a nurse who used to work midnights at North York General Hospital. I couldn't understand how I was getting clipped on the side of the car so many times. Nor could I understand how I landed in a ditch. The final thing was hitting a hydro pole and knocking it to the ground. I never saw it!

We sat in silence except for the occasional; "I don't believe it!" What was I going to do? I was terrified.

The following months are a blur. I was afraid to go to sleep for fear that I would not be able to see in the morning. My self esteem was at its lowest. I was afraid to go anywhere without my husband's arm. I was depending on him for everything.

Gradually, I learned how to navigate with a cane. Oh, how I hated it. I could feel the stares of people who would never speak but just stare. I was angry. I remember thinking, "What are they looking at? Haven't they ever seen someone who is blind?"

But what I wasn't prepared for how someone who had lost his or her sight is dehumanized. It seems that for most

sighted people, the fact that you don't see also means that you have lost your brain and your ability to speak. "What does she want" they would ask my husband or, "Doesn't she do so well", spoken as if I weren't even there.

For me, one who had been independent before, my life seemed like a roller coaster going out of control. I couldn't live like this, staying in the house listening to soap operas!

In 1988, I decided to go and get a guide dog. This marked the beginning of my 'new life'. For the first time, I wasn't afraid to go out. My dog was able to give me the confidence to do those things I was unable to do before. I returned to College, facing the challenges of text books on tape that were garbled; trying to keep up with other students. But I did it! And before the school year was out, I had a job!

During my co-op experience, I developed an acute interest in equity issues. I could not believe that people with disabilities were deemed not worthwhile to be in the labour force! I began my "new career" as the Provincial Coordinator for Employment Equity. I used those skills I had acquired in nursing to work with other organizations who were fighting for the same cause.

Judy Rebick became my mentor. I will remain always grateful to her for teaching me to speak with passion and to never give up the fight. I presented before provincial government committees as well as the federal ones. I was always on the move flying here and there. This time

though, it was my husband who was worried about my safety.

I often think that if this hadn't happened to me, I would have never done the things I have done since I lost my sight. I did sit-in demonstrations; media conferences; met with both the Prime Minister and the Premier on the Charlottetown Accord; helped change the federal law pertaining to elections; and traveled the country speaking to minority groups who were interested in employment equity.

I then took my first union job at Injured Workers' Consultants as a Community Legal Worker in Local 525. I had always been interested in union's issues since my hubby had been an active CAW member. During my employment equity days, I had the opportunity to speak to members of CAW at Port Elgin and realized that the union could make such a difference in people's lives.

It was a natural progression for me to become involved as a steward. I attended training and went to my first OPSEU convention. I wish I could say it was great but it was not. I felt like an outsider and was treated like one. I left feeling very disillusioned.

But I didn't abandon the Union. I went to the CLC's women's conference and got re-energized. I attended the first historic Disability Rights conference and knew that no matter what the challenges are, we will make the difference.

We have made some gains in getting our brothers and sisters in the Union to realize that we belong there no matter what our disability is. We have something to contribute and should play an active role in this union of ours. It is OUR union after all and if change was to be made, it had to come from us, the members that were being pushed aside.

Now we have the Disability Rights Caucus. The members are committed to making change. We make baby steps but now when I go to an event, I get a warm welcome, quite the change from the first event I attended.

One thing I have learned. If you are not willing to get involved to make changes, don't complain. It is only through our efforts that all members of disabilities will find their niche in OPSEU.

Anxiety



Most everyone will experience feelings of anxiety at some time in their lives. Whether it's planning your wedding, the birth of a child, loss of a job or in preparing for a medical procedure, everyone will experience occasions where his or her stress level will be overwhelming. Anxiety can best be described in terms of worry, a general troubled or uneasy feelings of apprehension. For the person suffering from an anxiety disorder the worry is persistent and habitual, often initiated by unrealistic situations or thoughts. In addition, this worry is seemingly uncontrollable and interferes with the ability to concentrate or otherwise function normally. As you can see, the causes, or vulnerability factors are both biological and environmental.

Anxiety disorders can co-exist with other ailments including panic attacks, depression and alcoholism. It's a condition that's been misunderstood and misdiagnosed for years, affecting one out of every five people. Some people suffering from anxiety experience physical pain. Some do not. All experience psychic pain. Many of their problems are emotional and analytical. They are learned habits that can be unlearned. The causes of anxiety disorders vary not only according to the level at which they occur, but also according to the time period over which they operate. Some are predisposing causes, which set you up from birth or childhood to develop anxiety later on. Some are recent or short-term causes – circumstances that trigger the onset of, say, panic attacks or agoraphobia. Others are maintaining causes – factors that keep anxiety

disorders going on once they have developed. As you can see, the causes, or vulnerability factors are both biological and environmental.

