

“.... Every time we expanded our civil rights guarantees to include another oppressed minority, America got richer. America is not rich in spite of civil rights. America is rich because of civil rights.”

Justin Dart, 1995.

DISABILITY ACCESS AT SUNY CAMPUSES: 10 YEARS AFTER THE ADA

A Report from United University Professions'
Disability Rights and Concerns Committee

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Executive Summary

This report from the UUP Disability Rights and Concerns Committee responds to a UUP Executive Board charge to “monitor campus implementation of the Americans with Disabilities Act (ADA) and make recommendations regarding disability rights.” The Committee surveyed UUP bargaining unit members in 2000. Our findings are reported in sections: “Campus Accessibility;” “Reasonable Accommodations;” “Attitudes and Behavior toward People with Disabilities;” “Age and Disability;” “Expenses;” and “The Just Community.” Based upon our report, the UUP Executive Board passed the following recommendations:

I. From the UUP Executive Board:

1. Publish this report on the UUP website and in paper format.
2. Enlist the support of the SUNY Faculty Senate to attain full ADA compliance on SUNY campuses.
3. Working with chapters and the SUNY Faculty Senate, press SUNY to fund systematic evaluation of all campus facilities by professional disability accommodation consultants and to fund implementing the ensuing recommendations.
4. Encourage individual chapters to create local disability rights and concerns committees.
5. Urge SUNY at both the State and campus levels to promulgate policies against harassment of persons with disabilities where they do not exist and to enforce such policies where they do exist.
6. Urge the Disability Committee to use its resources and those of UUP and its affiliates to educate the membership in disability rights and concerns.
7. Endorse a Delegate Assembly resolution supporting the vision that “all students with disabilities who have acquired knowledge and skills to benefit from a higher education experience will have full access and opportunity on SUNY campuses;” and recommend support of courses in disability studies at SUNY campuses.

II. The UUP Executive Board suggests that UUP Chapters create local disability rights and concerns committees. Such committees could, for example:

- a. Request from management copies of evaluations or plans addressing campus accessibility, especially the response to the 1992 memo from SUNY Office of University Counsel and Vice Chancellor for Legal Affairs Sanford H. Levine directing campus presidents to implement ADA regulations (Appendix A);
- b. Urge the existing Joint Labor Management Committees to request the hiring of professional disability accommodation consultants;
- c. With disabled members, prioritize campus needs.

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I. Introduction

United University Professions

United University Professions (UUP) represents nearly 29,000 academic and professional faculty on 29 State University of New York campuses, plus the SUNY Central Administration, Empire State College, and the New York State Theatre Institute. Its membership consists of academics, librarians and professionals. UUP is affiliated with the New York State United Teachers and the American Federation of Teachers, AFL-CIO.

At the Fall, 2000 UUP Delegate Assembly, delegates supported Initiative 2000 and the Spirit of the Americans with Disabilities Act (ADA) Campaign with a resolution that called on individuals, communities, SUNY, government leaders, and service and advocacy organizations to renew their commitment to promote full citizenship and employment for people with disabilities. At about the same time, the UUP Executive Board charged the UUP Disability Rights and Concerns Committee to monitor campus ADA compliance.

Survey of Bargaining Unit Members

Responding to this charge from the UUP Executive Board to “monitor campus implementation of the Americans with Disabilities Act (ADA) and make recommendations regarding disability rights,” the Committee surveyed members of the UUP bargaining unit in 2000-2001. **Our report summarizes the observations of many people represented by UUP on how well SUNY campuses have provided equal opportunity to employees with disabilities and how well they have removed architectural, communication and attitudinal barriers.** We used data from survey responses by 234 members who have disabilities, information from telephone interviews, data from campus accessibility checklists completed by 35 volunteers on seven campuses and written reports submitted by committees of two other campuses. The survey was especially important because many disabled members told us they felt their voices were not being heard on their own campuses.

Almost two-thirds of the 234 people with disabilities who responded to our survey are between the ages of 40 and 60. Nearly half are professionals, over 40 % are teaching academics and those remaining are librarians. More than a third of the respondents became disabled *after* they were employed by SUNY. As the faculty and staff age, more people will have disabilities. We asked about disability, demographics, discrimination, accommodations, campus accessibility and disability related expenses. To protect anonymity, we deliberately omitted questions about gender, race or campus; although this means that we cannot report on differences by race, gender or campus. Most of our data reflects averages across all campuses. Some campuses have done extremely well in making their buildings and programs accessible. This is not obvious from overall figures, but neither are the barriers at other campuses. We also have no data about people who may have resigned or been terminated.

Preferred terminology to describe persons who have disabilities has changed over time. Most people involved in disability issues today prefer to use “disabled” or “disability” to “handicapped.” While many prefer “people with disabilities,” they accept “disabled people” (*Ragged Edge Online*, 1992). Some argue that “disabled people” is stronger and asserts “disabled” as a characteristic rather than an indication of inability. In this sense a “disabled person” means a member of the group “disabled” and is considered a positive part of one’s identity. I’ve used “disabled people” and “people with disabilities” interchangeably in this report.

Background

It is now more than a quarter of a century since the 1973 Rehabilitation Act required agencies receiving federal funds to make their facilities accessible to people with disabilities, and over a decade since passage of the Americans with Disabilities Act (ADA) and SUNY Office of University Counsel Sanford H. Levine directed

Presidents of State-operated Campuses to implement ADA regulations.* By July 26, 1992, campuses were required to review facilities and develop plans for changes needed for compliance. By January 26, 1995, the planned structural changes were to be completed. (See Appendix A)

Moreover, it is estimated that students with disabilities now represent nearly 10 percent of all college students (National Council on Disability, 2003). In 2000, New York's Task Force on Postsecondary Education and Disabilities issued *Postsecondary Education and Individuals with Disabilities: Recommendations to New York State for Strategies to Increase Access and Opportunity*, which calls on New York State's colleges and universities to commit to "... a powerful push toward the ongoing development of positive campus-wide and faculty-wide attitudes toward the capabilities of students with disabilities" (Task Force on Postsecondary Education and Disabilities, 7). Other recommendations include: giving faculty and staff incentives and resources to enable them to work more effectively with students with disabilities; ensuring that "campus-wide technology meets universal design standards;" that disabled students have access to the full range of assistive technologies; and ensuring that accreditation and review bodies continue to develop and enhance standards and procedures to assess institutional access and services to students with disabilities (Task Force on Postsecondary Education and Disabilities, 8-11).

In *People with Disabilities and Postsecondary Education (2003)*, the NCD also calls for better access to higher education for disabled students. One NCD recommendation supports our recommendations to address staff needs from the perspective of improved service to students. In particular: "... personnel preparation should include research and training on disability-related supports and services and *should emphasize recruiting, educating and providing accommodations to teachers with disabilities*" (Ital. mine) (National Council on Disability, 2003).

II. Campus Accessibility

Introduction. The major problems confronted by people with disabilities can be traced to the restraints imposed by a disabling environment (Hahn, *Accommodations and the ADA.*) People with disabilities simply need access to the same facilities and services that nondisabled people enjoy. In the past, buildings were constructed to facilitate only the activities of the physically nimble because that was permitted by norms, laws and regulations. The result was the segregation and exclusion of people with disabilities. Since 1973, SUNY has been required to make its facilities accessible to disabled students and staff. SUNY campuses have made an effort to do this and on most campuses to some extent they have succeeded. This chapter addresses campus physical access, including transportation and communication barriers. Data is based upon interviews, written reports, the Disability Survey, and through the "Campus Accessibility Checklist," which was completed by volunteers at seven campuses, who assessed access on their own campuses (referred to below as "checklist campuses").* Using a 24-item checklist we provided, volunteers from these campuses indicated whether "in most cases," "in some cases," or "not at all," campuses had specific features. Two campuses submitted extensive written reports; one included comments on "handicapped" access from the Middle States evaluation.

* ADA Title I prohibits discrimination in employment and requires employers to provide "reasonable accommodation" to disabled employees. ADA Title II requires state and local governments to give people with disabilities an equal opportunity to benefit from all programs, services, and activities; provide access in inaccessible older buildings; communicate effectively with people who have hearing, vision, or speech disabilities.

