Academic Accessibility:
A Case Study of Carleton University from a Physically Disabled Perspective, 1942 - 2019

by

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Abstract

What is the definition of accessibility? Does it have one that covers all perspectives? This thesis was completed in order to analyze how Carleton University, in particular, has viewed accessibility during its history, particularly from a physically disabled perspective. It will do so using a Disability Studies perspective. In addition, it will use two theoretical perspectives of disability, the medical and social models. They will be used to demonstrate how Carleton University has gone about building not only its physical infrastructure but also policy for its intellectual infrastructure under influence of the medical model.

This is accomplished in a number of different ways. It first looks at how Carleton built its reputation of being one of Canada's most accessible post-secondary institutions. To understand this a number of different sources were put to use. Along with standard secondary sources, such as books and journal articles, this thesis also contains a series of interviews, an accessibility audit, and personal vignettes. These interviews and vignettes are excellent tools to demonstrate how Carleton has shifted its focus of accessibility away from physical and towards cognitive, and sometimes invisible, disabilities.

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Chapter 1: Introduction

This thesis explores the historical evolution of ‘accessibility’ at Carleton University, from a Disability Studies perspective. Disability Studies has focussed primarily on two main models that have dominated its discourse, the medical model and the social model.¹ The medical model conceives disability where the individual’s illness is the cause of their problems. The social model sees the *environment* as doing the disabling (and thus factors external to the individual).² In this thesis, I explore Carleton’s history with ‘accessibility’ from the perspective of the social model, demonstrating the hold that the ‘medical model’ has had - and continues to have - on Carleton’s vision of ‘accessibility’. The social model describes the influence that the surrounding environment has on the individuals experience of their own abilities.

There is more to 'accessibility' than simple physical accessibility. There are issues of independent living, for instance. However, in this thesis I am concerned with the experience of accessibility in terms of academic experience in the classroom.³ Digital accessibility is also a factor; accessibility in this sense can refer to the simple availability of a program on a given device to assistive technologies such as screen readers. It can refer to scholarly materials being paywalled or freely available; clearly, the word ‘accessibility’ does a lot of work in the academy.⁴

The balance of physical and digital accessibility experienced by a student could be called ‘academic’ accessibility in that together they dis/en-able different experiences of the

¹ A.J. Withers, *Disability Politics and Theory* (Halifax and Winnipeg: Fernwood, 2012), 31 and 86-89.

² Withers, *Disability Politics*, 86-89.

³ For this reason, programs at Carleton such as the Attendant Services Program, which assists physically disabled Carleton University students to live on campus with personal support available 24-hrs a day, seven days a week, is not discussed. See also: “History,” Attendant Services Program, Carleton University, last modified 2019, <https://carleton.ca/attendant-services-program/history/>.

⁴ Shawn Graham, Ian Milligan, and Scott Weingart, *Exploring Big Historical Data: The Historian’s Macroscope* (London: World Scientific Publishing, 2015).

academia. It is in this sense I use the word ‘accessibility’ throughout the thesis across multiple angles. There is a ‘conventional’ history of Carleton’s accessibility evolution that is well known⁵, but I revisit this history through a consideration of what ‘official’ Carleton has said about accessibility through a distant read of the published Board of Governors and Senate meeting minutes available on Carleton’s website. I explore the personal histories of accessibility at Carleton through oral histories with Carleton’s staff who work on accessibility issues. I study the physical fabric of the built environment of Carleton from my perspective as a powered-wheelchair user. Triangulating from these bodies of evidence through the lens of the social model of disability, which requires me to also recount personal vignettes so that the reader may gain something of my socially-embedded experience, enables a new take on Carleton’s accessibility: that physical accessibility is an ever-evolving thing.

I do not presume to speak for every disabled student or scholar, but simply for individuals with disabilities such as my own, where the individual has severely limited upper body strength, and is confined to an electric wheelchair with elevation technology. I have placed the majority of these vignettes at the beginning of each chapter in order to allow the reader to see the presented historical evidence of Carleton University that follows from my perspective.

I begin the thesis by taking a deeper look at how academic accessibility can be understood. Academic accessibility is multifaceted. To analyze it requires careful attention paid to its intellectual and legislative infrastructures along with the other, perhaps more evident physical infrastructure. Chapter One will lay out grander definitions of each of these and the following chapters will look at how Carleton University is handling each one through the particular evidence discussed.

⁵ H. Blair Neatby and Don McEown, *Creating Carleton: The Shaping of a University*. (Montreal and Kingston: McGill-Queen’s University Press, 2002), 124-147.

In Chapter Two I turn to the Board of Governors and Senate meeting minutes using a digital tool called Overview (<http://overviewdocs.com>). Overview permits a distant read by sorting documents based on large-scale patterns in a corpus as compared to small-scale patterns within an individual document. It also performs automatic object-character recognition when documents are uploaded to it, turning images into searchable text, thus saving me from having to use command-line tools (where commands are typed in via complex series of keystrokes that are very difficult for me). The tools of the digital humanities (DH) are not designed with physical accessibility in mind⁶, an irony that is not lost on me, a student in Carleton's DH program. Even though Overview increases my academic accessibility overall, it is not without its flaws. Chapter Two will take a further look at all three of these topics and demonstrate how even tools with accessibility in mind, are not necessarily accessible to all.

I then turn in Chapter Three to analyzing a series of interviews with Paul Menton Centre staff that I conducted (see Appendix C for Ethics Protocol Forms). These interviews were aimed at gaining a greater focus on the intellectual side of academic accessibility by exploring how Carleton University staff support their students, and how this has changed over time. In the course of these conversations the impact that past accessibility laws, such as the Accessibility for Ontarians with Disabilities Act of 2005, have had on Carleton as a whole are teased out. Once again, the vignette at the beginning of Chapter Three will allow the reader to see things from the perspective of a physically disabled student such as myself. The purpose of doing so is to show how accessibility for the physically disabled seems to be seen at Carleton as a completed task.

⁶ See on this point the discussion in "A Glitch in the Tower: Academia, Disability, and Digital Humanities." In *The Routledge Companion to Media Studies and Digital Humanities*, ed. Jentery Sayers, 108–16. (New York, NY: Routledge, 2018), 109.

Chapter Four performs an accessibility audit and simple statistical look at the built environment at Carleton. The purpose of Chapter Four's vignette is to drive home the difficulty of navigating campus independently despite its most iconic accessible feature, the tunnels; it is worth remembering that they were not designed with the disabled in mind.⁷ The vignette allows me to demonstrate how it is that I overcome these barriers through the use of technology.

The social model of disability shows us how all forms of accessibility, including academic accessibility, are dependent on the experience of each individual. It is by following this line of thinking that I will guide the reader toward understanding why accessibility, and academic accessibility at Carleton in particular, is not something that can be solved permanently. New needs will be discovered with every new individual. Carleton's history of accessibility is not yet 'done'.

Analytical Framework

An analytical framework for discussing academic accessibility rests on three distinct and equal parts. The first part is the *physical infrastructure* that supports or mitigates the effects of a person's disability. In the context of this thesis, this means taking a look at the long-term evolution of Carleton University's physical foundation. The second aspect that will be looked at is the *legislative* framework - that is, what, if any, laws are present at any level of government that hold universities accountable to certain standards of accessibility? Finally, we will look at the intellectual infrastructure of Carleton University *or how accessibility has been envisioned, researched, discussed, and realized at this institution* and how it compares to other institutions of its kind.

⁷ Neatby and McEown, *Creating Carleton*, 128.

Physical Infrastructure

Vignette One: Overcoming Barriers

It is rarely easy to get around in a new environment, in a wheelchair. More times than not a disabled individual will face a physical barrier for even something as simple as getting in and out of doorways. When I first came to Carleton University, I had a number of situations where I could not get around in the supposedly physically accessible Carleton tunnel system. Why? Automatic door openers were often placed at unreachable heights! One notable example is the automatic door opener in the tunnel access at Carleton University to the first floor of the University Centre. I have a form of Muscular Dystrophy that does not allow me to raise my arms voluntarily. For over a decade, this button has been inaccessible to me: it is located about three feet in the air, at my head height sitting in my wheelchair, well beyond my reach. Before 2019 when the button was finally moved I was forced to wait (and during some hours of the day and times of the year it could be a long wait) for someone to walk by so I could ask them to help me hit the button (figure 1).

Figure 1. Self-portrait with the inaccessible door button at the University Centre tunnel entrance. (Photograph by Hollis Peirce)

This year, I have an elevating power wheelchair. I can rise up almost high enough to hit most buttons I encounter. But still, there are some other factors making this particular button inaccessible. Notably, it is located at a place in the tunnels that can be either dead quiet, or so busy that it is difficult to pull out of the way to elevate to that level.

In addition, the button to enter the University Centre building from the tunnel level is located in a very peculiar and confusing place. If you are approaching the door from the tunnels on the right side, you will see three entrances to the building, none of which are clearly labeled as the accessible entrance. Also, when approaching from the right side, the button is not even visible to you, for it is located inside the door frame on the right rather than on the outer edge or adjacent wall like most are. Once you have finally located the button, the next difficult step is actually managing to hit the button to open the door.

As a disabled individual it has become more and more evident to me when a building has been designed to be “accessible” by a non-disabled individual.⁸ This button is a clear example of this. I suspect it was designed by an able-bodied individual because it is located at about the waist height of an average person. Therefore, when I pull up to it in my wheelchair it is literally at, if not a little above, my head height.

Once I have managed to reach the proper height for pressing the button though, I have to put myself in a very vulnerable position, going into the doorway to press it. After doing so the door immediately begins opening towards me, so I have to back out rapidly which is dangerous enough on its own, but should there ever simultaneously be someone else coming through the door from the other side I am virtually defenceless. I say this because the automatic ‘accessible’ door is a very solid metal door that has no way to see through to the other side.

⁸ Tanya Titchkosky, *The Question of Access: Disability, Space, Meaning* (Toronto: University of Toronto Press, 2011), 4.

Fortunately, Carleton has taken it upon themselves in the spring of 2019 to put in place much more user-friendly automatic door openers all over campus. These buttons are much more suitable for me as an individual for two reasons. First, they extend from the waist height of an able-bodied individual, all the way down to the floor. Second, and most importantly they can be activated by pressing anywhere on the button. Whether I use my foot on the bottom half, or my tray up higher, the door will still open (figure 2).

Figure 2. Improved Access Button, University Centre Tunnel Entrance (Photograph by Hollis Peirce.

With one simple change Carleton has significantly improved my life. No longer do I need to worry about waiting for a stranger to walk by to ask for help, or worry about being in the way as the door opens. I can suddenly, and confidently, go about my day on campus just as

any other student would. This is only the first of many examples that I will share with you throughout this thesis that highlights important dimensions to the lived experience of ‘accessibility’ at Carleton University.

Carleton University was founded as ‘Carleton College’ in the summer of 1942.⁹ The idea for it though took place in 1941.¹⁰ In that year, Dr Henry Marshall Tory, one of the most instrumental figures in post-war development of higher education in Canada¹¹, met with William Connor, who was an Ottawa businessman and was known to be active in many social agencies¹², and had a conversation on a street corner. During the conversation the two of them noted the sudden influx of young men in Ottawa who lacked an education on account of being forced into the war. In addition, the two men were most concerned with how Ottawa, as a government town, did not possess a university or college that could provide for Protestant, English speaking students.¹³ During this time Ottawa did have the University of Ottawa as well as St. Patrick’s College, although these served the French-speaking, and Roman Catholic communities of the city. Therefore, the two men thought something had to be done to resolve the issue.¹⁴

Of course, establishing a physical space to conduct business is not something that can be accomplished overnight. Instead in 1942, Carleton College opened its “doors” by holding its first classes in the classrooms of Ottawa’s High School of Commerce, better known today as Glebe Collegiate High School. This small first avenue campus was perfectly functional while still operating under the title of ‘Carleton College’. In 1957 the Government of Ontario legally

⁹ Neatby and McEown, *Creating Carleton: The Shaping of a University*, 10.

¹⁰ Ibid, 3.

¹¹ Ibid, 6.

¹² Ibid, 3.

¹³ Ibid, 4.