People suffering from anxiety often complain of: strong anxiety episodes, racing heart/tightening of the chest, hot or cold flashes, choking, feeling smothered, feelings of disorientation or unreality, uncontrollable thoughts, muscle tension, trembling, diarrhoea, sweating, depressed mood, dizziness, headaches, panic, and fatigue. People suffering from anxiety disorder often have extreme apprehension about dying, having a heart attack, losing their breath, choking, embarrassing themselves in front of others, fainting, going crazy, losing control, or hurting themselves. When a person is experiencing a panic attack he/she truly feels that she/he will lose control, or goes crazy if they don't get to their perceived safe place. The "safe" place is usually a spouse, child or close friend – someone who can be there to provide help.

Anxiety is usually treated by "talk" therapy – either Cognitive-Behavioural therapy (learning new, positive, more realistic ways of thinking) and/or Interpersonal Therapy (learning different, more effective ways to handle difficult relationship issues). Occasionally, drug therapy may also be required. The goal of treatment is to be virtually symptom free and to keep the symptoms from coming back.

Repetitive Strain Injury



In 1996, Sister Audrey Parkes from Local 525 began feeling pain and stiffness in her wrists. Over time, this would involve her shoulders, neck and back. At the time, Sister Audrey did not tell anyone. She herself was unsure of what it was! The only thing she knew was that she was the only support person in a very busy legal clinic that required her to do the typing for eight staff plus other administrative functions.

Sister Audrey was eventually diagnosed with carpal tunnel syndrome, tenosynovitis of her arms and myofascial pain. These are more commonly known as repetitive strain injury. For most of us these are words that we are not familiar with and we probably do what Sister Audrey did. Ignore them. But this is a mistake.

RSI is an umbrella term for a number of overuse injuries affecting the soft tissues (muscles, tendons and nerves) of the neck, upper and lower back, chest, shoulders, arms and hands, caused by a variety of factors including repetition, force and awkward or static positions. Poor workplace ergonomics and job design are significant factors in the development of these injuries. Typically arising as aches and pains, these injuries can progress to become crippling disorders that prevent sufferers from working or leading their normal lives.

Sister Audrey had three children to take care of. "I can't even lift my baby," she would tell me. "I am afraid I will

drop her.” At her worst, Sister Audrey was forced to take a lay off from work and fight for the proper accommodation at her workplace.

Every person must be accommodated individually for his or her needs. In Sister Audrey’s case, this involved an ergonomist coming to the office to assess her needs; providing her with the appropriate chair, mouse; and special software for her computer. She uses Dragon software that types what she dictates.

These accommodations ease her pain and allow her to work but Sister Audrey is never free totally of the pain. To this day, she continues to take care of herself, getting the appropriate medical treatment, taking the necessary rest that she needs, and speaking out about the suffering of RSI sufferers.

For me, Sister Audrey is an inspiration! She continues to provide valuable services to the clinic as well as looking after her family’s needs!

RSI is a serious occupational health concern in Canada as well as across the world. Statistics Canada has estimated that nearly 2.3 million Canadians suffer from disabling injuries with the numbers continuing to climb.

This is a disability that can be prevented! Remember, **‘Work shouldn’t hurt!’**

Accepting Disability



My name is Greg Snider. I am from Region 7, where I work as a Client Service Representative for the Ontario Disability Support Program. I am currently the President of Local 714. I serve on both the Local Employee Relations Committee and the Health and Safety Committee.

My involvement with Disability Rights began later in life. Through most of my early years I did not admit that I had a disability. I would insist that I didn't have a disability. Sure I couldn't drive because of my vision but that doesn't mean I have a disability. That changed when my workplace, Northwestern Regional Centre, was closed and I was redeployed to the then Family Benefits Office to work as a support staff.

I went from having a job where I had minimal reading or writing to one where I was reading and typing all day. There were other things happening at this time in my personal life that also played a role in my improved understanding of myself. This change was the largest and most unavoidable. Even then my first reaction was to muddle through - headaches and sore eyes be damned! Luckily, I was in a workplace that already had two people with more severe vision problems than my own. I was sent to Toronto to test some vision equipment - large monitors and the like. I was there for about a week and saw lots of material. All the time I was concerned with how much it was costing the government and how I wasn't entitled.