* The campuses are: Albany Main Campus, Albany Downtown Campus, Cobleskill, New Paltz, Old Westbury, Oswego, and Upstate Medical. Results of each survey have been mailed to the respective Chapter Presidents for further action.

Overall, the general picture on SUNY campuses is very uneven. There are still a lot of places where it is difficult or impossible for disabled people to access programs or facilities. The responses *confirm the need for action based on a systematic professional evaluation of every campus*. The checklist monitors found that those campuses had accessible features “in most cases” for only 40% of the items, “in some cases” for 45% of the items and in 15% of the instances the volunteers checked “not at all.” In other words, 60% of the features that an accessible campus should have are present on these seven campuses either only occasionally or not at all. We combined these responses with those from the Disability Survey and the other sources in the results shown below.

Safety. Unsafe conditions jeopardize everyone and put the University at risk for liability suits, yet many unsafe conditions were reported. The following is an overview of the problems reported:

1. **Neglect of floor and road surfaces cause falls**, often with serious consequences. Poor maintenance of floor surfaces, stairs, sidewalks and roads, the lack of doormats and nonslip flooring, the lack of handrails on stairs and the presence of cobblestones and gravel where people must walk were reported. Elevators that do not stop evenly with floors are hazardous if you can’t see well, as is the lack of color contrast on the edge of stair steps. An administrator told one employee who suffered a fracture in a fall: “We are aware that many of the sidewalks and stairs are in serious need of repair, but are short on dollars and manpower to do them all immediately.”
2. **Failure to provide sidewalks or poorly-planned ones** force pedestrians and wheelchairs onto streets, endangering wheelchair users who may not be seen by drivers and hearing-impaired people who cannot hear a vehicle approaching from the back. Unfenced construction projects endanger visually-impaired people who may unknowingly walk into a construction area. Inadequate or misplaced curb cuts force wheelchairs into the streets. Poorly placed pedestrian crossings and traffic lights encourage jaywalking and are confusing for people with visual disabilities.
3. **Inadequate snow removal** is a problem. Snow is not removed or is piled in curb cuts denying wheelchair users access, forcing them into the street and endangering them, as well as drivers. Several people reported being unable to get to work because snow in parking lots was not removed.
4. **Disaster planning including evacuation plans.** The World Trade Center disaster dramatized the need for inclusive evacuation plans, yet they are lacking in many places. Plans should cover evacuation of anyone who can’t use stairs if the only exit is via elevator. Strobe fire alarms to alert hearing-impaired people or Braille or audible maps of exit routes for visually-impaired people are needed, but are often lacking.
5. **Unleashed dogs** are a danger to guide dogs, hearing alert dogs and service dogs and the people they assist. Recently, several guide dogs in Albany were attacked and seriously injured by unleashed dogs.
6. **Chemicals or allergens** including air pollution, molds, dust, toxic materials, chemicals emitted by carpets and paint imperil people with allergies or chemical sensitivities. Severe headaches, nausea, allergic reactions and dangerous asthma attacks have resulted. Two campuses reported “Sick buildings.”

7. Inaccessible health centers deny health services to disabled people, yet one campus reported 25 steps to the health center entrance, which also had no handicapped bathrooms and an electric wheelchair lift that had not been repaired in two years. On another campus the health center had no lowered drinking fountains, public phones or telecommunication devices for the hearing-impaired, nor was there a TTY.

Barriers and Common Problems. Barriers exist even on the most accessible campuses; some campuses have many obstacles, even though accessible facilities would benefit almost everyone. Ramps, loading zones, curb cuts and elevators are used by people pushing carts, wheelbarrows, booktrucks, baby carriages, moving equipment, or heavy objects. “Handicap stalls” in restrooms are used by people with babies as well as by people dragging rollbags and computers.

1. Getting to work is a problem on campuses that fail to provide accessible transportation, adequate parking or accessible routes from parking to buildings.

A. **Inaccessible campus transportation** makes people dependent on cars and requires more parking. Only four checklist campuses had accessible on-campus transportation in “most cases”.

B. **Insufficient accessible (handicapped) parking** is a serious problem for many. Being unable to park near office or classroom makes it hard to get to work and forces disabled members to travel routes which can be arduous and dangerous. Handicapped parking on SUNY campuses was a problem in 1989 (Friedman, 41) and remains so today. On a scale of 1 to 10, our Disability Survey respondents rated acceptability of disability/medical parking on their campuses. Only 47.9% of them rated their campuses as “8” or above, and 18.8% rated their campuses at “3” or below. Of the checklist campuses, only three had enough handicapped parking “in most cases.”

C. **Lack of van-accessible parking spaces.** Only one checklist campus reported enough van-accessible spaces (access aisle eight feet wide to accommodate ramp) in “most cases.” Another reported only a single van-accessible parking space for the entire campus! A lack of van-accessible spaces excludes some people in wheelchairs or forces them to exit their vans onto streets.

D. **Dropoff zones needed.** Only two of the checklist campuses say they have adequate drop-off zones at building entrances. This was also a complaint of respondents to the Survey.

2. Getting around campus is difficult or impossible on campuses that fail to provide adequate walkways, curb cuts, ramps, audible walk/light systems at campus intersections, or accessible entrances.

A. **Curb-cuts needed.** Of the seven checklist campuses, only one has curb-cuts in appropriate locations in “most cases,” five “in some cases” and one campus reports none. Without them, it is almost impossible for a person using a wheelchair to cross a street.

B. **Audible walk/light systems at campus intersections** were reported by only one of the seven campuses in the Checklist survey.

C. **Lack of signs indicating accessible entrances** is frustrating. People should not have to travel the length of a building to find level doors with openers, yet signs at accessible entrances were reported in “most cases” by only three of the checklist campuses.

D. **Ramped entrances** where needed were reported by only three of the checklist campuses. The lack of “wheelchair access to...older buildings” was also reported on other campuses.

E. **Lack of benches** where people can sit and rest along walkways, as well as at bus stops, creates a hardship for people who can’t walk distances or stand for a long time.

F. **Better walkways needed** for the reasons described above. One person said: “Campus is hilly... better paved and maintained walkways [needed] between buildings.”

3. Building access may be quite difficult. Some old buildings are inaccessible because nothing has been done to improve them, yet other old buildings have been creatively rehabilitated to make them accessible.

A. **Wide doors with automatic openers needed.** Five of the checklist monitors reported doorway entrances at least 32" wide, automatic door openers where needed and door openers in working condition in “most cases.” Two others only had them in “some cases.” Lack of automatic doors is a frequent complaint. One person wrote: “...even need one for the Disabilities Services Office.”

B. **Lack of accessible restrooms** imposes a real hardship. Several people reported an *absence* of accessible restrooms in buildings. One wrote: “Restrooms are a problem, wheelchairs don’t fit, can’t close doors...have to go to another part of the building on a different floor..” Another described a frustrating lack of planning: “...building has accessible bathrooms downstairs, but no automatic door openers there. One set of bathrooms on the third floor does have automatic door openers, but the stall entrances are not large enough for wheelchair access.” Of the checklist campuses, only four have restrooms with at least one 32" wide stall and a grab bar in at least one restroom in each building in “most cases.” A sink at least 30" high with room for a wheelchair occurs in “most cases” on only two of the checklist campuses.

C. **Absence of elevators** (or not in working order) was a complaint on several campuses. Of the checklist campuses, only two, in “most cases,” have wheelchair accessible elevators for multi-story buildings and only four had elevator markings in Braille in “most cases.”

D. **Poor access** is illustrated by a campus museum: “There is a wheelchair accessible elevator in the building. HOWEVER, there is NO ELEVATOR in the museum itself, which has exhibit space upstairs. Visitors... who wish to go to the second floor exhibit space generally receive assistance from a museum employee, who escorts them out the back door of the museum into the Fine Arts Building, down the hall to the elevator at the other end of the building, and then across the second floor ... and through a back door into the second floor of the museum. This of course must be repeated in reverse to get back down.”