¹⁴ Ibid.

designated Carleton College as a university.¹⁵ According to Neatby and McEown the decision to change campuses around this time was what really allowed Carleton University to provide its students and future students far more opportunities.¹⁶

Carleton's early needs were clearly driven by the exigencies of having to get a new institution up and running. Did Carleton have any disabled students? Having a non-accessible building as a foundation, it is clear that disability was being viewed from the medical perspective by the early administration. This is not at all surprising as the medical model of disability, especially in the early to mid-20th century, dominated the study of disability. The reason it is not a surprise is that so many individuals were returning home from WWI as well as WWII with either broken or lost limbs. It is easy to see how it could be understood that it was the individual as the root cause of the problem. It was not until mid-1960s in the United States and not until the 1970s in Canada that disability activists began to reframe disability as more than just a function of the individual impairment. These activists reframed disability from individual medical problems to systemic environmental and contextual issues.¹⁷

Initially the Board of Governors wanted to expand the campus by slowly purchasing more and more of the surrounding real estate around the high school in the Glebe. In April 1948 the Board of Governors met for the thirty-seventh time. During this meeting, Dr MacOdrum stated to the board, "The immediate interest of your President is to work for the establishment of a strong if small college"¹⁸ Carleton College had a five-year plan to remain a small but strong

¹⁵ Ibid, 80.

¹⁶ Ibid.

¹⁷ Lord, John. *Impact: Challenging the Way We View Disability: The History, Perspective, and Vision of the Independent Living Movement in Canada* (Ottawa: Creative Bound, 2010), 17-19.

¹⁸ Carleton College Board of Governors, "Minutes of the Board of Governors of the Ottawa Association for the Advancement of Learning (Carleton College)," April 15, 1948, 1.

college. This college would establish its campus in the Glebe area of Ottawa.¹⁹ The down side to this particular location, as stated by Neatby and McEown, would be that it would continue to be cramped and remain a small institution with very limited space for extracurricular activity. Small adjoining houses would not be very hospitable for research labs, student residence buildings or athletic facilities.²⁰

The move to a new campus made Carleton ‘accessible’, but not in the sense we are using in this thesis. To a Canadian university in the mid twentieth century, ‘accessibility’ would mean things like creating dorm rooms for their students, offices for their professors, or bigger buildings that would have the potential to house future projects.²¹ Perhaps most importantly though, a newer, larger campus would be able to be more welcoming to a modernizing society. As each year passed, more cars were being sold, which is why putting an above ground parking lot in place was one of the first steps taken.²² After all, as Neatby and McEown argue, a university is more than just classrooms.²³ Creating a campus that included properties apart from academic buildings, was critical in establishing an ability to support the demand for Anglophone Protestants that Carleton which, was originally designed to house.²⁴

A new campus means new patterns of interactions, a new emerging culture. So how do you most efficiently begin to build a university culture? These are the types of questions the Carleton University Board of Governors would have to ask themselves when finalizing the move to the new campus. Before finding an answer to this question however, Carleton first needed to provide for its primary goal, education. It is for this reason that the first three

¹⁹ Ibid.

²⁰ Neatby and McEown, *Creating Carleton*, 80.

²¹ Ibid.

²² Ibid, 124.

²³ Ibid.

²⁴ Ibid, 4.

buildings to be constructed were, the Henry Marshall Tory Building for the Sciences (named after the first president of Carleton College), Norman Paterson Hall (named after Senator Norman Paterson who served on Carleton's Board of Governors), and the Maxwell MacOdrum Library.²⁵

Figure 3. The central quadrangle, with the Tory Building, Paterson Hall, and the MacOdrum Library (Photograph by Capital Press Service. In Creating Carleton, by H. Blair Neatby and Don McEown, 97).

As seen above, all three of these buildings were placed in what would eventually serve as Carleton's central quadrangle. Dunton Tower would complete the quadrangle in 1970.²⁶

Possessing a larger campus would inevitably allow for a larger student body to be served, and be much more conducive to learning.²⁷ A larger campus by sheer happenstance also permitted the evolution of a system of tunnels that is today the backbone of Carleton's accessibility marketing and the lived experience of its disabled students. The decision to design the all of the university's buildings with a series of pedestrian tunnels came from a design which

²⁵ Ibid, 124.

²⁶ Jon Willing, "Carleton University Mystified at City's Heritage Registry Recommendations," *Ottawa Citizen*, August 22, 2017. <http://ottawacitizen.com/news/local-news/carleton-university-scoffs-at-citys-heritage-registry-recommendations>.

²⁷ Neatby and McEown, *Creating Carleton*, 80.

included a crawl space for maintenance workers to travel from building to building.²⁸ This one idea has become the foundation of Carleton's accessibility (r)evolution.

Ironically, this newly accessible feature that would come to serve many disabled Carleton University students in the future, was not a part of Carleton's physical characteristics when its original class of disabled students, injured World War II veterans who had returned home and were now seeking training.²⁹ They graduated before the move into the new campus was complete.

In figure 4, we can see young Carleton University students taking advantage of the underground tunnel system:

Figure 4. Between classes in the early days of Carleton's tunnels (Photograph by Raven 66. In Creating Carleton, by H. Blair Neatby and Don McEown, 129.)

This photograph was taken very early on in Carleton's life at the new Rideau River campus, in the late 1950s. There is not an identifiable group of physically disabled students in it. Once these physical infrastructures were in place though, it would eventually attract students

²⁸ Neatby and McEown, *Creating Carleton*, 129.

²⁹ *Ibid*, 83.

who could see the advantages. A major attraction for a disabled student of course is not having a need to waste time and energy putting on coats and other winter clothing. As simple tasks like this can be major obstructions for the physically disabled.

Thus, while its founders never imagined what it might lead to, the decision to move to a greenfield site and build a campus from scratch, and to pedestrianize the steam tunnels, set the stage for an ad-hoc approach to addressing physical accessibility years before any legislation compelled accessible accommodations to the campus' design.

Legislative Infrastructure

There are federal, provincial and territorial laws that deal with physical access to public buildings and spaces, and there are laws that protect the rights of disabled people to education. Examples of these laws include the Canadian Charter of Rights and Freedoms, the Accessible Canada Act (2019), AODA, as well as provincial, territorial and federal Human Rights Codes. With regard to the development of disability rights legislation major pushes in this area took root in the late 1970s and early 1980s.³⁰ Due to the fact that people with disabilities were minority group though, the first fights had more to do with societal inclusion. In the next decade, the fight shifted to inclusive education. In July of 2002, the Ontario Human Rights Commission (OHRC) wrote a consultation report titled, "The opportunity to succeed: Achieving barrier-free education for students with disabilities"³¹. This report was created with the help of multiple post-secondary institutions including but not limited to the University of Guelph,

³⁰ Geoffrey Reaume, "Disability History in Canada Present Work in the Field And Future Prospects." *The Canadian Journal of Disability Studies* 1, no. 1 (2012): 54-56, and discussions with Professor Roy Hanes, September 12, 2019.

³¹ Ontario Human Rights Commission, "The Opportunity to Succeed: Achieving Barrier-Free Education for Students with Disabilities," 1.

Ryerson University, and York University.³² Interestingly, Carleton University did not provide any input to this consultation on access to education. Whether or not this was by choice is unknown.

In the final version of the report, the Ontario Human Rights Commission had the following to say regarding providing access to education for disabled Ontarians:

In the context of post-secondary education, as with elementary and secondary education, accessibility goes beyond physical accessibility, to include accessible curricula, and delivery and evaluation methodology, as well as the provision of the necessary supports and accommodations to ensure that students with disabilities have equal opportunity in their education. Denial of access may be direct or indirect: it may result from refusal to accommodate students with disabilities, from admission criteria that indirectly exclude students with disabilities, or from barriers in funding programs.³³

According to the report, a total of 8,188 university students received accommodation for a disability during the 2001-2002 academic year. Among these students, the most common were those diagnosed with different forms of learning disabilities, followed by mobility impairments, and finally, sensory impairments.³⁴ The report was an important milestone for these students, as disability and accessibility were framed in terms of a human right, rather than a medical condition. Canada did not have a federal law that protects these types of rights until 2019.³⁵ Because of how Canada's governmental powers divide up responsibilities, Healthcare falls under provincial jurisdiction. Therefore, the first of its kind was passed by the Government of Ontario in 2001, The Ontarians With Disabilities Act.³⁶ This bill came into effect on September 30th, 2002 (just after the OHRC had released its finalized report) and made it so that

³² Ibid, 80.

³³ Ibid, 46.

³⁴ Ibid, 45.

³⁵ Marco Vigliotti, "Accessibility Bill Set to Become Law as Liberals Prepare to Use Cloture." *iPolitics*, May 29, 2019. <https://ipolitics.ca/2019/05/29/accessibility-bill-set-to-become-law-as-liberals-prepare-to-use-cloture/>.

³⁶ Lauri Cunningham, "Ontario Moves Forward with the Ontarians with Disabilities Act, 2001." *CanadaNewsWire* July 5, 2002.

municipalities, the Government of Ontario, and the broader political sector, including public transit organizations, school boards, hospitals and colleges and universities, were all required to attain certain levels of accessibility.³⁷ Educational institutions, such as Carleton University fell under section 15 of this act.

Under this section, places of education were required to meet two primary goals each year. These goals were as follows:

- 1) Prepare an accessibility plan³⁸
- 2) Consult with persons with disabilities and others in preparing the plan³⁹

Each of these goals are similar or identical to the goals contained within other sections of the bill which relegated public transportation organizations for instance.⁴⁰ The majority of the categories targeted the treatment of disabled persons to ensure that they were being offered the same or more opportunities than their non-disabled colleagues.

The only section of the Ontarians with Disabilities Act that promotes physical accessibility rights, is section 4. The primary goal of this section was designed to ensure that the Government of Ontario made a commitment to ensuring that the buildings and premises that they either own, significantly renovate, or lease were physically accessible.⁴¹ This section contains five subsections to further describe the manner in which the Government of Ontario planned to impose such a law. These sections are as follows:

- 1) In consultation with persons with disabilities and others, the Government of Ontario shall develop barrier-free design guidelines to promote accessibility for persons with disabilities to buildings, structures and premises, or parts of buildings, structures and premises, that the Government purchases, enters into a

³⁷ Ibid.

³⁸ Government of Ontario, *Ontarians with Disabilities Act 2001*.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid.

lease for, constructs or significantly renovates after this section comes into force.⁴²

- 2) The guidelines shall ensure that the level of accessibility for persons with disabilities is equal to or exceeds the level of accessibility required by the *Building Code Act, 1992* and the regulations made under it.⁴³
- 3) The guidelines may impose different requirements, including different times at which the requirements must be met, for different buildings, structures or premises or different classes of buildings, structures or premises and may specify buildings, structures or premises or classes of buildings, structures or premises for which there are no requirements.⁴⁴
- 4) The Government of Ontario shall ensure that the design of buildings, structures and premises, or parts of buildings, structures and premises, that it purchases, constructs or significantly renovates after this section comes into force complies with the guidelines before occupation or regular use by its employees.⁴⁵
- 5) If, after this section comes into force, the Government of Ontario enters into a new lease for a building, structure or premises, or part of a building, structure or premises, for the occupation or regular use by its employees, the Government shall have regard to the extent to which the design of the building, structure or premises, or part of the building, structure or premises, complies with the guidelines, in determining whether to enter into the lease.⁴⁶

Under this act therefore, only buildings that were either owned or operated by the Government of Ontario were forced to abide by it when it came to being physically accessible. Self-governing institutions of higher education, such as Carleton University would not be punished by the government for not altering its physical landscape for its physically disabled students. For this reason, when analyzing the Ontarians with Disabilities Act 2001 from this perspective it is apparent the law failed to support disabled Ontarians.

Therefore, disabled Ontarians felt the need to make a push for further rights of accessibility. This fight was made possible by a handful of individuals, most specifically David Lepofsky, a retired law professor at the University of Toronto. This push is what lead to the

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Ibid.

most comprehensive piece of legislation relating to accessibility to date. This bill is what is now known as the Accessibility for Ontarians with Disabilities Act (2005).⁴⁷

This act, passed unanimously by all three political parties, aimed to make the province of Ontario fully accessible by the year 2025. This particular piece of legislation was expected to cover a much broader range of needs over an expanded range of areas including post-secondary education.⁴⁸ According to the Act, complete accessibility involves setting new standards in five different categories that affect the day to day lives of disabled Ontarians. These standards are “related to information and communications, transportation, public spaces, customer service and employment”⁴⁹. In order to mitigate the impact of such wide-ranging changes, the Government of Ontario set up a timetable, with full implementation due by 2021 for four out of five categories.⁵⁰ The timelines for each category to reach their new expected standards are depicted in Figure 5.