It was around that time that the OPS went on strike and my union activism really started. When we came back the headaches started again and I couldn't ignore the reasons any longer. Although I had a lot of support at work from both my union family and the employer, I found it very difficult to admit there are things that I am limited at due to my vision. However I carried on, and became more involved in the Union and Disability Issues together to the point where I am very active today. Along the way I found myself doing more things than I had in the past because I had learned how to compensate for my visual shortcomings.

I had attended several Disability Caucuses at Convention and when asked to participate in a more formal Disability Rights Caucus I was, to say the least, a little hesitant. I was very concerned there would be more talk than action, but that all changed when I met the first crew. We had a first meeting which stretched past 6:00pm on the first day. We just had so many things to do. I was very excited about the fact we all left with work to do. Better yet, when we met for the next meeting many things were done. This was when my growth in knowledge and understanding of Disability Rights really happened and it continues to this day.

Thalidomiders



Unless you were around in the late 1950's you probably are not aware of this disability. But for those mothers who followed doctors' widespread advice and took the drug "Thalidomide" as a mild sedative that helped combat nausea in the first trimester of their pregnancy, it had devastating birth defects on their children.

When taken during pregnancy (particularly the first trimester) thalidomide causes malformations to almost any part of the body that is developing at the time the drug is taken. These are just some resulting malformations:

- ❖ Missing or malformed limbs (bilateral)
- ❖ No ears or deafness
- ❖ Missing or extra fingers or toes
- ❖ Partial or total loss of sight
- ❖ Improper formation of the heart, kidney and other internal organs
- ❖ Cleft Palate
- ❖ Flattening of the bridge of their nose. (Thalidomide Victims Association of Canada)

Victims of Thalidomide who survived are now adults in their 30's and 40's. They have endured pain, discrimination, isolation and denial of adequate compensation. Today, they face an uncertain future. Their limbs and organs continue to degenerate and they experience a diminished quality of life. Doctors cannot predict what their life expectancy may be.

But Thalidomiders have an indomitable spirit. Randy is one of these. Born with flippers for legs and stumps for hands,

Randy took on the world. He fought for Thalidomiders to be compensated properly and to make sure that they had an organisation that Thalidomiders could call their own.

Randy's needs at work are very different that many people with disabilities. While initially, he tried to do everything on his own, it became apparent that if he was to work in a demanding job, he would require accommodation. He requires the use of a full time attendant to help him with his daily care as well as his work in an office.

Although he uses a wheelchair, his preferred mode of travel is sliding on his rear. This gives him the freedom that so many folks in wheelchairs yearn for.

Randy's disabilities haven't stopped him from speaking out about the use of Thalidomide. When the US government proposed re-introducing Thalidomide again Randy made a presentation to the Senate Committee in the US to warn them of the devastating affects of this drug.

Although tens of thousands of babies around the world were born with deformities as a result of Thalidomide, only 5,000 are alive today.

As families sued pharmaceutical companies that manufactured the drug, some victims have received monetary compensation. Nothing, however, can change the devastating effects of this drug. **Consumer beware!!**

**I live my life day-to-day with
Fibromyalgia (FMS).**



This condition affects people in different ways. The quality of my life has changed dramatically since my diagnosis of FMS. I was a very active, busy, and bubbly individual before FMS. On a daily basis I used to walk or bike to work since I reside within one quarter mile from work. I biked 10-12 miles a week, I enjoyed cross-country skiing, bowling, cake decorating and doing laps at the local pool.

My lifestyle has changed due to the worsening of FMS. A person with FMS feels like their 'get-up-and-go' just 'got up and left' - for good. I feel like I have the flu 90% of the time. My body aches all over and the pain is not easily understood by healthy individuals. I can no longer bike even one or two miles a week let alone 10-12 miles a week. I consider myself lucky to walk to work once or twice a week (one-way). Through pain management I have learned to conserve my energy (or what's left of it) to do the important things - work, rest, and quality time with my family. I believe exercise is an important part of a healthy lifestyle. Now my exercises are slow moving arthritic exercises done in a warm pool or whirlpool.

A person with FMS can easily overdo an activity and pay for it for days and months to come. When the condition worsened drastically in 1998, my doctor completed the paper work for a 'handicap parking sticker'. My initial reaction was 'this is a temporary setback'. WRONG. The road to total recovery is impossible and the Disability Sticker is my best friend on many days. Prior to 1998, I

used very few sick days in comparison to now. Changes in the weather; be it the humidity or barometric pressures dropping now have a direct impact on how I feel. In conjunction with a disability advisor my employer has made great strides in assisting my return to work full time. Still there are many things I am unable to do.