E. Lack of listening systems in auditoriums, amplification devices, public access TDDs and soundproof classrooms for people with hearing or speech impairments. Poor acoustics make it difficult for hearing-impaired persons to hear and for speech-impaired people to be heard. Only two of the checklist campuses had made any accommodations in this area. Three people with hearing impairments who teach said they had requested classrooms adapted for people with hearing impairments, but none had been provided. Although hearing impairments are the third most prevalent disability among our respondents, there seems to be little understanding of these needs.

F. Absence of lowered drinking fountains and phones. A person in a wheelchair will find lowered fountains and phones in “most cases” at only two of the seven checklist-surveyed campuses, in “some cases” at two campuses, and none at the remaining three.

G. “Smart classrooms” adapted for people with visual impairments were requested. They should enable one to write or type and project the results on a screen for the entire class to see. Selected classroom computers should be equipped to avoid the need to use the mouse and to have the computer indicate by sound the location of the cursor.

4. Other Services and Facilities should also be accessible to persons with disabilities.

A. Accessible entertainment, informational and recreational programs are offered in “most cases” at only one of the checklist campuses. In “most cases” only four report telecommunications devices for hearing impaired; only one has assisted listening devices for public events; and only three have signers for public events.

B. Library services for visually impaired people. Only one checklist campus has **no** library services for people with visual impairments, but only four had them in “most cases.” All had wheelchair computer workstations, five of them in “most cases.”

C. Access to Gyms. Exercise is important to everyone, including people with disabilities. Disabled staff and students should have access to SUNY gyms and swimming pools.

D. Some websites are inaccessible to people with visual impairments. SUNY is addressing this issue on a statewide basis. Standards for web accessibility need to be implemented and updated.

Exemplary Facilities. Despite criticisms, respondents acknowledged that there have been improvements and there is good access to buildings and other locations on many campuses. The checklist monitors were asked in what respects their campuses had done an excellent job. Some of the features listed were: adding handicapped parking spaces; lowering of sinks and paper dispensers in bathrooms; responsiveness to requests for services; services for the academic success of students with disabilities. Several reported improved awareness through the work of various committees related to cultural diversity and disability awareness, sign language workshops, a site visit by a Center for Independence, and an Emergency Maintenance Task Force. One campus has “blue light” emergency telephones located around campus, which improves safety for *all*.

Funding for Campus Accessibility. Lack of funding often attributed to competition from other areas is frequently blamed for poor facilities and services. It was mentioned in the Campus Accessibility Checklists

returned by five out of seven campuses and also reported by several individuals. Some of the comments were: "...it is NOT a lack of awareness nor a lack of willingness to address these issues but rather inadequate SUNY funding which has delayed and impaired our most recent attempts to update our campus;" "We need adequate and consistent funding from SUNY so that academic needs are NOT in constant competition with physical plant needs."

III. Reasonable Accommodations

Introduction. The 1973 Rehabilitation Act, the ADA and New York's Human Rights Law all direct employers to modify working conditions to allow equal participation by people with disabilities. Employers are required to accommodate qualified employees *only* if they do not impose an "undue hardship" on the employer's business. Actually, they may also benefit employers by enabling them to hire or retain qualified employees; increase productivity; save workers' compensation or insurance costs; and avoid the cost of training new employees. (Job Accommodation Network, "Employers Benefit from Making Accommodations").

What are "Reasonable Accommodations"? The ADA defines reasonable accommodation as:

...modification...to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions... includes adjustments to assure that ... individual ... has rights and privileges ... equal to those ... without disabilities." (Job Accommodation Network, "Employers Benefit from Making Accommodations.")

Not all disabled people require accommodation, but for those who do, it may be essential. "Without necessary accommodations, faculty members may fail to achieve, let alone excel" (Steinberg, Iezzoni, Conill, Stineman, 3151). Accommodations may modify the physical environment or change the organization of work. In our study, *physical accommodations* included: ergonomic furniture, air conditioners, TTY, visible fire and smoke alarms; amplifiers/volume adapter for phone; soundproofing rooms; heating, ventilation and air conditioning system redone; handicapped parking permits; computer adaptations such as: special software, roll ball mouse, left-hand mouse, keyboard tray modified, arm rest for keyboard, large monitor. *Social or work organization accommodations* included: readers to check work; moving to a job that required no lifting; moving to a less stressful atmosphere; teaching scheduled in the same building with office; shortened workday and flexible scheduling; time off the tenure clock; moving work location because of allergies, speech or hearing problems; moving to a building with an elevator.

Who was granted accommodations? Was there a difference between accommodations granted or denied and why? Would a person who needed accommodations be less likely to be hired because of the cost of accommodations? In our study, of those who had a disability *at the time they were hired*, 23.62% had been granted accommodations compared to 28.09% of those whose disabilities developed *after they were hired*.

Not disclosing a disability precludes requesting accommodations. People whose disability is obvious have the least constraint on requesting accommodation and the least difficulty convincing supervisors of their need for it. In our study, those with obvious disabilities were the most likely (42.4%) to have obtained accommodation. Did type of disability affect the likelihood of accommodations being granted? This appeared to be a factor when we looked, by type of disability, at who said they needed but did *not* have accommodations.

Problems in obtaining accommodations. Seventy-two bargaining unit members (30.8 % of the 234 respondents) indicated **there are accommodations that would enable them to better perform their jobs, which they did not have.** Lack of needed accommodations represents a loss of productivity to SUNY and to the 72 employees who need them. Did the people who *lacked* needed accommodations request them? Forty-eight *had* but 24 said they *had not* requested accommodations. Fear of disclosing a hidden disability often prevents people from requesting accommodations (Harlan and Robert, “The Social Construction of Disability in Organizations;” Steinberg, Iezzoni, Conill, Stineman, 3151; Schied, 150). A senior faculty member at a large campus told us she is afraid to admit she has a disability and this has prevented her from requesting handicapped parking, which she sorely needs. Another wrote: “I’m not willing to disclose my emotional one [disability] for fear of repercussions.”

Unfortunately, some people think of “reasonable accommodation” as privilege, as “special treatment,” which they believe is undeserved. Even some people with obvious disabilities are afraid to request accommodations. One wrote that although no one had refused to assist her she felt she would be “viewed in a poor light for requesting special treatment.” Others requested accommodations but were denied. One person wrote: “was told by dept chair to see if I could manage without accommodations for now”; Another said; “no real interest has been paid to the sick building until recently, despite long history.” And another wrote: “Inability to perform certain tasks ... ignored, ... Situations which cause disease progression not addressed.”

Who lacks needed accommodations? Does employment category play a role? In our study, *on average*, 32% of teaching faculty, 25% of librarians, but only 13.8 % of professionals *were denied* requested accommodations. Would type of disability account for the differences? The following tables illustrate our findings.

Table 2a. Accommodations made for disability. % of Disability Category				Table 2b. Accommodations NEEDED, but lacking. Ranked by % of Disability Category			
Disability Category	Yes	No	% who have accommod.	Disability Category	Total	Yes	% who NEED but lack accommod.
Mobility	56	25	44.6%	Visual	34	27	79.4%
Neuromusc	32	12	37.5%	Emot/Psyc	28	16	57.1%
Respiratory	26	6	23.1%	Respiratory	26	13	50.0%
Hearing	41	9	22.0%	Speech	4	2	50.0%
Visual	34	7	20.6%	Cog/learn	11	5	45.5%
Chronic ill	47	9	19.1%	Mobility	56	25	44.6%
Emot/Psyc	28	5	17.9%	Neuromusc	32	14	43.8%
Cog/learn	11	1	9.1%	Chronic ill	47	15	31.9%
Speech	4	0	0.0%	Hearing	41	10	24.4%

The contrast between Table 2a, “Accommodations made for disability” ranked by percent of disability category and Table 2b “Accommodations NEEDED but lacking” ranked by percent of disability category is striking. For example:

79.4% of people with “Visual” disabilities lack needed accommodations while only 20.6% of this group had them. Could it be that readers or computer programs are perceived as too costly?