Figure 5. *Timelines for full implementation of Accessibility Standards.* (Image by Government of Ontario. In “A Bold Vision”, <https://www.ontario.ca/page/path-2025-ontarios-accessibility-action-plan>.)

⁴⁷ Accessibility for Ontarians with Disabilities Act, 2005.

⁴⁸ Michelle Flaherty and Alain Roussy, “A Failed Game Changer: Post-Secondary Education and the Accessibility for Ontarians with Disabilities Act.” *Education Law Journal* 24, no. 1 (2014), 32.

⁴⁹ “A Message from the Minister.” 2015. Ontario.ca. June 3, 2015. <https://www.ontario.ca/page/path-2025-ontarios-accessibility-action-plan>.

⁵⁰ Ibid.

One of the major reasons for making such a strong push for greater accessibility is that people with disabilities are an untapped market. According to the Royal Bank of Canada for instance, there is an estimated spending power of \$25 billion that has gone untapped prior to this push.⁵¹ Most importantly, the disabled community have just as much of a desire to demonstrate their usefulness in the labour market. Galer makes a strong argument towards this point by expressing how the disabled are similar to able-bodied individuals in that they feel that one of the best ways of establishing an identity for themselves is through employment.⁵²

The AODA pushes Ontario much further forward than its predecessor legislation. Automatic doors and ramped entrances were no longer sufficient under the law for making a location completely accessible. In order to reach the new standards set by the AODA for instance changes in the classroom also need to be made, which is where intellectual infrastructure steps in to play its role (see next section).

This has unfortunately been where the AODA has failed to live up to its expectations. When we compare the data relating to the number of students with disabilities that are involved in post-secondary education, to those without disabilities the numbers are startling. According to a paper published by the Higher Education Quality Council of Ontario on February 21, 2013, 68% of Ontario students, whose parents had identified them as having a disability at the age of 15, were attending post-secondary education by the age of 21.⁵³ According to that paper, 46% of the 68% of disabled Ontario students are attending college as opposed to university. On the other hand, 49% of non-disabled students that are attending post-secondary education,

⁵¹ Ministry of Community and Social Services, “About the Accessibility for Ontarians with Disabilities Act, 2005 (AODA).”

⁵² Dustin Galer. *Working towards Equity: Disability Rights Activism and Employment in Late Twentieth-Century Canada* (Toronto: University of Toronto Press, 2018), 20.

⁵³ Ursula McCloy, and Lindsay DeClou, “Disability in Ontario: Postsecondary Education Participation Rates, Student Experience and Labour Market Outcomes,” *Higher Education Quality Council of Ontario*, 14.

participated in university as opposed to the 22% of that same disabled population. This number is more than double of that of its disabled counterpart.⁵⁴

According to Michelle Flaherty, a professor of Human Rights and Labour Law at the University of Ottawa, and Alain Roussey, a professor of Business Law at the University of Ottawa, one of the most prominent barriers to the disabled in higher levels of education are physical barriers. These barriers include things like, “narrow entrance ways, classroom theatres with built in steps and the absence of ramps, appropriate parking spaces, dropped curbs, bathrooms that are not fully accessible”⁵⁵. However, Flaherty and Roussey make it clear that these physical barriers are not the only hurdle for many disabled Ontario students such as myself.

The hurdle that I speak of is that which is an invisible barrier, the ability to access the academic side of the class in a manner that suits each individual’s needs. This can mean any number of different things. For instance, Flaherty and Roussy argue that these can include classroom use of aids and technologies that do not accommodate a disabled student, teachers placing a great amount of stress on in class time evaluations, and a failure to provide information in ways that are suitable to all students, both disabled and non-disabled.

Disabled student activism was evidenced at Carleton University beginning in the early 1980s but the push that lead to the creation of the Paul Menton Centre for Students with Disabilities occurred in 1990.⁵⁶ This Centre was created before the AODA. It is clear therefore that Carleton has been on track to greater accessibility for quite some time and is one of the

⁵⁴ Ibid.

⁵⁵ Flaherty and Roussy, "A Failed Game Changer," 4.

⁵⁶ “About,” Paul Menton Centre, Carleton University, last modified 2019, <https://carleton.ca/pmc/about/>.

post-secondary institutions that Flaherty and Roussy point to when discussing schools that were already engaged in proactive measures to assist their disabled students.⁵⁷

The Government of Ontario was not the first to put in place disability rights laws however. For instance, the Australian Government enacted a law known as the Disability Discrimination Act back in 1992.⁵⁸ This particular law does possess a section related to preventing harassment of disabled individuals in the world of education from being harassed because of their disability.

Canada has been criticized though for a number of years for not having its own federal disability rights laws. One of such criticisms coming from political scientist and disability rights activist, Michael J. Prince, of the University of Victoria, in 2010.⁵⁹ At that time Prince wrote that while the Canadian government (the then Harper Government) did commit to maintaining general accessibility policies, but unlike Australia, the United Kingdom and most notably the United States, Canada did not have a federal law that was progressively enforceable with things such as tax incentives.⁶⁰ Despite the development of federal legislation including the Canadian Charter of Rights and Freedoms, the recent Canada Accessibility Act as well as provincial and territorial human rights legislation governments, corporations and institutions including universities are often not in compliance with the legislation and they have been slow in accommodating the needs of people with disabilities.

Although much more needs to be done in terms of accessibility and inclusion of disabled people there is evidence that institutions and organizations are making efforts to accommodate.

⁵⁷ Flaherty and Roussy, "A Failed Game Changer," 2.

⁵⁸ *Disability Discrimination Act* 1992.

⁵⁹ Michael Prince, "What about a Disability Rights Act for Canada? Practices and Lessons from America, Australia, and the United Kingdom," *Canadian Public Policy/Analyse de Politiques* 36, no. 2 (June 2010): 199–214.

⁶⁰ *Ibid*, 199.

For example, a prominent Canadian telecom business, Bell Media, for instance has taken a major step forward in ending the stigma connected to mental illness by creating a national fundraiser known as Bell Let's Talk. This fundraiser aims to begin "a new conversation about Canada's mental health". The annual event began in September of 2010 and have since raised over ninety-three million dollars. In 2015 Bell Media pledged to continue the fundraiser for at least another five years and raise at least \$100 million in doing so.⁶¹

Intellectual Infrastructure

'Intellectual infrastructure' here is used to describe accommodation in the classroom and the development of the emerging field of Disability Studies. Many scholars in the field of Disability Studies are well known activists, for example, Tanya Titchkosky in "To Pee or Not to Pee" not only promotes academic discourse but she advocates for greater accessibility within the university environment and others such as Michael Prince promotes disability inclusion in public policy.⁶² I understand and situate Disability Studies in the larger historiography of fields dealing with 'difference' from the assumed hetero-normative fully-abled figure of the White Male, such as in Women's and Gender Studies; indeed Disability Studies emerged towards the end of the 20th century from those fields. "It was around this time that critical disability studies scholarship began to be more widely known in historical studies and, therefore, started to have an influence on how this history is researched and written."⁶³ Ironically this can create accessibility issues such as that of Carleton's, which will be further discussed in Chapter Four.

⁶¹ Michelle, Jacqueline, 2019, "Thanks a Billion Canada!" Bell Let's Talk, Bell Media, 2019, <https://letstalk.bell.ca/en/news/1197/thanks-a-billion-canada>.

⁶² Prince, "What about a Disability Rights Act for Canada?," 201.

⁶³ Reaume, "Disability History in Canada": 37.

In order to build a stronger intellectual infrastructure of its own, in the 2014/2015 academic year, Carleton University launched its very own Disabilities Studies minor for its undergraduate students.⁶⁴ From the beginning this minor placed a great effort toward providing its students with an opportunity to learn about disability from a well-rounded perspective. The program offered classes that investigated everything from a disability related perspective. Examples of this include disability culture, history, economics, as well as physical and social meanings of disability.⁶⁵

The first year the disability studies minor was offered as an option to Carleton University students, only two courses were offered.⁶⁶ These courses were a first year and fourth year course. The first-year course was titled Introduction to Disability Studies.⁶⁷ As expected of introductory courses, this particular one looked at its subject matter from a number of different angles, studying negative stereotypes of disability, as well as history, ethics and theory of disability.⁶⁸ The fourth-year class was a bit more complex. It was titled Disability Studies: Policy and Activism. This course was described on the course calendar as, “the complex legal, policy and discursive frameworks that shape the lives of persons with disability and the history of the emergence of the disability rights movement as a scholarly and activist challenge to, and renegotiation of, those frameworks”.⁶⁹ Five years later the number of courses offered in the program have more than tripled.⁷⁰

⁶⁴ Christopher Cline, “Carleton University Launches New Minor in Disability Studies.” *Carleton Newsroom*, November 10, 2014. <https://newsroom.carleton.ca/archives/2014/11/10/carleton-university-launches-new-minor-disability-studies/>.

⁶⁵ Ibid.

⁶⁶ Institute of Interdisciplinary Studies - Faculty of Arts and Social Sciences, “Disability Studies (DBST).”

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Pauline Jewett Institute of Women’s and Gender Studies, “Disability Studies (Minor).”

As it has gained more and more traction as a field of study, disability has become a greater theme of discourse, which has aided to alter the general social view of disability. For years it has been defined by society as a problem, better known today as the medical model of disability, which was established in the early twentieth century, with the rise of scientific medicine, workers compensation, and insurance.⁷¹ Two better known Disability Studies theorists, Paul Longmore and Lauri Umanski, defined the medical model as one that “personalizes disability, casting it as a deficit located within individuals that requires rehabilitation to correct the physiological defect or to amend the social deficiency”⁷². Thanks to the development of disability studies though, this has changed and a new model, the social model, has emerged.

That the social model is now most commonly accepted in Disability Studies is thanks to changes in perspective, as a consequence to societal changes made by disabled activists and their organizations between the 1970s and 1980s. Unlike the medical model, which looks at disability as a problem contained within the individual and must be treated, the social model views disability as an issue with society’s treatment of the disabled individual. Some disability study theorists such as Paul Abberley have gone so far as to say that society’s treatment of the disabled community needs to be approached as a “concept of oppression”⁷³.

According to Colin Barnes and Geof Mercer, the model itself first took shape in Great Britain. Provoked by frustration within the disabled community, the argument was made that it was not the individuals that were the problem but society for crippling the impaired. It is difficult to conceptualize a solution to this problem, as deep-rooted societal norms are so

⁷¹ Deborah Stone, *The Disabled State*. Philadelphia: Temple University Press, 1986.

⁷² Paul Longmore and Lauri Umanski, “Disability History from the Margins,” in *The New Disability History: American Perspectives*, eds. Paul Longmore and Lauri Umanski. (New York, NY: NYU Press, 2001), 7.

⁷³ Paul Abberley, “The Concept of Oppression and the Development of the Social Theory of Disability,” *Disability, Handicap and Society* 2, no.1 (1987): 8.

challenging to change. However, Barnes and Mercer describe the social model theory best when stating, “any meaningful solution must be directed at socio-political change rather than individual adjustment and rehabilitation”⁷⁴.