People with FMS get 'Flare-ups'. When a flare-up occurs I am confined to bed rest, my medication is increased, and an array of therapy is added to my regular regime. Having FMS is not CHEAP by any means and I have many out-of-pocket expenses (i.e. exercise membership, massages, necessary home modifications).

Depression



Depression is a whole body illness involving your body, mood, thoughts and behaviour. It affects the way you eat and sleep, the way you think about things and the way you feel about yourself. A depressive illness is not a passing “blue mood”. It is not a sign of personal weakness or a condition that can be willed or wished away. People with depressive illness cannot merely “snap out of it” or “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months or years. Depressive Illness is more common than we may think, affecting 17% of the population. Twice as many woman as men will be diagnosed with depression, although it is not clear if this is because women have symptoms that are easier to recognize, or because women seek help more often. While it may seem that a depressive episode has “come out of the blue,” it usually is the result of a mix of genetics, biology, life events and personality traits.

Symptoms of Depression may include a depressed mood, sleep disorders, fatigue, appetite changes, poor concentration, irritability, anxiety, guilt/remorse and indecision, loss of interest or pleasure, persistent physical symptoms that do not respond to treatment, and thoughts of death or suicide. Not everyone experiences every symptom or the same severity of symptoms. Depression has many causes, and several names. It may be called S.A.D. (seasonal affective disorder), Clinical Depression, Bi-polar Disorder (formerly known as Manic/Depressive Illness), Major Depression and Dysthymia.

Just as there are different types of depression there are various types of treatment. Some people respond to psychotherapy (counseling) alone whereas others require medication. Treatment with medication has gradually improved over the years. New drugs have been developed which have specific effects on different types of depression. Some of the newer drugs have fewer side effects than do older ones; however, it's difficult to predict which particular medication will be effective and at what dosage level. This often leaves the person who is experiencing a depressive episode feeling as if they're a guinea pig while the doctor tries two or three different medications. The initial medication may be ineffective leaving the person feeling worse and more likely to quit taking their medication. But that information is valuable in assisting the doctor to find exactly the type of medication which has the least possible side effects and the best results for each person. Studies have shown that the best outcome is a combination of both anti-depressant medication and psychotherapy.

Treatment takes time to work and a person with a depressive illness may not notice a change for weeks or more. The ultimate goal of anti-depressant treatment, whether it is Cognitive-Behavioural therapy (learning to recognize and change patterns of thinking), Interpersonal therapy (understanding how relationships affect emotions and vice versa), or drug therapy, is full remission and to keep the symptoms from coming back.

Low Vision



My name is Greg Bondy, and I have Low Vision. This is the same as being legally blind. My visual acuity is 20/70 in my left eye, and 20/400 in my right. My condition is caused by a birth defect called retinopathy of prematurity, and is usually caused by low birth weight.

My vision was better a few years ago, and I even had a driver's license, but after two surgeries for cataracts, I lost my license in 1998. Despite these difficulties, I still work full time, and am also a union activist. I work as a Developmental Services Worker at the Southwest regional center, and am Chief Steward for OPSEU Local 126.

As a person with a disability, I do not enjoy the rights and privileges most people take for granted. I will never drive a car again, or fly a plane, or operate heavy equipment. I even tried to enlist in the armed forces once, and was turned down. Because there is no public transportation to my workplace, I must hitch (arrange) rides there with my co-workers. This can be frustrating, and sometimes even demeaning.

Despite these problems, there can be some positive aspects to dealing with this disability. Asking for rides to work, and paying for them any way I can, has forced me to socialize, and I have a wide circle of friends, who help me out whenever they can. Most people are very good hearted – even more than you would think.

I try to be as independent as possible. Even though I don't drive a car, I can still cycle, and my recumbant bicycle is one of only four in Chatham-Kent. It gives me freedom and exercise at the same time. I also belong to a conservation club (shooting club), and can take part in target practice with a special scoped rifle, and I enjoy archery as well. Fortunately, I can still read music, and play a few tunes on the piano. If you think a person needs to be sighted to play this instrument, put on a record or CD of Jazz great Art Tatum and you will HEAR what I mean.

Legal blindness isn't much of an impediment on my job, either. I can still perform all of the essential job duties without very much in the way of accommodation.

All in all, this disability isn't the end of the world for me. There is an old saying – "When life hands you lemons, make lemonade." I'll take mine hard.