57.1% of people who have “Emotional/Psychiatric” disabilities lacked needed accommodations while only 17.9% of them had accommodations. This disability is discussed below.

50.0% of people with “Respiratory” disabilities lack needed accommodations while only 23.1% report having accommodations. Improving air quality, fixing “sick” buildings and allergy-proofing work areas may not be considered “accommodation.” This is another invisible and misunderstood disability.

50.0% of people with “Speech” disabilities lack accommodations and none had accommodation. Only a few in our study had speech disabilities but accommodations for them are not well-understood.

45.0% of people with “Cognitive/learning” disabilities lack needed accommodations while only 9.1% of them had accommodation. This disability is discussed below.

Psychiatric disabilities. Besides being one of the least accommodated, this group had a very high percentage (21.4% of the group) of members who paid out-of-pocket for assistance. ADA coverage does *not* extend to people whose disability poses a threat to the health or safety of others, but the stigma of mental illness has limited the job opportunities of many who pose no threat to others. People with psychiatric disabilities *may* have problems such as concentration, maintaining stamina, managing time pressures or deadlines, but when well matched to jobs, they can be productive employees. Employers and employees must feel comfortable discussing the disability and the need for accommodation. Accommodations may include: part-time or flexible work schedules; unpaid leave days for illness, or appointments; re-delegation of work assignments; use of a job coach or shared jobs. (Scheid, 79.)

Learning disabilities. People with learning disabilities were the group who most frequently (27.3% of them) paid out-of-pocket for assistance. These disabilities *may* prevent individuals “from processing information accurately, making it difficult for them to perform their jobs well...” (Hirshfield, “Uncovering Learning Disabilities Can Enhance Job Performance.”) However, devices such as spell checkers or speech-recognition software may be helpful, as are adjustments such as job restructuring, flextime, and supervision. Most employers have little experience with learning disabilities and find it easier to understand accommodations “such as raising a desk on blocks for wheelchair access than ...the workplace manifestations of an auditory processing problem” (Price, 206). Fear of employer misunderstanding makes employees wary about disclosing, but to make good accommodations, employees and supervisors must be able to discuss accommodations comfortably. The match between job functions and a person's strengths is important.

Reasons for Failure to Provide Accommodations. Two factors frequently mentioned were attitudes and lack of funding. Support staff cuts are hard on people needing services, readers, typists, American Sign Language interpreters or snow removal. Failure to provide accommodations may be caused by ignorance, lack of funds, or lack of procedures to request them. One person told us no one had ever asked her needs. She believes that on her campus, management’s attitude is “handicapped people should just be grateful for anything they get.”

Conclusion. *There is a serious lack of needed accommodations for disabled employees at SUNY.* Stinginess in providing job-enhancing accommodations is “penny-wise and pound-foolish” and translates into a loss of productivity to both SUNY and the 72 employees who need them. UUP chapters and their disability committees should strive to educate their campus communities, including supervisors, about the importance of reasonable accommodations. Employees who need accommodations must vigorously request them and UUP chapters and

their disability committees should support individuals in their requests for accommodations.

IV. Attitudes and Behavior toward People with Disabilities

Most people with disabilities feel there is at least a moderate degree of “acceptance” of disability on SUNY campuses but 38 (16.2%) felt they had been discriminated against and 26 (11.1%) said they had experienced harassment. “Acceptance” doesn’t mean the same thing to everyone, either. Discrimination and harassment persist and may occur because of stereotypes and prejudice, because in a competitive environment differences may be exploited, because of lack of knowledge, misunderstanding or other reasons. *Whatever the reason, no level of discrimination and harassment is acceptable.*

Disability Definitions, Perceptions and Misperceptions

Early puritanical definitions of disability related it to the ability to earn a living. Those who could not work were likely to be under suspicion of being laggards. This definition based on unemployability has its modern counterpart in the definition used by the Social Security Administration:

“..the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment (s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.”
(U.S. Social Security Administration, Office of Disability, “*Disability Evaluation under Social Security*”)

Because Social Security is a “benefit,” the definition excludes those who don’t qualify. It presumes the possibility of deception and relies on the medical profession to certify who qualifies. Unfortunately this view puts into question the legitimacy of accommodation requests by people whose disabilities are not obvious.

Seeing disability only in terms of functional limitation is called “the medical model.” It equates impairments with diagnostic classifications and sees the problems of disability as personal, medical problems requiring personal, medical solutions (Hahn, “*Accommodations and the ADA*”). It emphasizes physical limitations and views disability as a personal defect or deficiency. It seems simple, if the medical aspects of a disability are regarded as the problem, then the solution is a cure.

By locating the problem solely within the individual, the medical model excuses society from responsibility for removing the barriers that would create a “level playing field.” People with disabilities are regarded as “different” and, as such, understanding of the experience of disability is limited (Jones, “*Toward Inclusive Theory*”). It ignores the taken-for-granted features of the built environment that confer advantages to the non-disabled. It does not address the problem of very high unemployment of adults with disabilities who are *willing and able to work* and perpetuates allegations of biological inferiority. The view that functional differences mean inherent biological inferiority is similar to assumptions regarding African-Americans and other minorities as well as the alleged inferiority of women (Hahn, “*Accommodations and the ADA*”). The “medical model” is used to justify the perception that a disabled person’s claim to ‘rights’ is not valid. According to this view, disabled people are not a minority, because their problems do not stem from *animus*, or ill-will but from the fact that their bodies don’t work correctly. Johnson says this is like saying a short woman’s problem is that she is not tall or a black man’s problem is that he is not white (Johnson, 27-28).

The “minority group model of disability...contends that disabled Americans are entitled to the same legal and

constitutional protection as other disadvantaged groups..." (Hahn, "Accommodations and the ADA.") It "is the attitudes and institutions of the non-disabled, even more than the biological characteristics of the disabled, that turn characteristics into handicaps" (Jones, "Toward Inclusive Theory"). "To think of disability as a socially constructed phenomenon is to distinguish between the biological fact of disability and the handicapping social environment in which the person... exists" (Jones, "Toward Inclusive Theory").

A broader definition of disability recognizes it as the product of the interaction between individuals and the environment; an example is the World Health Organization definition:

Disability is an "umbrella term for impairments, activity limitations, or participation restrictions...a person's functioning and disability [represent] a dynamic interaction between health conditions (diseases, disorders, injuries, traumas, etc.) and contextual factors, including environmental, social, and personal attributes." (Steinberg, Iezzoni, Conill, Stineman, 3148).

This construct fosters healthy relations between disabled and non-disabled people, based on mutual respect, wholesome relationships between equals. Healthy relationships means self-determination not dependence and control; a barrier-free environment not one that requires "help;" equal rights not charity or discrimination; the absence of manipulation on either side and acceptance rather than paternalism, discrimination, pity or praise.

The Americans with Disabilities Act. The ADA was conceived as a **civil rights law barring discrimination** against people with disabilities in the workplace, in public services and public accommodations:

"individuals with disabilities are a discrete and insular minority who have been faced with restrictions and limitations, subjected to a history of purposeful unequal treatment, and relegated to a position of political powerlessness in our society, based on characteristics that are beyond the control of such individuals and resulting from stereotypic assumptions not truly indicative of the individual ability of such individuals to participate in, and contribute to, society;" (U.S. Equal Employment Opportunity Commission, *The Americans With Disabilities Act of 1990, Titles I and V*, 1997.)

The ADA definition of disability includes everyone whose impairments affect a major life activity, but *also* people who have a history of a disability or people who are regarded as disabled and therefore discriminated against, because no one should be the victim of disability-related discrimination. The ADA definition is:

"Disability.--The term 'disability' means, with respect to an individual-- (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment." (U.S. Equal Employment Opportunity Commission, *The Americans With Disabilities Act of 1990, Titles I and V*, 1997).

The ADA was *intended to protect against disability discrimination in the same way the Civil Rights Act protects other minorities*, but recent Supreme Court decisions have narrowed the definition of "disability," emphasizing functional limitations over civil rights. By limiting coverage and protecting state sovereignty over individual rights, recent decisions deny protection to many who experience discrimination related to disability.