The social model is clearly animating academic courses at Carleton University. Courses that most specifically address this argument are Disability and Childhood: Transnational Perspectives, Introduction to Deaf Studies, Disability Studies: Policy and Activism, as well as Disabling Society.⁷⁵ Each one of these examine disability from a different societal perspective. For instance, Disability and Childhood examines how disability and child studies theories interact.⁷⁶ Introduction to Deaf Studies looks at deafness more specifically and deaf culture from a social model perspective.⁷⁷ At the same time, Disability Studies: Policy and Activism analyses states, “The complex legal, policy and discursive frameworks that shape the lives of persons with disability and the history of the emergence of the disability rights movement as a scholarly and activist challenge to, and renegotiation of, those frameworks”⁷⁸. Finally, Disabling Society looks at and attempts to get students to challenge the usual ways in which disability is presented and valued in society today.⁷⁹

Courses such as these have greatly impacted the experiences of both disabled and able-bodied Carleton students in a positive light, but in different ways. For disabled students these courses bring to light their rights as individuals. While some of these students may have been raised in communities that treated them with respect, for many being treated under the medical model as young children would have been the norm. I for instance grew up in many

⁷⁴ Colin Barnes and Geof Mercer, *Independent Futures: Creating User-Led Disability Services in a Disabling Society*. (Great Britain: The Policy Press, 2006), 35

⁷⁵ Pauline Jewett Institute of Women’s and Gender Studies, “Disability Studies (Minor).”

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Ibid.

communities where I was the first, and only, kid in a wheelchair to attend my school. It was not until high school that I attended a school in which there were more than two of us. Able bodied students who take these classes have the opportunity to leave with a completely different conception of the disabled individual. For some, these courses may be taken because of the thought that they will be a breeze academically, but for others who are paying attention, being presented the social model changes the way in which they approach and treat disabled individuals for the rest of their life.⁸⁰

Being able to see themselves in the course material is another kind of ‘accessibility’. This type of accessibility is one that is often forgotten when describing the general concept of accessibility. This may be explained by the fact that the disabled are often a minority that is not brought up when discussing topics of equality.⁸¹ This issue has been continuously brought up by David Lepofsky, professor of Law at the University of Toronto, and volunteer chairman of the AODA Alliance.

When it comes to the life of a disabled university student, accessibility in the classroom is just as, if not more important to the disabled community than accessibility outside of the classroom. While it is one thing if they are able to easily get to and from their desks in the classroom, it is quite another if they are unable to access the learning material; if they cannot do that then they may as well not have attended class in the first place. In order to ensure that their students are successful with this, many universities, including Carleton University, have academic support centres that have been built for specifically this purpose.

⁸⁰ McCloskey, Personal Interview.

⁸¹ David Lepofsky, “The Duty to Accommodate: A Purposive Approach.” *Canadian Labour Law Journal* 1 (1993): 1-22.

It is for this reason that intellectual infrastructure is one of the three pieces that is more dependent on the others to exist. For instance, without the physical infrastructure to get into the classroom, the students would not have to worry about being able to be provided with the learning materials that suits their needs. The same can be said with regard to the relationship with the legislative framework: many institutions did not address physical accessibility until compelled by a law, such as the Accessibility for Ontarians with Disabilities Act.

Carleton University for example, did not begin to take intellectual infrastructure more seriously until well after the Ontario Human Rights Code (OHRC) came into effect in June of 1962. This is because, similar to the Canadian Charter of Rights and Freedoms, rights for the disabled were not included in the original OHRC. In fact, it was not until 1990 that disability was added to the OHRC as a minority group that needed to be protected.

As a response, in 1990 Carleton University took a major step forward in reaching the goal of meeting the needs of their disabled students by founding a centre that focused itself on accommodating said students inside the classroom. The mission of this centre, known today as the Paul Menton Centre, is to “foster equal access to the university experience for students with disabilities while maintaining academic standards through provision of academic accommodations and support services, in partnership with the Carleton community”⁸².

In order to do so the Paul Menton Centre (PMC) takes the time to individually assess students’ needs for accommodation. Such accommodation can include aid with accessing classroom materials in a format that better meet the needs of the individual student. More details of this process will be included in the following chapters, but when it comes to setting up students with physical disabilities, such as myself, the PMC has a number of options for the

⁸² “Mission, Mandate, and Philosophy,” Paul Menton Centre, Carleton University, last modified 2019, <https://carleton.ca/pmc/about/mission-mandate-and-philosophy/>.

individual to choose from. a physically disabled student may need a number of different types of accommodation to make up their intellectual infrastructure, including but not limited to, having access to information in other formats (in my case PDF), access to note takers so that one could simply concentrate on listening to the professor during the lecture, and extended time and someone to dictate tests and exams with in a separate room. These responses can be seen to be a function of a medical model of disability.

The total makeup of Carleton University's intellectual infrastructure though is a much more complex including adaptations for any student with a disability, whether it be physical, intellectual or both. The importance is that each student's needs are accommodated for in order to allow them to best meet the needs of that particular student.

Chapter 2: Accessibility = Tunnels, Right?

Vignette Two: Finding Accessibility in the Digital Humanities

I found myself sitting in a second-year history class titled, The Historian's Craft, taught by Dr Shawn Graham. The accessible entrance to the classroom put me on the podium beside him in full view of the rest of the students, which was rather awkward. I can still remember as he pleaded with his students to come see him during his office hours. He insisted that you most likely will be able to have his focus for the entire hour if you wish as, "Nobody ever bloody comes to these things!". So I made the decision to take him up on his offer and see if he could help me with my accommodation needs for his class. Little did I know, this would be the best decision I could have made.

There were a few barriers in attending his office hours - Dr. Graham always had one old yellow chair that constantly barricaded the office door. Eventually he figured out he needed to rearrange his office. We discussed broad topics such as my interest in history as well as my passion, despite their inaccessibility, for libraries. This led to more conversations about the differences between physical accessibility - getting around that old yellow chair - and academic accessibility - obtaining course materials, taking notes, getting my ideas out on paper.

I remember describing to him the reasons behind my passion for libraries, and books in general, and the frustration I felt by being surrounded by so much information and not being able to access it. He suggested that it might be a great topic of focus for a THATCamp (The Humanities and Technology) Unconference (<http://thatcamp.org>). "The Humanities and Technology Camp is an open, inexpensive meeting where humanists and technologists of all

skill levels learn and build together in sessions proposed on the spot.”¹ Due to the unofficial nature of their events, they are often referred to as ‘unconferences’. There were none going on that I could access, so together we decided to throw one ourselves and in October of 2012, THATCamp Accessibility was born.

THATCamp Accessibility allowed a number of people to come together and explore how technology and the digital humanities could make the academic world more by making it more ‘accessible’ in every sense of the word. Naturally, the majority of the participants were digital humanists with little to no experience when it came to the context of accessibility relating to disability. Most discussions focussed on ‘accessibility’ in terms of ‘open access’ or free resources. I was disappointed by this outcome.

This is what has puzzled me throughout my years while studying the digital humanities. Technology has allowed us to accommodate the disabled academic community more and more every year. Despite this fact though, many individuals who are designing tools do not realize the power that they possess at their fingertips.²

Instead what is focussed on by digital humanists is primarily how to best analyze and store data for their research. The difficult part is helping these individuals to see the ability they have to alter the academic landscape for the better.³ This is not to say that what they are doing does not improve the academic world, but digital humanists are a unique group that work with a very different type of academic tools that have the ability to cross many boundaries in terms of academic fields.

¹ “About.” THATCamp Site Wide Activity RSS. Accessed July 27, 2019. <http://thatcamp.org/about/>.

² Williams, “Disability, Universal Design and the Digital Humanities,” In *Debates in the Digital Humanities 2012*, 2012. <http://dhdebates.gc.cuny.edu/debates/text/44>.

³ Ellcessor, “A Glitch in the Tower,” 113.

In 1957, when Carleton College was given the title of Carleton University by the provincial government, the then Chairman of Carleton's Board of Governors lead an initiative to move the campus to a new location within the city.⁴ As previously mentioned, the crawl space that was expanded into a pedestrian walkway for students, naturally lead to a presence of a physically disabled student population. The university then took ownership of this coincidental situation by committing itself to being a post-secondary institution that promotes access for disabled students to attain a higher education.⁵ Once this decision was made a number of crucial initiatives were put in place in order to ensure that this commitment was maintained. The most important, and that which will be analyzed more specifically in this thesis, has been the founding of the Paul Menton Centre for Students with Disabilities.⁶ Over the years the Paul Menton Centre has developed more and more to serve a greater number and care for a broader range of disabilities.

It is through this very development though that a new issue has arisen. As Carleton has seen its commitment to access broaden, it appears as though it has left some students, specifically physically disabled students behind. This issue became most evident throughout the 1990s when the recognition of broader categories of disability under the law meant that students who previously may have been 'hidden' were now able to self-identify and take advantage of the accommodations put in place, leading to a seeming uptick in the number of students with cognitive disabilities. What is meant by 'cognitive disabilities' is anything from a more severe intellectual disorder, such as Autism, to a more common learning disability or behavioural issues, such as Attention Deficit Hyperactivity Disorder.

⁴ Neatby and McEown, *Creating Carleton*, 80.

⁵ Mellway, Personal Interview.

⁶ Carleton University Board of Governors, "Ontarians with Disabilities Act - Accessibility Plan," 9.

In order to better comprehend Carleton's commitment to access we will look at three policy reports and then compare them to 70 years' worth of meeting minutes between the Board of Governors as well as the Carleton Senate, using the perspective provided by a digital tool called 'Overview' which allows me to do a 'distant read. This enables us to see broad patterns in the documents that might be hard to see reading them one by one. The reports which will be analyzed are 2003 final report of the Carleton Accessibility Plan based on the Ontarians with Disabilities Act, as well as the second annual Accessibility Plan from the following year, and finally Multi-Year Accessibility Plan, based on the 2005 Accessibility for Ontarians with Disabilities Act (AODA).

First, we will look at the university's final report on the Ontarians with Disabilities Act of 2003. According to it, during the course of the 1990s the Ontario Government claimed that Carleton University campus was capable of serving as a model to which others should follow when it comes to commitment to access.⁷ Within Part IV Section A of the 2003 report, it lists twelve steps taken by Carleton as an institution to "identify, remove, and prevent barriers to persons with disabilities"⁸. Major steps taken include introducing the Joy Maclaren Adaptive Technology Centre within the MacOdrum Library in 1991 to aid students that are referred by the PMC to have their academic materials presented to them in a manner that suits their needs. Second, creating the Dedicated Access Fund, which is a committee unto itself that can present ideas for physical renovations on campus. In addition, seven accessibility committees were created in order to support the Dedicated Access Fund. The final major step taken was the amalgamation of six different faculty offices into one that is fully accessible to all students.⁹

⁷ Ibid, 19.

⁸ Ibid.

⁹ Ibid, 20-22.

Along with taking these major steps though the report maintains that the Paul Menton Centre would conduct an accessibility audit during the summer of 2004. The findings of this audit would be brought forward to the Director of the Physical Plant, along with any other governors identified.¹⁰ According to this 2003 report, the university was already anticipating that the money allocated to the Dedicated Access Fund would not be sufficient to make the necessary changes that would be suggested and was therefore subject to review.¹¹

The following year's accessibility plan was designed to act as a check-in for the 2003 report to ensure that all the measures that had been put forward were still being looked after properly and to provide an update on the status of promised measures from the previous year. The 2004 report had a similar break down as the previous year. Like that of 2003, it was broken down into five parts that looked at everything from the purpose of the report to reviewing the history of Carleton's commitment to accessibility.

The report also identifies steps that will be taken in the coming year to maintain Carleton's commitment to accessibility. Steps that were listed include, implementation and communication for barrier removal, communication of barrier removal to the university community, comparison of Canadian Standards Association guidelines with internal comprehensive design guidelines for buildings on campus, and incorporation of accessibility audit results in Physical Plant's tracking database.¹²

The following year the Government of Ontario enacted the Accessibility for Ontarians with Disabilities Act which forced Carleton to alter or speed up many of their plans when it came to accessibility. To make sure this took place Carleton created the Carleton University

¹⁰ Ibid, 24.

¹¹ Ibid.

¹² Carleton University Board of Governors, "Ontarians with Disabilities Act: Accessibility Plan," 4.

AODA Task Force.¹³ This task force then began writing Carleton University's multi-year accessibility plan.

The most recent version of Carleton University's multi-year accessibility plan was made in 2016. This report is similar to the others except that it was written after the 2005 AODA. What this means is that the majority of the steps listed had already been completed, or were completed and ongoing. One major completed step was the insertion of an accessible format and communication support system for all employees.¹⁴ One of the more significant steps that had yet to be completed at the time was the integration of a training system for all organizations on campus. According to the report though, all current employees would be trained by the end of 2014.¹⁵ While these reports make Carleton's commitment to accessibility appear to be promising, we will now compare these reports to the Board of Governors meeting minutes in order to discover how much of a concern accessibility truly is to the institution.