The Inner Limits



As a union activist, when asked to take part in a “Disability Rights Caucus,” I agreed, not because I have disabilities, but because the cause means a lot to me. In my younger days, I had a friend with MS. We went on outings together, and it always angered me when I took her anywhere and we virtually had to race or fight to use a handicapped parking spot. It wasn’t that another person with a disability needed the spot, but rather that the spot was closer to the store, and was most appealing to anyone who wanted to make a “quick stop” or didn’t want to walk a few extra steps. At that time, it appeared that these spots were seen as a convenience and not a necessity for anyone with a mobility disability. There were no repercussions for using these parking spaces, and you did not need a “handicapped permit” to display in your windshield. Thank goodness today the public is more aware, and the municipalities have the law enforcement agency fine for those who misuse this space. Hurrah! for a step in the right direction.

I am now in possession of a “Handicapped Permit” and cringe at that label and what many people associate with it. Handicapped and disabled are words I have grown to dislike. Don’t you just love it when you are having a bad day and have to park in the designated spot because you know you cannot handle too much walking? The looks you receive as you exit your car. It’s as though you should be using two canes, or a wheelchair in order to use this parking space. If you look “average,” you shouldn’t have the permit. You can read those minds. “Yeh right, whose sticker is she using?” or “I should get me one of those permits. If she needs it they must hand them out to every Tom, Dick, and Harriet.”

Just sitting here relaxing, listening to Alabama singing “I’m in a hurry and don’t know why.” How true the song is. Looking back I see myself in earlier years. Everything was fast paced, and I

thought I would never slow down. I was part of the “Outer Limits.” I curled, bowled, hiked, played volleyball, basketball, baseball, and of course, I danced, which I loved to do. When we are young we feel invincible, and never take a moment to think about the future and how our actions will affect us. We can lift boxes, move file cabinets and furniture, and feel good about ourselves for doing it without help. When you are a member of the “Outer Limits” nothing else matters. You are on top of the world and you plan to stay there.

BBBAAANNNGGG!!!

What a fall!

I'll never forget September 14, 1979. I was on my way home with my two sons after they participated in a martial arts demonstration. We were almost home when I was hit head-on by a drunk driver. The details of the accident are not important now. What is important is that from that moment on my life changed. Thank God, my children were not seriously hurt. I was rushed into emergency, where I received immediate attention and was advised that the injuries were serious – my leg muscles had been severed by part of the car's engine. I remember signing a consent for an experimental procedure. I agreed because I had nothing to lose and if the surgery was successful, I would be able to walk. It took months to recover, and I believed that everything would return to normal. Why shouldn't it? I was young, and I was walking again.

Little did I know that this was the beginning of my journey to the “Inner Limits.” I tried to return to my sports, but one by one I had to give them up. What really depressed me was giving up my dancing. I loved to dance. It kept me active and I always had so much fun. Arthritis set in, and, as the years passed, the condition

worsened and spread to my neck, fingers, and, in general, most of my joints. When I turned fifty, I joked that my warranty had expired. Other conditions surfaced, one of them being Type 2 Diabetes. I believe this condition was a result of my not being as active as I had been prior to my accident, and gaining weight. I am now an accepting member of the “Inner Limits.”

I have come to grips with my limitations. I still enjoy life, and have found other activities to pursue. One of these is striving to educate the public on what can be done to help members of the “Outer Limits” to understand and help members of the “Inner Limits.” Since my retirement in late 2004 year, I hope to dedicate more time to this, and prepare a documentary suitable to enter the annual film festival in Sudbury. We all need our dreams to keep us going, and if I am successful enough to complete mine, then I will be blessed. We all need something to hang onto, and I would like to close with the following:

Dear God:

I want to thank you for what You have already done.

I am not going to wait until I see results or receive rewards; I am thanking You right now.

I am not going to wait until I feel better or things look better, I am thanking You right now.

I am not going to wait until people say they are sorry, or until they stop talking about me, I am thanking You right now.

I am not going to wait until my financial situation improves, I am thanking You right now.

I am not going to wait until the children are asleep and the house is quiet, I am thanking You right now.

I am not going to wait until I get promoted at work, or until I get a job, I am thanking You right now.

I am not going to wait until I understand every experience in my life that has caused me pain or grief, I am thanking You right now.

I am not going to wait until the journey gets easier, or the challenges are removed, I am thanking You right now.

I am thanking You because I am alive.

I am thanking You because I made it through the day's difficulties.

I am thanking You because I have walked around the obstacles.

I am thanking You because I have the ability and the opportunity to do more and to do better.

I am thanking You because You have not given up on me.

God is so just good, and He is good all the time.