Discrimination and Harassment at SUNY Campuses. The public often ranks disabilities into hierarchies of perceived legitimacy and these have been reported in several studies (Marti and Blanck, 359, Harlan and Robert, 26-30). To some people, only stereotypical conditions such as those requiring the use of a wheelchair, blindness or deafness are considered legitimate disabilities. One person told us that although she has two chronic illnesses they are not obvious. She said colleagues, deans, and department chairs don't find it enough to understand that she has a chronic disease but wish to know the details so "they can decide if you really are disabled."

Because of the stigma, people whose disabilities can be hidden often do not disclose them. In our study, 35.7% of those with psychiatric and emotional disabilities and 18.2% of those with cognitive or learning disabilities *disclosed their disability to no one*. Did people believe they had experienced discrimination because of their disabilities during their careers at SUNY? Of our 234 respondents, 38 or 16.2% reported that they believed they had been discriminated against during their employment at SUNY. The most frequently reported type of discrimination was in accommodations, 23 (9.8%), followed by promotion, 14 (6.0%), and salary 6 (2.6%).

Nine of 19 written responses indicated mistreatment by administrators or supervisors. Six said their positions were threatened or they were demoted. One person reported having his status lowered and more work hours required. Another reported mistreatment by a colleague. A few of their comments were: "Told to get out or take disability;" "[my disability is] unattractive to administration;" "wavering commitment, misinformed, misguided, unbacked;" "...they hoped I would retire."

We asked whether, in their careers at SUNY, people had experienced harassment because of disability. Twenty-six (11.1% of 234) said they had. Did the type of disability affect the likelihood of being harassed? The perception of some disabilities as being more legitimate than others might account for differences in who had been harassed. Heading our list, ranked by percent of persons with that disability, were three of the less understood disabilities. Four (36.4%) of the 11 people with learning disabilities; one (36.4%) of the four people with speech disabilities and six of the 47 (12.8%) with chronic illnesses reported harassment. Learning disabilities are among the least understood, so it is probably not surprising that people with learning disabilities reported the highest rate of harassment. One person whose hearing disability was frequently the subject of insensitive jokes by colleagues told us about being harassed by coworkers and being punished for reporting it to their supervisor.

Acceptance of People with Disabilities at SUNY campuses. Most disabled people gave positive ratings to the "acceptance" of disability by SUNY colleagues, students, supervisors and administration. We asked respondents on a scale of 1 to 10 (1 the lowest, 10 the highest), how they perceived acceptance of disability by the following groups: students; peers; supervisors, and college or university administrators. Peers were rated the highest with an average rating of 7.7% and administrators the lowest with an average rating of 6.7%.

To preserve anonymity, we did not collect data by campus, except for the Checklists, and therefore cannot address differences between campuses. We would like to have had data by campus because organizational climates in which egalitarianism and cooperation prevail seem more likely to extend equal opportunity to persons with disabilities (Marti and Blanck, 368). There are undoubtedly variations in organizational culture between campuses and departments which we are unable to document.

V. Age and Disability

Introduction. With age we acquire maturity, experience and wisdom, but more of us also acquire disabilities. Over 75% of our respondents with disabilities were over the age of 40, and 46% were 50 or older. More than a third (37.9%) acquired disabilities after they were hired by SUNY. People who become disabled later in life are often poorly prepared to become independent and productive with a disability, but there is much to be learned from the experience of others. Disability is a natural part of life and, in a positive climate with a well-designed environment, does not prevent many people from continuing to be productive.

Who are the 89 bargaining unit members who became disabled after they were hired by SUNY? All are over the age of 30. Seven (7.9%) were in their thirties, 30 (33.7%) in their forties, 33 (37.1%) in their fifties, 16 (18.0%) were in their sixties, and one (1.1%) was over 70 (Table 4b). Two did not list their ages. Of the 89 people who became disabled after being hired by SUNY, 12 (13.5%) had temporary disabilities, 53 (59.6%) had permanent disabilities and 32 (36%) said their disabilities were progressive. Thirty-five (39.3%) developed mobility disabilities; 23 (25.8%) had chronic illnesses; and 18 (20.2%) reported neuromuscular disabilities (Table 4c). We have no data on gender, but other studies show that in general women make up a disproportionate share of those severely disabled in mid-life (Mudrick, 245).

Living with a disability acquired in maturity. A barrier to adjustment to life with a disability is society's tendency to treat disability as sickness and perceive older people as vulnerable and ill. It is difficult for those who think of themselves as "healthy" and view persons with disabilities as leading tragic lives, to plan for their own futures with disabilities (Kennedy, 280). People who become disabled in adulthood often experience a sense of personal loss and threat to identity. It is critical for them to move beyond negative self-perception to regain a sense of purpose, to move beyond feelings of loss. "The recovery process is...deeply personal...includes two...developmental tasks: the struggle for meaning and the...re-construction of a positive identity. Both...are essential to the capacity for self-care and personal responsibility for wellness" (Pettie, "Illness as Evolution").

Accommodations. We asked whether people lacked needed accommodations to enable them to better perform their jobs. Of those who acquired disabilities after coming to SUNY, 28.1% of them lacked accommodations compared to 22.9% of those who had disabilities when they were hired. The difference may be partly explained by lack of knowledge of how to request accommodations or reluctance to reveal undisclosed disabilities.

Campus and UUP resources for newly disabled bargaining unit members. People with new disabilities may be unaware of their options. They need information about *how* do things and about disability rights. Others who already have disabilities can be resources for campus information. Campus committees on disability rights and concerns can put individuals in touch with others who have experienced similar problems. The Disability listserv run by the Albany chapter Disability Rights and Concerns Committee members is a forum for information and news affecting people with disabilities. After a person's department chair or supervisor, the campus ADA Compliance Officer is the person to see to request reasonable accommodations. Disabled student coordinators, some of whom also serve as ADA compliance officers, have experience with the campus facilities. Every campus should have written procedures for requesting ADA accommodations and for appealing denied decisions. Information about the State Group Disability Insurance Program, disability leave and eligibility for workmen's compensation can be requested through campus human resources departments. One could also consult the chapter labor relations specialist if there is conflict about accommodations. The Flexible Spending Account Program permits employees to put away money on a pre-tax basis for disability-related expenses including costs of modifying a home to accommodate a disability. The UUP contract describes paid sick leave and other unpaid medical leave, such as that provided under FMLA.

Table 4a. Age by Disability

Age	Hearing	Mobility	Respir	Cog/Learn	Emot/Psyc	Neuromusc	Chronic ill	Speech	Visual	Total
20-30	1	0	1	1	1	1	1	0	2	8
30-40	9	9	5	1	7	3	8	1	6	49
40-50	14	13	8	2	9	9	15	1	8	79
50-60	10	22	11	4	11	16	16	1	12	103
60-70	6	11	1	2	0	0	7	0	3	30
70+	1	1	0	0	0	0	0	2	2	4
Missing			1			3	1	1		6
Total	41	56	27	10	28	32	48	4	33	279

*Note: the total is greater than 234 because some people have more than one disability

Table 4b. “Hired With Disability” or “Acquired it Later” by Age

Age	Yes Hired w/	No Acq later	NoResp	Total % of Age Hired with	% of Age group Acq later	% of Total group with by age group	% of Total Acq later by age group
20-30	7	0	0	7	100.0%	0.0%	5.3%
30-40	34	7	1	42	81.0%	16.7%	26.0%
40-50	34	30	6	70	48.6%	42.9%	26.0%
50-60	42	33	4	79	53.2%	41.8%	32.1%
60-70	9	16	1	26	34.6%	61.5%	6.9%
70+	2	1	0	3	66.7%	33.3%	1.5%
Missing	3	2	2	7	42.9%	28.6%	2.3%
Total	131	89	14	234	56.0%	8.0%	100.0%

Table 4c. Types of disabilities which occurred in maturity, ranked by frequency

mobility disability	35	(39.3%)
chronic illness	23	(25.8%)
neuromuscular disability	18	(20.2%)
hearing disabilities	9	(10.1%)
emotional/psychological	9	(10.1%)
respiratory problems	8	(7.9%)
visual disabilities	6	(6.7%)

Some people had more than one disability

Conclusion. Middle-aged people with disabilities, a group who soon may include our colleagues and friends, should not have to cope with inaccessible campuses or being marginalized. Early retirement would deprive them of professional fulfillment and us of their talent, skills, dedication and experience. With accessible campuses, reasonable accommodations and accorded the respect and dignity due all persons, aging with a disability should be like aging without a disability. *SUNY campuses must be made physically accessible and*

inclusive so that all of us, and all of our students, can participate in campus life.