The Board of Governors minutes and the Senate minutes are posted on Carleton's website. Reading them involves clicking through links and paging up and down. This is difficult but not impossible for me to do, but becomes very hard given the sheer number of documents. Notetaking on all of these is extremely difficult as well. There is however a methodology in the digital humanities that uses the computer to read and surface patterns in discourse, computational text analysis. There are a variety of tools that can be used. Thanks to my personal past experiences, I thought that I would have an easy time comparing such documents with a

¹³ Carleton University AODA Task Force, "Task Force Members."

¹⁴ Carleton University AODA Task Force, "Accessibility for Ontarians with Disabilities Act 2005 (AODA): Multi-Year Accessibility Plan," 11.

¹⁵ Ibid, 6.

tool called Voyant-Tools.¹⁶ Voyant-Tools is a web-based environment that packages multiple kinds of text-analysis tools into one visual interface.¹⁷

By doing so I would be able to visualize each individual document with digital tools such as word clouds. Unfortunately, what I discovered was that this tool is unable to read documents that are *photos* of words. The Board of Governor and the Senate minutes posted on the Carleton website are *images* of the minutes: the text itself is not present. Therefore, if I wanted to read and analyze these documents, I would have to use command line to extract the pattern of light and dark pixels and turn them into actual text ('object character recognition', or OCR). This is an excellent example of how digital tools can in fact be ableist - they assume documents in a particular format that requires a certain level of physical dexterity.

Therefore, another digital tool was needed, one that could work with images of text, called 'Overview'. Overview surfaces patterns by counting word frequencies in the complete corpus of documents and then visualizing the frequencies in a single document against the overall frequencies in the collection. This is done by using a technique called 'term frequency - inverse distribution frequency'. By doing so you can generate clusters of files based on locally unique clusters of words that would not have been seen with the naked eye, or discover hidden topics that are relative to your project.¹⁸ Overview can present the levels of similarity of documents by representing clusters of documents in a tree-like view, with progressively smaller clusters of more similar documents as one drills down. In the case of my project it was very helpful as it allowed me to look at over 200 primary documents that were otherwise inaccessible to me. In order for Overview to be able to read these documents though, these files first had to

¹⁶ Sinclair, Stéfán, and Geoffrey Rockwell. *Voyant Tools* (version 2.4), 2019. <https://voyant-tools.org/>.

¹⁷ Ibid, <https://voyant-tools.org/docs/#!/guide/about>.

¹⁸ Overview, "Open Source Document Mining."

be put into a format that Overview could read (PDF). Similar to Voyant-Tools, while it did help me to look at more documents and make connections between them, Overview does display a certain level of ableism.

Despite the fact that these documents were made available online¹⁹ for instance, which could arguably be interpreted as an accessible format, this format is inaccessible to many, including me, because it presumes a great deal of mobility and vision. While I do possess all of my vision and am not at all visually impaired, I am not fully capable when it comes to mobility. To study these documents, I needed to download every single one. Right-clicking and selecting ‘download-as’ assumes a certain amount of motor movement in the fingers. For 200 plus documents, that was not feasible. Automated downloading by a command is in some ways easier, but interacting with the command line for instance is not something that works with my physical abilities.²⁰

The papers that I was looking at included over 270 documents of Board of Governors meeting minutes.²¹ Therefore I asked Overview to make a tree that would look through all of these documents while at the same time ignoring common words that came up more frequently but were unrelated to my thesis. These words are *board, governors, report, reported, and professor*. This tree is called Hollis Tree.²²

¹⁹ <https://carleton.ca/records/historic-minutes-of-the-board-of-governors/>

²⁰ Therefore, I was forced to ask Dr Graham to help me complete tasks like this one, that my own body could not. In order to set up the Board of Governors Meeting Minutes into Overview, Dr Graham took the time to write the command-line code that scraped the files for me (in this way, he was acting rather like an archivist who retrieves the results of a search, for instance).

²¹ Ibid.

²² Overview, “Hollis Tree.”

Figure 6. Overview, “Hollis Tree”.

The interface window for Overview. The visualization of the term-frequency / inverse-distribution frequency is on the left, the results of search are on the right. Documents can also be opened and read in the right-hand panel. The blue bars at the bottom left of certain bubbles represent the corresponding number of documents in that cluster that contain a particular search term.

Figure 6 shows the result of searching for the word ‘disability’ within all of the Board of Governors Files.²³ What it demonstrates is both surprising yet understandable. The most commonly discovered documents stem from the 1960s and do discuss disability, but not in the context that concerns us. What it focuses on instead is disability in relation to the Carleton University Disability Insurance Plan.²⁴ I therefore have tagged these documents under the term ‘Disability’ to tell me that they refer to that type of subject matter. Some other branches of the tree, while still discussing the insurance plan also discuss other matters.

For instance, the branch in the second row on the far right contains information that relates to construction on campus as well as the tunnels. These have therefore been labelled with

²³ Carleton College Board of Governors, “Minutes of the Board of Governors.”

²⁴ Ibid.

the tags of ‘construction’ as well as ‘tunnels’.²⁵ However, while these subject matters seem promising at first glance, once the document has been read fully it is apparent that the matters related to construction and the tunnels have little to nothing to do with disability, let alone a disability insurance plan.

Further analysis brought about more startling discoveries. For instance, given the fact that these Board of Governors meeting minutes cover the entire history of Carleton University, it is understandable that the majority of their meetings were not concerned about disability in relation to accessibility for students. However, what was surprising was that searches for crucial dates and names relating to the subject in context to Carleton University, resulted in zero search results. As you can see in the images below, the searches for ‘1990’, ‘Paul Menton Centre’, ‘PMC’, and ‘Larry McCloskey’ all came back empty.

When looking up the term ‘accessibility’, only one meeting from 1972 came up in the Overview ‘Hollis Tree’.²⁶ Similar to what is discovered when searching for the term ‘disability’ though, while this search did lead to results, they do not relate to the subject at hand. When the Board of Governors spoke to one another about accessibility they were discussing accessibility to education in regards to the cost of tuition fees.²⁷ While this does relate to accessibility of the school, it does not relate to the academic accessibility that we are looking for.

These searches are crucial as they all have a close relationship with how Carleton University has advertised its accessibility in the past few decades. As previously mentioned the Paul Menton Centre (or PMC as it is often referred to on campus) was formed in 1990. Therefore, it would appear as though the board would need to discuss the formation of them in

²⁵ Ibid.

²⁶ Overview, “Hollis Tree.”

²⁷ McEown, “Minutes of the 235th Meeting of the Board of Governors,” 1972.

the year of their founding, but these results demonstrate that this was not the case. The reason that Larry McCloskey was searched for is that he was a founding member and is the present Director of the Paul Menton Centre. Because of this, one would think that he would be a topic of conversation for the Board of Governors, most especially perhaps when they would have been at the time of his hiring.

Early evidence from above hints to the idea that perhaps as an institution, Carleton has not placed accessibility at the top of their concerns. I say this as a result of the term only coming up once in my Overview searches. Not only that, when the term was discussed (as mentioned earlier), it related to accessibility in relation to tuition prices rather than physical accessibility for disabled students.²⁸

Therefore, it would seem as though the perception that the happenstance that the underground tunnels have made them out to be a more physically accessible school was just taken advantage of. As we will see in the next chapter, after this realization had taken place and physically disabled students were taking full advantage, a switch toward aiding cognitively disabled individuals was made.

²⁸ Ibid, 3.

Chapter 3: A Changing Campus and Invisible Disabilities

Vignette Three: Discovering Suitable Accommodations

In the fall of 2007, I began my career at Carleton University as an undergraduate student. That year I faced a great number of challenges, but none scared me more than sitting in the classroom alone. Up until that point, throughout my entire education, I had always had an educational assistant (EA) looking over my shoulder every second of the school day.

Whether I was going to the bus, during lunch hour, taking notes, or helping me to the bathroom, someone was always there to help me with anything I needed. Entering a lecture theatre filled with over one hundred students, all of whom were strangers, was an intimidating concept.

Thankfully, Carleton University provided me with tools to help take that challenge and fear away. In order to receive these tools, I went to the Paul Menton Centre to consult with a member of their Disability Advisors/Learning Strategists. My coordinator, who specializes in students with a number of different types of disabilities, mobility related disabilities being one of them, met with me to assess my needs and abilities.

The goal was to reach a stage of equal footing with other students. The difficulty, however, was that there remained unanswered questions that could only be determined through classroom experience. For instance, never before had I been given the option to have my learning materials in other formats to suit my needs. I was just used to my EA reading me what I could not see. Therefore, given that experience and the fact that I was just discovering my joy for reading again thanks to audio books, I decided that the best option would be to have my texts converted to audio format. This decision would turn out to be the biggest mistake of my undergraduate career.

Audio is accessible, right? But there were multiple reasons why this was wrong. Firstly, while the format itself was good for solving my physical inability to hold up a book, it was very difficult to keep my place in the recording. I could not, if I found something interesting, highlight that place in the recording (or if I could, I never found out how) and come back to it later for future investigation. Secondly, and most importantly, if the book that I was requesting had not yet been recorded and converted into an audio format, it would take one to two weeks at the very least to do so! Therefore, I ran into a great deal of difficulty because by the time I received many of my readings, the class would have already completed that particular reading and moved on to a new subject.

To help get ahead of this issue I began to email professors as soon as I registered for their classes to ask if they could send me a copy of the syllabus as I needed to purchase the books and have them converted ASAP. Unfortunately, I found that university professors are often reluctant on this point; perhaps they are running behind, as they are having to plan many courses at the same time. In many cases professors told me that they had not even completed the syllabus until the days leading up to the class. On other occasions I found that they would just flat out not answer emails and I would have to talk to them after class. This proved difficult when I was in large lecture halls where the only accessible entrance and desk was up at the very top of a steep room, and the professor would come and go from the bottom.

In the end, I found myself constantly running behind on readings. In fact at one point in time, I found myself on Academic Probation because I was so far behind! I was on the verge of being kicked out of school. I went back to the Paul Menton Centre and asked if they had any other suggestions in terms of alternative formatting.

They had a few questions, primarily about how I was able to operate my laptop. After telling them that I had excellent fine motor skills, they made the suggestion that I may like to switch to a PDF for my readings. I asked them some questions about what programs I would need to make that happen, and if I could read them on my MacBook Pro. Another major concern was if they could get the readings to me in a more timely manner than they did for the audiobooks. This switch came at just the right time. In the end it was the correct decision.

Once I began reading and doing research via PDF files, my grades very quickly began to readjust to the level that I had grown accustomed to in high school. Another important step that I took was trying my best to recreate the life I was used to in high school. I decided to try out the PMC's option of having a volunteer note taker in the class. This would allow me to focus on listening throughout the lecture and ultimately be able to retain more information throughout.

At around the same time I decided to change major from Political Science to History. Making the change to having volunteer note takers in class, was a very accessible decision. It was thanks to this decision, I could focus my attention on the professor's lecture, and not have to worry about questioning whether or not I had written everything down.

As one can see it was not until I had the accommodations inside the classroom, or intellectual infrastructure, that suited my needs that I was able to achieve the equality level with other students that I needed to succeed. Unfortunately, I had to endure the experience of academic failure because of a lack of proper intellectual infrastructure to find this success. This was not only disappointing on an emotional level but on an academic one as well. Not only did I have to endure the frustrations during my first few years of my undergrad, my "failures" stuck with me and made my path to graduate school quite a complex one.

When applying to Carleton for an MA in History with a specialization in Digital Humanities for instance, the university rules did not take into consideration how my grades were lowered on account of my lack of access to the proper tools. Instead, the rules only looked at my GPA in comparison to everyone else's. My GPA was not at the level that it needed to be in order to be accepted. To make up for those early years I had to take graduate classes under a 'Special Student' status to bring up my GPA before reapplying. It was a frustrating episode: If I am critiqued on the same standards as others, then it seems unjust that I should be penalized for a lack of academic accessibility because frankly my 'instruction' was not the same as other's.