VI. Expenses

“...people with disabilities...have among the...highest out-of-pocket expenses of all population groups” (Batavia and Beaulaurier, 2001). Living with a disability usually costs more than living without a disability. Out-of-pocket expenses can include things such as costs of readers or interpreters, assistive technology, transportation costs, personal assistance, the co-pays for covered medical equipment, prosthetics and drugs and the full cost of medical expenses that may not be covered. The Committee wanted to know whether respondents who had disabilities had disability-related expenses that were not covered by insurance or HMOs, or disability-related work expenses for which they had to pay out-of-pocket. We asked how much people spend annually on disability-related needs; whether they have had to pay out-of-pocket for personal assistance necessary to perform professional responsibilities or to meet job criteria; and approximately how much they spend annually on work-related needs.

More than half (53.4%) of the people in our study had disability-related expenses not covered by their health insurance or HMO (Table 5a) but only 15% had out-of-pocket expenses for personal assistance necessary to perform their work (Table 5b).

Table 5a. Disability related out-of-pocket expenses not covered by health insurance or HMO			Table 5b. Out-of-pocket costs for personal assistance necessary to perform job		
	<u>Number</u>	<u>% of 234</u>		<u>Number</u>	<u>% of 234</u>
Yes	125	53.4%	Yes	35	15.0%
No	91	38.9%	No	147	62.8%
No Resp	18	7.7%	No Resp	52	22.2%
Total	234	100.0%	Total	234	100.0%

The amount spent out-of-pocket annually for disability-related needs ranged from zero for 126 people (57.01%) to one person (0.45%) who spent \$20,000 (Table 5C). Fifty-four people (24.44%) spent less than \$500. The amount spent out-of-pocket annually for personal assistance necessary to perform jobs ran from zero for 205 people (89.13%) to \$5,000 - \$6,000 spent by one person (0.43%). Only six people (2.61%) spent more than \$500 (Table 5C).

UUP has already responded to some of these medical expense needs. A frequently listed expense was hearing aids. The expenses reported in our study were incurred before the hearing-aid reimbursement was increased \$1200 in 2002 (United University Professions Contract, Enhancement, May 4, 2000). Although \$1200 does not cover the full cost of hearing aids, it would have helped to reduce these expenses. At the time of the survey the Medical Flexible Spending Account plan had not yet been implemented. While this doesn't reimburse medical or disability-related costs, it does allow people to shelter more of these expenses from income tax.

Were out-of-pocket job related expenses more likely to be incurred by people with certain types of disabilities? People who do not disclose their disabilities are precluded from requesting accommodations and are thus more likely to have out-of-pocket expenses. Both learning disabilities and emotional/psychiatric disabilities are very much misunderstood. People with these disabilities are often reluctant to ask for accommodations because they would have to disclose their disabilities. In our study, 35.7% of those with psychiatric and emotional disabilities and 18.2% of those with cognitive or learning disabilities disclosed their disability to no one.

In terms of the percent of those in a disability category with out-of-pocket job expenses, these two categories

were among the top three (Table 5e). It might also explain why learning disabilities, the top ranked here, also has a high percentage (45.0%) of people who say they lack needed accommodations and only 9.1% of people with learning disabilities say that ANY accommodation has been made for them.

Table 5c. Amounts spent out-of-pocket annually on disability-related needs

Amount	Frequency *	Percent	Cumulative Percent
\$0	126	57.01%	57.0%
\$0 - \$500	54	24.44%	81.45%
\$500 - \$1000	13	5.88%	87.33%
\$1000 - \$2000	11	4.98%	92.31%
\$2000 - \$3000	8	3.62%	95.93%
\$3000 - \$4000	4	1.81%	97.74%
\$4000 - \$5000	2	.90%	98.64%
\$5000 - \$6000	1	.45%	99.10%
\$15000	1	.45%	99.55%
\$20000	1	.45%	100.00%

Table 5d. Amount Spent Out-of-Pocket Annually for Work-Related Needs

Amount	Frequency*	Percent	Cumulative Percent
\$0. -	205	89.13%	89.13%
\$0. - \$200	12	5.24 %	94.37%
\$200 - \$500	7	2.67%	97.40%
\$500 - \$2,000	4	1.73%	99.13%
\$2,000 - \$5,000	1	0.43%	99.57%
\$5,000 - \$6,000	1	0.43%	100.00%

*Frequency missing = 4 (Percent based on 234 minus 4 =230)
 *Frequency missing = 13 (Percent based on 234 minus 13 = 221)

Conclusion

More than half of our respondents have out-of-pocket medical expenses, almost 25% had expenses under \$500 and almost 19% had expenses over \$500. Thirty-five people (15%) reported out-of-pocket expenses for personal assistance necessary to perform their professional responsibilities or to meet job criteria. It is likely that some of the expenses were incurred by people who paid out-of-pocket rather than request accommodations and disclose a hidden disability. This explanation seems even more likely considering that the UUP Joint Labor Management Affirmative/Action Diversity Committee offers “Grants for Employees with Disabilities, which provides funds for employees with disabilities to cover out-of-pocket expenses for professional work-related activities incurred because of the disability...not intended to replace accommodations which the campus must provide under the Americans with Disabilities Act (ADA), but rather to provide funding for additional

Table 5e Out-of-pocket Expenses for Personal Assistance Necessary to Perform Professional Responsibilities or to Meet Job Criteria Ranked by Percent of Disability Category

<u>Disability Category</u>	<u>Yes</u>	<u>Total</u>	<u>% of Category</u>
Cog/Learn	3	11	27.3%
Neuromusc	8	32	25.0%
Emot/Psyc	6	28	21.4%
Mobility	10	56	17.9%
Visual	6	34	17.6%
Hearing	7	41	17.1%
Chronic Ill	8	47	17.0%
Respiratory	3	26	11.5%
Speech	0	4	0.0%

disability-related expenses.” (United University Professions Contract, 1999)

VII. A “Just Community”

Introduction. Our demand for accessible campuses and an end to discrimination is based, not on charity or pity or even humaneness, but on a claim to justice. An ideal university maximizes the opportunities and contributions of everyone. The rights of each group rest on a commitment to justice and equality for all. This chapter presents some ideas to further justice and equality for people with disabilities. It begins with an excerpt from a statement of principles for a “Just Community,” includes sections on Universal Design, Disability Studies, our commitment to students with disabilities and concludes with ideas about the role of the union in disability rights.

Principles for a Just Community. In 1990, the University at Albany adopted the “Principles for a Just Community.” In 2000, the principles were amended to include, among other things, the word “disability”. An excerpt follows:

“The University...is an academic community dedicated to the ideals of justice.... a place where intellectual life is central ...if it is to support our broader ideals, [it] must also be just. Equality is a necessary part... Ascriptive characteristics such as race, religion, gender, class, disability, ethnic background, or sexual preference determine neither the value of individuals nor the legitimacy of their views...” (State University of New York. University at Albany, *Graduate Bulletin*, 2002)

Universal Design. “The principal of Equal Environmental Adaptations would seek to ‘level the playing field’ by permitting disabled citizens to enjoy benefits commensurate with the advantages given the non-disabled in an unaccommodating environment” (Hahn, “*Accommodations and the ADA.*”). **Universal Design goes beyond accommodating disabled people to an approach that requires equity and social justice by design.** “The design imperative is to provide the necessary means for every person they can possibly serve” (Moore, 2.4). Universal design, sometimes called ‘inclusive design,’ is not a synonym for compliance with ADA Standards but exceeds them and other access or safety codes. Universal design, which includes more than the “built environment,” requires the concept of inclusivity to be part of the design of everything that can be used. It can be applied to the design of landscapes, buildings, computers and the internet, even tools and appliances. Universal design encompasses the needs of children as well as aging populations and people with disabilities of all kinds. As Moore says “There can be no tolerance of any setting or item that defines, distinguishes or segregates individuals on the basis of their capacity and ability” (Moore, 2.5). Simple examples of it include

wide doors, flat entrances and door and drawer handles that do not require gripping or twisting to operate. In 1954, the Supreme Court established the precedent that “separate is not equal.” It was the beginning of an approach to design that respects all users: “Accessibility features that are a thoughtless add-on after the basic design of a place or a product have a stigmatizing quality not unlike the segregated ‘back of the bus’ practices ... once the norm in the United States”(Ostroff, 1.4). SUNY campuses should welcome all by requiring that the principles of universal design be an integral part of the planning of *all* new university buildings and technological systems.

Our Commitment to Students with Disabilities. The accessible campuses and inclusive approaches we call for parallel and are supported by recommendations of New York’s Task Force on Postsecondary Education and Disabilities. In 1998, the Task Force was charged by the Board of Regents, the State Education Department, SUNY, CUNY, the Commission on Independent Colleges and Universities, and the Association of Proprietary Colleges to develop “a global vision and strategies to enhance access and encourage full participation of individuals with disabilities in postsecondary education.”

Its vision: “all students with disabilities who have acquired knowledge and skills to benefit from a higher education experience will have full access and opportunity” (Task Force on Postsecondary Education and Disabilities. *Recommendations to New York State...*, x).

Our recommendations have even more significance in light of SUNY’s obligation to its students with disabilities. As we call for equal opportunity for ourselves, we should do no less for our disabled students.

The National Council on Disability (NCD) prepared a report in 2003 anticipating the reauthorization of the Higher Education Act and calling on policymakers to better support students with disabilities. NCD states: “Students with disabilities...now estimated to represent nearly 10 percent of all college students, currently experience outcomes ...far inferior to those of their non-disabled peers...” (National Council on Disability, 2003). We support the NCD recommendations, but particularly “Addressing Emerging Needs through Targeted Personnel Preparation and Research:”

“Postsecondary education personnel preparation should include research and training on disability-related supports and services and should emphasize recruiting, educating, *and providing accommodations to teachers with disabilities.*”(ital. mine) (National Council on Disability, 2003)

Disability Studies. “People with disabilities comprise fifteen percent of the population nationally and worldwide, making them the largest physical minority. Yet they have been marginalized not only in society at large but within the discourses of knowledge” (Davis, 1997).

Disability Studies incorporates historical, phenomenological, political, cultural, medical, sociological, technological, educational, and legal perspectives to provide a view of disability as part of universal human experience. It compares the way disability has been interpreted; the development of the disability community and of social identity; the political results of assigning value to bodies; the history of how disability influences and is influenced by the distribution of resources, power, and status; and how disability affects artistic production (Ohio State University. *Disability Studies Minor*, 2002). The field has developed from the academic recognition of the need for identity studies and the acknowledgment of disability issues as political issues involving citizen rights. “Disability-studies scholars are nearly unanimous... that the field should be seen as the newest variation on the model established by racial and ethnic studies, a model that derives its focus from looking at the history and culture of a minority group”(Cassuto, A60). Just as race and gender have been re-conceptualized by scholars of their respective studies, disability studies should be a part of the “just” academic community to contradict the inadequate and inaccurate conceptualizations of disability that have dominated academic inquiry. The “demedicalization” of disability, that is, replacement by a socio-political perspective, should become standard in any class about art, literature, history, politics, culture, and anywhere “disability” is

mentioned. Linton says: “Despite the steady growth of scholarship and courses...the field of disability studies is even more marginal in the academic culture than disabled people are in the civic culture. The enormous energy society expends keeping people with disabilities sequestered and in subordinate positions is matched by the academy’s effort to justify that isolation and oppression” (Linton, 3).

However, there is also support for disability studies. The Modern Language Association now has a Committee on Disability Issues in the Profession and the M.L.A.'s annual meeting, and those of many other academic groups, now includes sessions on disability studies (Ramirez, “*Disability as a Field of Study?*”). The discipline now supports three scholarly journals and has been recognized by academic organizations including: The American Historical Association (AHA), The American Studies Association (ASA), American Speech Language Hearing Association (ASHA), and Speech Communication Association (SCA). Several major academic conferences are now devoted annually to discussions around pedagogical and scholarly research in Disability Studies, the Society for Disability Studies (SDS) being the main one (Ohio State University. “*Disability Studies as a Minor,*” 2002).

SUNY is remiss in its commitment to multi-culturalism in not having even a minor in disability studies at any of its campuses. We call on SUNY teaching faculty to demedicalize disability in their teaching, support the addition of disability studies courses and promote the establishment of a disability studies major in at least one SUNY campus. Disability studies should be a part of SUNY’s “just” academic community because its commitment to diversity should not neglect the academic study of this expanding, but marginalized group.

Role of the Union. UUP’s more than 29,000 members have an instrument to voice their collective concerns and protect their interests. Article II “Purpose” of the UUP Constitution state the union’s view of its own purpose.

“The purpose of this organization shall be to improve the terms and conditions of employment of those it represents; to promote mutual assistance and cooperation among the members of this organization; to advance education in a democracy and democracy in education; to promote the principle of unity and collective bargaining in higher education; and to defend the civil, professional, and human rights of those it represents” (United University Professions Constitution, 2002)

Union protection of the rights of its disabled members to equal opportunity and full participation in campus and community life is consistent with its commitment to all members including other minority groups. UUP has supported disability rights legislation as well as contractual remedies for disability concerns. UUP can take pride in several actions and programs that support equal opportunity and protect the concerns of members with disabilities including persons. Among them are two of the Affirmative Action/Diversity Committee programs: the “Dr. Nuala McGann Drescher Leave Program, Affirmative Action/Diversity Leaves,” which provides funds to enhance employment opportunities for minorities, women, persons with disabilities and Vietnam era veterans ...by assisting them to prepare for permanent or continuing appointments;” and the “Grants for Employees with Disabilities” which provides funds for employees with disabilities to cover out-of-pocket expenses (not covered under ADA) for work-related activities incurred because of disability.

The “Medical Flexible Spending Account Plan” allows people to put aside pre-tax dollars for medical expenses, including disability related expenses such as making homes and vehicles accessible.

UUP’s Committee on Disability Rights and Concerns and other committees have included disability rights in some form as part of their agendas. The Human and Civil Rights Committee has monitored court decisions and made recommendations regarding the results of the Supreme Court’s ADA decisions.

The UUP Legislation Committee's Legislative initiatives have, in recent years, included initiatives to restore the civil and human rights of public employees. To that purpose, the Committee has endorsed legislation to restore the civil and human rights of public employees, including rights under the ADA.

UUP chapters are important in dealing with day-to-day individual member concerns. At Labor Management meetings, chapter officers can raise issues such as accessibility, snow removal, unsafe traffic conditions as well as campus policy issues. Some chapters have disability committees (Table 7a). The members can be mutually supportive, build a disability community and communicate between that group and the chapter leadership.

VIII. Recommendations

I. From the UUP Executive Board:

1. Publish this report on the UUP website and in paper format.
2. Enlist the support of the SUNY Faculty Senate to attain full ADA compliance on SUNY campuses.
3. Work with chapters and the SUNY Faculty Senate, press SUNY to fund systematic evaluation of all campus facilities by professional disability accommodation consultants and to fund implementing the ensuing recommendations.
4. Encourage individual chapters to create local disability rights and concerns committees.
5. Urge SUNY at both the State and campus levels to promulgate policies against harassment of persons with disabilities where they do not exist and to enforce such policies where they do exist.
6. Urge the Disability Committee to use its resources and those of UUP and its affiliates to educate the membership in disability rights and concerns.
7. Endorse a Delegate Assembly resolution supporting the vision that "all students with disabilities who have acquired knowledge and skills to benefit from a higher education experience will have full access and opportunity on SUNY campuses;" and recommend support of courses in disability studies at SUNY campuses.