This chapter will investigate the evolution of the Paul Menton Centre, and its impact on academic accessibility at Carleton University from its founding in 1990 to today via oral history. I conducted long interviews with five individuals who were selected on account of their history with the Paul Menton Centre, experiences with physically disabled students more specifically, or their experience with technology as a tool for accommodation. In this chapter I review the entire interview process, from the steps taken to receive Ethics approval, how the interview was completed, what questions were asked, and what patterns and insights about Carleton's accessibility evolution emerged. The five individuals who were interviewed are Jason Goveas, Larry McCloskey, Dean Mellway, Somei Tam, and one other who has asked to remain anonymous.

Larry McCloskey is the founder and current Director of the Paul Menton Centre, since January of 1990. In his story, we can see the rising tension between the visible and invisible disabilities that the Paul Menton Centre serves. McCloskey's interview was carried out in his office at the Paul Menton Centre. This allowed for him to be seen in his work environment and for me to get an understanding of what it is like to be a client of his.

The second person interviewed Dean Mellway. Mellway worked at the Paul Menton Centre along with Larry McCloskey during the first decade of its establishment. This changed midway through the 1990s when Carleton University cut staffing at the Paul Menton Centre from six staff to three.¹ It was during this time that, according to Mellway he “learned more about how the university runs”². In this period he moved through three major departments. First, he worked at Career Services, realizing during this time how little the university was doing for its disabled students in that particular department. He then went on to work with the Alumni Association, and then the Registrar’s Office, where he helped both disabled and non-disabled students, and learned all about the process of becoming, being, and graduating a student.³

Despite not working at the Paul Menton Centre for over a decade, Mellway has a keen understanding of the number of visibly disabled versus invisibly disabled clients of the Paul Menton Centre. In addition, he is visibly disabled himself (he was diagnosed with Polio at the age of two) and has experienced university life as both a student and staff member.⁴

Jason Goveas was hired in September 1989 by Larry McCloskey to help him in what would become the Paul Menton Centre.⁵ In his role as the Paul Menton Centre’s Assistive Technologist, Goveas works primarily with visually impaired students, by assisting them to get their reading material in a format that suits their needs. While his role does focus his work aiding the blind and other sensory disabled students, the technology he works with also leads him to finding solutions for other students (such as myself) who have physical disabilities and are confined to a wheelchair. For these reasons his interview was conducted in his office,

¹ Mellway, Personal Interview.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Goveas, Personal Interview.

located at the Paul Menton Centre. His office has multiple different types of computers to suit the many needs of his clients.

To complete these interviews, however, I first had to go about completing a long and arduous ethics application process. This process was designed by the Carleton University Office of Research and Ethics. The goal of this application process is to ensure that the researcher is respecting and complying with, “all applicable policies and guidelines, including those of the Tri-Councils (CIHR, NSERC, SSHRC), specifically the Tri-Council Policy Statement on the Ethical Conduct for Research Involving Humans”⁶. To gain approval from the committee one has to go through a number of forms that describe the ways in which you will be conducting your research.

These forms include:

- Ethics Protocol Form
- Phone Recruitment Script
- Email Recruitment Script
- Verbal Consent Script
- Interview Guide (Which provides an outline of the questions that will be asked.)

The point of all of these protocol forms is to provide the research participants with the privacy and safety that they deserve. All of these forms can be found in Appendix C.

Once I had received approval from the Carleton University Research Ethics Board for project, I then hired a transcriber. I did so for a number of reasons. I wanted to be able to have full access to the interview later. Another of my major concerns though was that transcribing the interview myself may have taken weeks, if not months to complete on account of my disability.

⁶ Bernadette Campbell and Andy Adler, “Certification of Institutional Ethics Clearance,” Office of Research Ethics. July 12, 2018.

Knowing that transcription would be handled by someone else allowed me to focus my attention on the interviewee. I was able to engage more in the conversation, asking follow-up questions and pursuing interesting details. Once I had completed the interview, they then transcribed all of my audio files into text documents, allowing for a more detailed analysis.⁷

All of my interviews followed a similar line of questioning. I began each interview by asking the interviewee about their childhood, their experiences at school, and whether or not they had any experience with disability in an academic, or any setting, when they were young. I did so to create and understand a baseline for all of my interviewees past experiences. This would then hopefully lead into discussions regarding post-secondary and professional experiences at the Paul Menton Centre. An intriguing theme that emerged across the interviews, is the tension between visible and invisible disabilities at the Paul Menton Centre.⁸

The idea that there is a change within Carleton's disabled community, first emerges in the interview with the Founder and Special Advisor to the READ Initiative, Dean Mellway. According to him, the reason why the Paul Menton Centre currently places such an importance on autism and non-visible disabilities over all other disabilities is the evolution of the population needs. When the Paul Menton Centre was opened by Larry McCloskey and Mellway in 1990, 90% of its then three hundred clients were affected by visible disabilities.⁹ It was Mellway who later revealed that this is no longer the case at Carleton. Making this clear when he stated that,

⁷ Originally, it was my plan to take the transcripts of my interviews, and put them into Voyant Tools to use them as a corpus and see if there were any hidden themes. However, the tools require very fine motor control to click on the appropriate controls, including right-clicks. The difficulty in navigating the interface meant that I could not systematically use Voyant for any period of time. Voyant-tools is also web-based, thus opening potential privacy issues.

⁸ The PMC is located on the fifth floor of the University Centre and down a long narrow hallway, which is so narrow that two wheelchairs would be unable to pass one another. The fact that the PMC is located on the fifth floor of the university centre and very difficult to access in a wheelchair, is unintended irony.

⁹ Mellway, Personal Interview.

“(on the contrary) today it is 90% invisible disability, and the numbers continue to grow”¹⁰.

When he left the centre, Mellway felt as though much of the Carleton University faculty did not appreciate the need to provide disabled students with accommodations, as if “well that’s making it too easy”¹¹.

When looking at these statistics it seems at first glance that visible disabilities are becoming less cared for. However, this is not the reality. The reason the numbers were so skewed in favour of those with invisible disabilities is due to the history of Carleton University itself. As mentioned in Chapter 1, the original intention for the founding of Carleton as an institution was to provide young men, particularly returning injured soldiers, an education upon their return from the war. This mission of the university as an institution set about an attitude that would bring about accommodation for Carleton’s physically disabled well before the arrival of the Paul Menton Centre. A major support of this natural inclination to provide a healthy educational environment for the physically disabled, was reinforced by the architectural landscape of the new campus.

In spite of the fact that all of these soldiers had long since graduated (majority of whom had graduated by 1950)¹² at the founding of the Paul Menton Centre, the overall attitude of the university continued to be shaped to assist those with physical disabilities. For instance, it was not until 2005 that the Government of Ontario put the Accessibility for Ontarians with Disabilities Act (AODA) became law for the province of Ontario.¹³ The first of its kind in Canada, and mainly serves to those facing physical barriers.

¹⁰ Ibid.

¹¹ Ibid.

¹² Neatby and McEown, *Creating Carleton*, 56.

¹³ Titchkosky, *The Question of Access: Disability, Space, Meaning*, 103.

The overall attitude of the university though went through a crucial shift during the ten years in which Mellway was absent from the Paul Menton Centre. Therefore, the shift in clientele of the Paul Menton Centre began to take place later on as non-visible disabilities, such as learning disabilities or autism, were only in the process of being uncovered as their own category of disability at the time. As these disabilities slowly became more appreciated by society, and more diagnosed, the population of post-secondary students seen to be suffering from them grew dramatically. As this new population of students grew, centres like the Paul Menton Centre became required to broaden their spectrum of services. This is just one reason why there are nine learning strategists on staff at the Paul Menton Centre, while only one (Somei Tam) has a more focused role of caring for students with mobility needs.

From an outsider's perspective therefore, it may seem as though that the Paul Menton Centre is a treatment centre that cares for those in need. However, Larry McCloskey made sure in his interview to make it abundantly clear that this is not the case. Instead, according to McCloskey, the centre is a place that provides a backup for its students who are in need of accommodation to receive a proper education.

According to McCloskey, the Paul Menton Centre and its students did face its challenges early on, most especially from faculty:

So it took a fair bit of time and effort to get faculty to understand and accommodate different groups, and in particular, non-visible. The interesting thing too is that some students with physical disabilities are offered things they don't need because they offer, and they see, and they assume. Dean would be a good example. He wouldn't need any accommodations, he would need access to a building. But he didn't need exam accommodations. And someone can have quite a disabling psychiatric condition, need fairly extensive accommodations, and it can be a struggle for faculty to give them historically. Today it's a lot more the routine, normal business of the University function to get accommodations. There's been a lot of change.¹⁴

¹⁴ McCloskey, Personal Interview.

According to Larry McCloskey, this has made a great change in the graduation rate, but there still exists some resistance from faculty members to improve the learning environment for their students. Surprisingly the strongest resistance amongst faculty to providing students with accommodation apparently comes from the Psychology Department.¹⁵ This is surprising as it is the field of study that would be best suited to understand the struggles of a learning disability.

Twenty years is not overnight. Research demonstrates that at the very early stages of accommodation, according to Somei Tam, only services to students with physical, sensory, or mobility disabilities is provided.¹⁶ Over the past twenty years, the Paul Menton Centre staff has had to learn how to best accommodate for these disabilities. This was difficult though as the best way to accommodate specific disabilities to receive education in the most effective way, had yet to be discovered due to inexperience with them.¹⁷ According to Dean Mellway (Special Advisor to the READ Initiative), “in the ‘90s, there was a real change in the whole attitude on this campus towards people with disabilities. Whereas in the early days, often times, we would be fighting with faculty about accommodations. We would be having to convince them that this was not inappropriate.” Such a change in culture did not come about easily.

This change paralleled changes in the development of university pedagogy, notably the emergence of ‘universal design’ principles. Originally, ‘universal design’ was only intended for architectural purposes - crosswalks that anyone could use, whether in a chair or on foot, for instance. At the turn of the century, university and college professors began to broaden their lessons so that they could be more easily interpreted by a wider audience of learners.¹⁸ When

¹⁵ Ibid.

¹⁶ Tam, Personal Interview.

¹⁷ Ibid.

¹⁸ Pisha, Bart, and Peggy Coyne. “Smart From the Start: The Promise of Universal Design for Learning.” *Remedial and Special Education* 22, no. 4 (2001): 198.

talking about universal design in education, the hope is to help the broadest range of learners. Broadening the scope of learners would mean creating a much more inclusive education system. “Inclusive education is a belief that all students are capable of learning, and should therefore have equal opportunities in the learning environment.”¹⁹

Clearly something was in the air in the late 1990s, early 00s. When asked how her perspective on how accessibility has changed over the time of her employment at Carleton, Tam discussed that it has evolved thanks to the appearance of sensory disabilities (deafness and blindness). She described an expanding vocabulary to describe accommodations and disabilities that emerged more and more with ever growing number of students with non-visible disabilities such as these.²⁰

“It’s no longer “You have a physical disability, this is all you need”²¹. Students are complex; it comes with other complexities including any intersectionality that comes with the identity. Really, it’s no longer just providing services just for this group, that’s not all the needs they have. When students come in, you need to look at their whole picture in terms of the complexity and need.”

In simpler terms the culture changed. As cognitive and behavioural disabilities began to emerge in the 1990s, individuals could no longer be labelled as “handicapped” based solely on their physical appearance. This inevitably had a major impact on places like the Paul Menton Centre that were designed to support disabled individuals. As McCloskey noted this accepted change when he said, “The one thing I like about Carleton over anything else, is that

¹⁹Ken Reimer, “Universal Design In Education: The Missing Link?” (Master’s thesis, University of Manitoba, 2010), 20.

²⁰ Tam, Personal Interview.

²¹ Ibid.

accessibility has been greeted as a good thing”²². According to McCloskey, what has aided this culture change to occur has been a slowly aging population, who need accommodations themselves. No longer is making accommodations for greater accessibility purely for a separate part of the population, but instead, it is now about the, “the normalization of these things so that they’re not extra special and stuff”²³.

What McCloskey is saying is that by allying with the other groups, such as seniors (who will face many of the same challenges as the disabled in their later years), the disabled are able to demonstrate how their needs should be considered universal.