II. The UUP Executive Board suggests that UUP Chapters create local disability rights and concerns committees. Such committees could, for example:

- a. Request from management copies of evaluations or plans addressing campus accessibility, especially the response to the 1992 memo from SUNY Office of University Counsel and Vice Chancellor for Legal Affairs Sanford H. Levine directing campus presidents to implement ADA regulations (Appendix A).
- b. Urge the existing Joint Labor Management Committees to request the hiring of professional disability accommodation consultants.
- c. With disabled members, prioritize campus needs.

IX. Acknowledgments

We would like to thank everyone who responded to our survey; the 35 volunteers who took the time and trouble to assess the facilities of their campuses; all those who wrote, called or sent us e-mail about campus conditions.

We are grateful to: Tom Kriger, UUP Director of Research/Legislation for generous advice, patience and helpful critique; his staff for collecting and coding the data; Fred Floss for running tables and cross-tabs; all the present and former members of the Disability Committee, especially Carol Waterman, Bill Roth, Jim Holmes, David DuBois and Sally Friedman, who, though not a member of the statewide committee, also offered suggestions.

Our thanks: to the UUP Chapter Presidents for distributing the questionnaires to their chapter members; for support and charging the Committee to monitor ADA compliance we would like to thank UUP President Bill Scheurman and the UUP Executive Board; Kenneth Kallio, Executive Board liaison who faithfully attended the committee's meetings and provided encouragement and helpful comments;

Finally, I would like to thank the State of New York/United University Professions Professional Development Committee for granting me a leave in the summer of 2002 to work on the project.

X. Appendix A



State University of New York

APPENDIX A

JAN 30 1991

Memorandum to Presidents

Date: January 24, 1992 Vol. 92 No. 1

From: Office of University Counsel and
Vice Chancellor for Legal Affairs

Subject: Americans with Disabilities Act Regulations

To: Presidents, State-operated Campuses
Presidents, Community Colleges

The Americans with Disabilities Act of 1990 ("ADA") extends comprehensive federal civil rights protection to persons with disabilities. Protection is provided in the areas of employment, public accommodations, government services, and telecommunications. Recipients of federal funds, such as the State University, have been prohibited from discriminating on the basis of disability for nearly two decades under Section 504 of the Rehabilitation Act of 1973 ("§504"). While the ADA represents sweeping change for those not subject to §504, the new Act generally does not mandate many changes for those entities already subject to and in compliance with existing §504 provisions.

The Department of Justice has recently issued final regulations under Title II of the ADA which relate to state and local government services (28 CFR Part 35). An analysis of the regulations, effective January 26, 1992, is included with this Memorandum as Attachment A. The regulations for the most part restate requirements established under §504. Nonetheless, each campus will be required to take certain additional actions:

Actions Required**ON AND AFTER JANUARY 26, 1992**

1. **Notice:** Each campus must make information available regarding the protection the ADA offers qualified persons with disabilities.

2. **Designation of ADA Coordinator:** The responsibilities of the §504 coordinator must be revised to include the investigation of allegations of non-compliance with the ADA.

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3. **Grievance Procedure:** The internal discrimination grievance procedure already in place at the campus must be revised to include the ADA.

WITHIN 6 MONTHS (by July 26, 1992)

4. **Transition Plan:** If structural changes to facilities are required, the campus must develop a transition plan setting forth the steps required to complete any structural changes deemed necessary. Further information will be available from the Office of Capital Facilities.


WITHIN 1 YEAR (by January 26, 1993)

5. **Self-evaluation:** Each campus must update its \$504 self-evaluation of its current policies, services and practices to include those policies and practices not included in the previous self-evaluation.

WITHIN 3 YEARS (by January 26, 1995)

6. **Completion of Structural Changes:** Any structural changes planned must be completed by January 26, 1995.

Questions regarding the implementation of the Act may be directed to the Office of University Counsel (518 443-5400), the Office of Capital Facilities (518 443-5570), or the Office of Affirmative Action (518 443-5101).


Sanford H. Levine

Attachment

Copies for information sent to:
Deans, Statutory Colleges
President Coll
Provost Nesheim

XI. Appendix B

UUP Disability Rights and Concerns Committee

Chapter Presidents and Vice Presidents Retreat, August 20, 2004

What can a chapter disability committee do?

Improve campus access

SUNY has made progress in making campuses accessible but people with disabilities still report many places that are difficult or impossible to access. The general picture is very uneven. Accessible facilities were found "in most cases" in only 40% of responses to our facilities checklist (seven campuses); while in 60% they were only found "in some cases" or "not at all." Facilities should be accessible even if no one needs them at the moment. The piece-meal approach is inadequate. A disability committee can help the chapter to prioritize campus accessibility needs and work with others for their achievement.

Get people with disabilities involved in UUP activities

Members of the disability committee may also become delegates or take on other chapter responsibilities. Occasional notes about issues of interest in the chapter newsletter can reach people with disabilities whose union involvement may have been very minimal. Committee members can write these notes.

Give disabled UUPers a channel of communication

Often, improvements will be made only if requested, and indeed, one SUNY administrator said exactly that. But often, individual voices are not heard. UUP chapters are the collective voices of members and have an important role in calling attention to problems in member working conditions. The committee can be a conduit for members to bring issues of needed services, like snow removal, or needed building modifications to the attention of the chapter leadership.

Create a mutually supportive disability community within UUP

When members have disability-related questions, a campus disability committee gives them access to the experience of other disabled people and builds commitment to UUP.

Show chapters and UUP as an inclusive union

A disability committee presents the chapter in a positive light for its interest in helping all who are represented by UUP to be fully productive professionals and contributors to campus life.

We are committed to empower everyone, including those with disabilities, to enjoy a fully productive professional life.

Who should be on the disability committee?

UUP members, regardless of whether they have a disability, who are interested in making our campuses accessible to everyone, should be on the committee.

Suggestions for action by disability committees

1. Request surveys of campus ADA compliance. Did the campus respond to the 1992 memo from SUNY Office of University Counsel and Vice Chancellor for Legal Affairs Sanford H. Levine directing campus presidents to implement ADA regulations (Appendix A of report)? Have other surveys or reports been done?
2. If none, try to get professional evaluation or consider doing an informal survey to determine at least important needs (See Disability Checklist, State Disability Committee) or Americans with Disabilities Act, Accessibility Guidelines (ADAAG). Checklist for Buildings and Facilities. <http://www.access-board.gov/adaag/checklist/a16.html>
3. Determine what progress has been made. What needs to be done? Prioritize needs. What is being done by others on campus and how can the committee work with them?
We can help change SUNY's disabling environments to enabling ones.
4. Represent UUP disability concerns on planning boards for new or renovated buildings.
5. Find out whether the campus has plans to evacuate people with disabilities from buildings in emergencies. If not, encourage their development and offer to work with those responsible.
6. Assess whether the campus has adequate and well-publicized procedures for requesting reasonable accommodations. Do they include appeal procedures when requests are denied? Are the procedures on the web? Available in print? Do members know about them?
7. Consider whether the chapter newsletter is available online in a format that can be read by alternate browsers used by people with visual impairments. Alternatives?
8. Are chapter meetings held at accessible locations? Accessible to hearing-impaired persons? People with respiratory allergies? Ask how they could best be accommodated. Are other groups excluded by lack of access? Committee can look for alternatives.
9. Encourage all interested in disability issues to join COALACC, the online discussion group for disability access at SUNY campuses. (Contact Carol Jewell cjewell@uamail.albany.edu)
10. Reach out to those on campus whose disability-related needs are unmet or who have concerns and interest in improving access and try to work with them to make the campus more accessible.
11. The committee chair can represent the committee on the Chapter Executive Board. This provides the Executive Board oversight and information about activities of the committee, ADA and other disability-related issues nationally, statewide and on campus. It provides members of the committee with a voice on the Chapter Executive Board.

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