When discussing the evolution of accessibility in education himself though, it seems as though McCloskey has had greater difficulty with aiding students with non-visible disabilities. In his opinion, it is not that the number of visibly disabled students is dropping. Instead, over the most recent history, the Paul Menton Centre has had to learn how to provide students with non-visible disabilities with the care that is most suited to their own personal needs.²⁴ “Well the visible’s gone up, too. It’s just that in relative to this emerging other population, as a percentage of, it’s gone down. So in absolute terms, physical disabilities and sensory have gone up almost every year”²⁵.

An employee of the Paul Menton Centre, who was hired in 1999 as a Disabilities Coordinator, confirmed in a separate interview that the numbers of visibly disabled students remained at a stable rate, while those with non-visible disabilities has continued to grow at a much faster rate.²⁶ This individual’s job included examining the trends in terms of the

²² McCloskey, Personal Interview.

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Participant, Personal Interview.

population of students with disabilities registering with the Paul Menton Centre. They went on to explain how when the Paul Menton Centre was founded, the majority of its clientele did have physical and sensory disabilities, in the later 1990s this shifted to serving those with learning disabilities.²⁷

According to McCloskey though, providing assistance to those with learning disabilities has not been the most challenging thing for the Paul Menton Centre. What has in fact been most onerous on the staff, has been to learn how to provide for the needs of those individuals who suffer from different mental illnesses.²⁸ This is primarily because students whom were suffering from such illnesses, arrived at Carleton with little to no documentation.

At this same time, according to McCloskey, the Paul Menton Centre found that the majority of these students wanted what the PMC considered to be ‘extreme’ accommodations. For instance, many students would be expecting to receive double time when, as McCloskey argues, that is something that is rarely offered.²⁹ He makes this clear by stating, “most people need 50%, or about that, and all the students were getting the same thing. There was no individualization according to their actual need”³⁰.

Out of frustration, these issues were brought to the Director of Education because the fact that so many students, of different levels of need were arriving to Carleton with the same expectation for accommodation, was unreasonable to Paul Menton Centre staff. McCloskey went on to explain that “the simple ‘cookie cutter’”³¹ approach, that emerges from students’

²⁷ Ibid.

²⁸ McCloskey, Personal Interview.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

experiences at the secondary level, that the school board is taking, defies Bill 82, the Education Act of Ontario.³²

This Bill states that all Ontario school boards are required to provide a special education program for individual pupils that is based on, “a continuous assessment and evaluation of the pupil and that includes a plan (now referred to as an Individual Education Plan) containing specific objectives and an outline of the educational services that meets the needs of the exceptional pupil”³³. Thus, according to the law, by giving each student the same accommodation plan, the school boards are, as McCloskey argues, breaking the law.

What is most interesting about McCloskey’s interview is the point he makes regarding the impact of technology on disabled individuals. In his opinion the majority of individuals with learning disabilities can have much of their accommodation needs solved via technology.³⁴ As a result, it will become more and more straightforward to find solutions to problems relating to individual accommodation needs. When asked if this ability to provide greater accommodation to those with learning disabilities also extended to those with physical disabilities McCloskey gave a simple and clear answer. Doing so when he said, “a good example simply would be low vision, where you can make the font size any size you want”³⁵. In other words, having textbooks or assigned journal readings in a format that suited their needs as an individual.

As evidenced by McCloskey’s statement, it is clear that both non-visibly and visibly disabled students are positively impacted through the use of technology. This topic was discussed at length in an interview with the Paul Menton Centre’s Assistive Learning Strategist, Jason Goveas. One thing that Goveas expressed was, similar to McCloskey, the impact of

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ Ibid.

technology for sensory disabled students. He mentioned in particular the example of having a PDF that has a text layer added via character recognition software so that screen reading software is able to read it.³⁶ Having said that, what is often forgotten about is the not so obvious secondary benefits of such technologies. For instance, having the ability to read documents that are made with character recognition software not only benefits students who are visually impaired, but also provide benefits to those with other physical disabilities, such as Muscular Dystrophy in my case (the ability to mark up the text for instance).³⁷

However, Goveas was sure to make clear that apart from sensory disabilities, and students with invisible disabilities such as ADHD and LD, he had no direct training on how to solve issues for students with physical disabilities such as myself.³⁸ This is not to say that he did not pursue training, but rather that there simply is no available training on the subject: “I did take some training on dealing with students with cognitive disabilities, such as dyslexia or ADHD, and how people learn using this software. But specifically to deal with students with physical disabilities other than using software such as Dragon, there was nothing specific in the training that said, ‘here’s how you deal with a person in a wheelchair; here’s how you help a person in a wheelchair’. There’s nothing like that”³⁹.

What is meant by this is that when it comes to those with physical disabilities such as Cerebral Palsy, Muscular Dystrophy, quadriplegia and others, accommodations are much more personalized to the user. When it comes to those with physical disabilities, I have found that one has to often think outside of the box in order to find the proper answer to solving their physical needs. This is for a number of reasons, because similar to invisible disabilities of course,

³⁶ Goveas, Personal Interview.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

physical disabilities have a wide range of severity. Unlike them though, as evidenced by Goveas, not as many standards have been set for making a classroom more accessible.

No one way of creating an all-inclusive classroom that is accessible to all has been established as of yet. But when asked if he thinks that the classroom will become a more and more accessible place, Goveas had this to say:

I think so. I think we don't have a standard on how we should deliver a classroom. But we do have people come up knowing what accessibility is, and from their learning experience in high school, and then onto becoming academics, PhDs, teaching, they'll know that. But I still think we need a stick and carrot approach. There's no incentive, but if there's a stick involved then people won't necessarily do it unless there is a person disabled in their class. It has to be done so that they don't have to think there is a disabled person in their classroom. They're thinking, "I'm making this content that people can read with whatever medium they're using". That's what we haven't gotten to yet. So even though people might be aware of it and have an attitude about it, we still need legislation, we still need a force to say, "you need to do this". Some people are better poised to make it happen, and some will rely on others. I don't think we're there yet in academics.⁴⁰

⁴⁰ Ibid.

Chapter 4: Wheel With Me: Mapping Carleton's Accessibility Over Time

Vignette Four: Cyborg Hollis

What makes me, me? This is a question that most people have to ask themselves at some point in their lives. For disabled individuals though this question is much more complex. In my case, this question can be answered with the following formula:

$$\frac{((\text{History} + \text{Digital Humanities}) + (\text{Edmonton Oilers}))}{\text{Seinfeld}} = \text{Hollis Peirce}$$

This formula takes into account all aspects of my personality and personal history. First and foremost I am a history nerd that specializes in digital humanities. This is represented in the first part of the calculation. The nerd portion of my personality then gets added on to my love for the Edmonton Oilers. This love has been one that has been present throughout my entire history as a young boy from Alberta. All of this though sits on my observational humour which has been strengthened through my love of Seinfeld.

By putting these things together you are able to visualize what makes up the personality that is Hollis Peirce. However, there is one problem with this. On account of my chronic physical disability, personality is not the only thing that makes me, me. While it can be argued that given the fact that my disability is entirely physical and should not be considered when describing myself, without the technology to help me get over the boundaries created by my disability, my personality is unable to be put on display. I am, in fact, a cyborg.

As a person with Congenital Muscular Dystrophy, attending post-secondary school has been a challenge to say the least. Indeed, when my older sister in her fourth year seminar class was asked to create a project to 'advocate for a cause', she chose to make a documentary about

my challenges. This film, advocating for accessibility, can be found here:

<https://www.youtube.com/watch?v=6mJB-9-ZPag>.¹ After re-watching the film several years later two things seem most apparent. The first is that at the time, in my second year, I was still relatively uncomfortable in the environment of Carleton University. The second is that I did not yet have the two key pieces of technology that I now have to help in my day to day life: my bluetooth headset and my elevating electric wheelchair. I was not yet 'Cyborg Hollis'.

This name, Cyborg Hollis, came about in conversation one day with Dr Graham. He brought to my attention a question that had never struck my mind. Who would I be today had it not been for these key pieces of technology? The answer is a much less independent form of myself. I say this because at the time that the film was made, I was still leading a highly sheltered life. I was still living at home being taken care of by visiting attendants and my primary caregiver at the time, my mother. In spite of the fact that everyone involved in my life during that time was making great efforts to help me achieve a higher degree of independence, I remained limited in my abilities on account of my physical disability when in situations that I could not call upon someone for help.

This was clearly displayed in the opening scene of the film when I described how I had to wait for someone to come and press the button on the elevator, or a button to open a door. Now that I drive an elevating wheelchair though, I am able to elevate to the correct height in order to hit that button that used to be so far beyond my reach. In addition, thanks to my bluetooth technology, I am now able to call upon people for help wherever I am, and has gone so far as to allow me to feel comfortable living on my own on Carleton University's campus.

¹ Hilary Peirce, *Disability Awareness: Hollis at Carleton University*, <https://www.youtube.com/watch?v=6mJB-9-ZPag>.

So what makes Hollis, Hollis? While my personality cannot be ignored, I would argue that my personality would not be as present as it is today without the help of “Cyborg Hollis”. Of course “Cyborg Hollis” would be nowhere without Siri by my side. In years past I would have an EA (educational assistant) over my shoulder at every turn. On many levels though Siri has managed to replace a human in this role. Siri helps me manage phone calls, send messages, set alarms, and play music. She can search things on the internet for me. To assure myself I have this support, every day for instance begins and ends with this short and quick conversation between us to ensure me that I am my most independent self:

Hollis: “Hey Siri.”

Siri: “I’m here.”

Hollis: “Nevermind.”

Siri: “Everything is most certainly ok.”

The primary story behind Carleton University’s physical accessibility is the history of its tunnels. But this story of the evolution of the tunnel system is just a small piece of the history of physical accessibility at Carleton University. There is still the *lived experience* of accessibility to take into account. This chapter conducts a physical accessibility audit or survey of Carleton University. The point of the audit is to ask, given the conventional story told about the evolution of the tunnel system and Carleton’s engagement with accessibility, to what degree is the campus actually accessible? Prior to conducting the survey, I expected that I would find that older buildings are less accessible, and newer buildings are more accessible. Common sense however is not always right. *Accessibility is not universally experienced*, which is key to explaining the results of the survey. This audit was completed by me as a wheelchair user, who has severely limited physical strength and whose chair has elevating features. The audit was completed in February 2019 for all academic buildings except for a few that were either inaccessible at the time, or had a history of inaccessibility due to a high number of choke points.

While there may be some mention of non-academic buildings, such as student residences, they will not appear in any charts or tables. The same can be said regarding the MacOdrum Library. During the timespan in which my accessibility audit was taking place, weather conditions inhibited my ability to access the library through its outside main entrance ramp. Unfortunately at this same time, the sole elevator that grants access to the library via the tunnels was under repair, and so I had no manner in which to examine the library's physical accessibility qualities. The medical model response to disability is to give me a wheelchair and let me cope with issues that I face; the social model would have kept one accessible entrance open while the other was under repair.

Such a failure demonstrates how dependent I am on very specific locations throughout Carleton's campus. These locations will be referred to as choke points in that they are the sole points of access to a part of campus and if they break they inhibit an individual from participating in particular classes or labs on campus. These choke points have caused a great deal of added barriers to my academic success.

A great example of an elevator being a choke point and helping to negatively shape my education was during the first year of my undergraduate degree. It was at this time that I took a film studies class on the fourth floor of St. Patrick's Building (not in survey due to this inaccessible history). During the fourth week the elevator was shut down *while I was in class*. I had to be physically carried out, once someone could be found to help me. I therefore felt forced to drop the class because of the undependability of the only elevator in the building.

Now, these choke points are only failures of physical accessibility for someone who is facing my situation (i.e. is in an electric wheelchair, with elevation features, and an inability to

use upper extremities to reach for buttons and or open doors). Some of the other examples of these choke points, in addition to the St. Patrick's Building, are as follows:

1. Paterson Hall: This building has been a key point for my academic success as it is the building that my department, the History Department, calls home. One of the original buildings on campus, its elevator is constantly out of service. During my final year of my MA on my way to a meeting, I was entering the elevator and the door did not sense my wheelchair as it closed, and it continued to slam shut on the side of my wheelchair. It hit me so hard that my chair malfunctioned and had to be manually pushed back to my room in residence, on the other side of campus. Because of this I now avoid Paterson Hall as much as I can.
2. H.S. Southam Hall. Early on in my undergraduate career I attended a great deal of classes in H.S. Southam Hall because at the time I was enrolled in Carleton University's Political Science program. At this time I was also an off-campus student, and would spend a great deal of time (at least one hour more than the average able-bodied individual) getting to and from class. A number of times though, I ended up spending an hour getting there, only to discover that my only class of the day was inaccessible to me due to the fact that the building's elevator was under repair.
3. Paul Menton Centre. Throughout my academic career at Carleton University one of the most important locations for me to get to has been the Paul Menton Centre, located on the fifth floor of the University Centre. Despite the fact that this building possesses two elevators, only one of them, in the original part of the building, has access to the fifth floor. Unfortunately for me, I can only reach the buttons to call the elevator. Once I am inside the elevator I cannot raise my hands to hit the floor buttons or hit them with my

tray because my footrest hits the opposing wall and stops me from progressing before I can reach the buttons.

Note that someone with a different disability, and a different set of needs would have a completely different list of choke points on campus than the one above. Someone who has vision impairment would simply be able to push through this very same doorway and continue on with their day. Where they could run into trouble perhaps would be in an elevator that did not include braille on the buttons of each floor and announce the floor that they had just arrived on. I on the other hand am fully capable of seeing the buttons and seeing what floor the elevator has reached upon its arrival. I just cannot reach them.

Instances such as these point to the broad diversity of accessibility considerations. It is such a diversity that demonstrates the tremendous importance of the incorporation of universal design. During the times in which I have had to deal with these barriers head on I have felt trapped within my own body. My lived experience makes me appreciate more and more the theory of the social model of disability. As the literature by individuals such as Titchkosky², Barnes³, and Longmore⁴ suggest, certain barriers are only barriers to individuals with specific disabilities. According to Titchkosky, what must be remembered most is that it is the design of the institution that is the root cause of the disability. This is best expressed when she explains how they are built for one type of person, the normate man.⁵ “Normate is a way to describe the typically unmarked category of persons that are culturally positioned as expected, and are thus

² Titchkosky, *The Question of Access: Disability, Space, Meaning*, 25.

³ Colin Barnes, “The Social Model of Disability: Valuable or Irrelevant?” In *The Routledge Handbook of Disability Studies*, eds N. Watson, A. Roulstone, and C. Thomas, 12–29. (London: Routledge, 2012), 1-2.

⁴ Paul Longmore, *Why I Burned My Book and Other Essays on Disability*, (Philadelphia, PA: Temple University Press, 2003), 2.

⁵ Titchkosky, *The Question of Access: Disability, Space, Meaning*, 26.

taken as definitive human beings. A belief in normate man and normate culture helps to make the marginalization, or even exclusion, of some people seem natural”⁶.

Barnes meanwhile explains the history of the social model directly by discussing the background of specific British organizations, in particular the Union of the Physically Impaired Against Segregation (UPIAS) that was formed in 1976.⁷ This group helped to advance the theory of the social model by publishing a book of stories told by disabled individuals to prove that disability was in fact impacted by all of their environments, and not the individuals themselves.⁸

Finally, Longmore who also demonstrated the reality of the social model of disability in his book, *Why I Burned My Book*. In it, Longmore discusses the social model by describing what life is like as an American with a disability. Longmore shows that these obstacles are, “pervasive social prejudice, systematic segregation, and institutionalized discrimination”⁹. In essence, it is the barriers placed upon disabled persons that make them disabled, not their own bodies.

As I undertook the accessibility audit I found myself stuck in between the main entrance doors of the Health Science Building because of a malfunctioning automatic door. I pulled up and easily got through the first door of the double doors on the interior side thanks to the easy to reach button. I pushed the next button but found myself stuck because someone had deactivated that particular door. I was trapped. This is a great example of the social model because while my disability does not allow me to open the doors themselves, it does allow me

⁶ Ibid.

⁷ Barnes, “The Social Model of Disability: Valuable or Irrelevant?” 3.

⁸ Ibid.

⁹ Longmore, *Why I Burned My Book and Other Essays on Disability*, 231.

to activate the buttons that are within my reach. It is only when a button has been turned off or is malfunctioning that I feel the presence of my disability.

Failures and choke points that are present in my day to day life are present everywhere on campus and as I will show are not limited to a certain age range of buildings as we might have expected. I continue to have issues in the brand-new Health Science Building, but I am equally challenged by the inaccessibility of one of the three original buildings, Paterson Hall, and its elevator. What this exemplifies is that after completing my audit, I found no association between the era of construction of a building, and the degree of wheelchair accessibility *as experienced by me*.

The Accessibility Audit

The audit was completed in February of 2019. I drew on my professional experience of conducting physical accessibility audits for festivals in the City of Ottawa.¹⁰ My approach is to focus on major elements that can be changed to achieve the greatest degree of accessibility. Normally I use a team of individuals to get the widest perspective to identify issues, but for the purposes of this thesis I worked alone, from the perspective of a student with similar needs.

Accessibility of three distinct and important features, entrances, elevators, and bathrooms, was ranked on a simple scale of good, pass, and fail. In order to receive a ‘good’ grade, one of these elements has to have been manageable for me according to my normal daily routines and capabilities with minimal to no assistance. For example, with elevators I would have had to have been able to utilize them on my own without assistance to achieve a ‘good’ rank. The same can be said for the entrances. In order to receive a ‘pass’ ranking in one of these categories, it would have to have been semi-manageable but some major assistance was required (with getting in and out for example). Failing grades were given to those categories

¹⁰ These festivals include the 2008 Ottawa Folk Festival, and the 2010 Ottawa Bluesfest.

when I could not utilize them without or with assistance (these are also referred to as choke points).

Evaluations of each building will be broken down by era of construction (original, expansion, and modern) The first of these eras include three academic buildings on the new Rideau River campus. These buildings are the MacOdrum Library, Tory Building and Paterson Hall. Other buildings of this first era include a student union building as well as student residences.¹¹ However, as mentioned earlier, only academic buildings, were looked at for this survey (only buildings that possess classrooms, lecture halls, and offices).

The time span of the initial build lasted three years. It was on October 15, 1957 that the then Premier of Ontario, Leslie Frost, laid the cornerstone of the Rideau River campus' first building.¹² By 1960 construction crews had completed Carleton's cornerstone buildings (Henry Marshall Tory Building, the Maxwell MacOdrum Library, and the Norman Paterson Hall), and Premier Frost officially opened Carleton University's Rideau River campus to its students.

Despite the fact that in September 1962 (according to the Carleton University website¹³) that there were already students staying in the Rideau River campus, the first residential buildings (Lanark and Renfrew Houses) did not open until February 15, 1963.¹⁴ It was on this same day that three other buildings (H.S. Southam Hall, University Commons, and the University Union building), along with some renovations to the already present three.¹⁵

In November of 1962 however, the President of Carleton, C.C. Gibson, met with the Carleton College Board of Governors and reported that there had been a few setbacks on these

¹¹ Carleton Archives & Research Collections, "First Phase."

¹² Carleton College Board of Governors, "Minutes of the Board of Governors of the Ottawa Association for the Advancement of Learning (Carleton College)."

¹³ Carleton University, "Our History: Carleton University."

¹⁴ Ibid.

¹⁵ Ibid.

buildings during their construction. According to him, none of these setbacks were causing any major issues.¹⁶ In spite of construction difficulties Gibson was still confident that they would be able to reach their enrollment goals for the coming years. In addition, the Board of Governors came to the conclusion that it was a healthy decision to still ask the province to assist in funding of new buildings in the near future.¹⁷

When it came time to begin further developing the Rideau River campus, the Board of Governors first gave its approval for three new buildings. These buildings were Mackenzie Building (named after the first Chancellor C.J. Mackenzie) which served as the engineering building.¹⁸ The second was the Steacie Building which served as the chemistry building and was named after Mackenzie's successor, E.W.R. Steacie.¹⁹ The third and final building to be approved by the Board of Governors at the time was the physics building, which came to be named the Herzberg Building, named in honour of Gerhard Herzberg²⁰. These three buildings along with Southam Hall and the Loeb Building, were the second major stage of development.²¹

For the purpose of this thesis though these buildings will not be considered to be expansion buildings. Instead, they will be placed into the category of original buildings, along with Dunton Tower (built in 1970)²² and the true original buildings, Tory Building, Paterson Hall, and MacOdrum Library. These buildings are to be defined as the original buildings on the Rideau River campus for the purposes of this audit. They all fall within a decade of the initial move to the new campus, and before the Architecture Building, aside from St. Patrick's

¹⁶ Carleton College Board of Governors, "Minutes of the Board of Governors of the Ottawa Association for the Advancement of Learning (Carleton College)," September 17, 1959.

¹⁷ Ibid.

¹⁸ Neatby and McEown, *Creating Carleton*, 133.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² Carleton University, "Our History: Carleton University." History: 1942-2017, 2019. Accessed July 18, 2019. <https://carleton.ca/about/history/>.

Building (which opened ten months later) which is not included in this survey. After this period there was no further development for over a decade on campus.²³

The buildings which have fallen into the category of “Expansion” are in this category for either one of three reasons or all. First, that they were built after the construction of the Architecture Building, before the establishment of the Paul Menton Centre (founded in 1990), or they were built before the passing of the AODA (passed in 2005 by the Government of Ontario). These buildings are the Architecture Building, (built in 1973²⁴), the Social Science Research Building (built in 1986²⁵), Life Science Research Building (built in 1990), Minto CASE (built in 1992²⁶), and Azrieli Pavilion (built in 2002²⁷). The reason that the presence of PMC and or the AODA have been chosen as guidelines as to the end of the Expansion era is that the AODA set standards for accessibility considerations in building design.

All buildings built after these dates have been categorized under the “modern” section of the survey. The buildings that fell into this category are Canal Building (built in 2011)²⁸, River Building (built in 2012)²⁹, now known as Richcraft Hall, and finally the Health Science Building (built in 2017)³⁰.

Accessibility Audit Results

²³ Ibid.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Carleton University, “Azrieli Pavilion.” *Buildings* (blog), 2019. <https://carleton.ca/campus/buildings/azrieli-pavilion/>.

²⁸ Amy Guest. “Carleton Opens New Canal Building.” *Carleton Newsroom* (blog), January 20, 2011. <https://newsroom.carleton.ca/archives/2011/01/20/carleton-opens-new-canal-building/>.

²⁹ Architizer, “Carleton University, River Building.” *Projects*, 2019. <https://architizer.com/projects/carleton-university-river-building/>.

³⁰ Carleton University. “Academic Health Science Building.” *Facilities Management and Planning* (blog), 2019. <https://carleton.ca/fmp/campus-master-plan/academic-health-science-building/>.

The following graphs visually depict the results from the audit. The graphs are designed to work in a similar fashion to a traffic light. The green bars symbolize passing grades (barriers that were easily overcome independently), the yellow bars on the other hand, depict the barriers which could be overcome, but with some help. Finally, the red bars are the choke points that stop me from progressing with my day. Each graph depicts how an individual such as myself would have been able to manage the campus during each of the three eras.

Original Era

Figure 7. Graph of the counts of accessibility points in buildings of the ‘Original’ era.

As we can see from the graph, during the early days of the Rideau River Campus, wheelchair accessibility was not taken all too seriously. While some buildings, such as Tory and

Paterson, do display wheelchair accessibility features, they are purely by happenstance rather than intentional design.

Figure 8. *Graph of the counts of accessibility points in buildings of the ‘Expansion’ era.*

This graph demonstrates how the continuous inconsistency of wheelchair accessibility continued on from the Original era into the Expansion era. While some buildings did manage to display a more even quantity of inaccessible vs. accessible features, it was during the Expansion era that Carleton’s disabled students were witness to the least accessible building being built. The two best examples of buildings that are inaccessible from the perspective of an individual

in an electric wheelchair with severely limited mobility are the Life Science Research Building, and the Social Science Research Building.

Modern Era

Figure 9. Graph of the counts of accessibility points in buildings of the ‘Modern’ era.

This graph demonstrates two things, firstly, that the arrival of the Modern era marked a severe downturn in building construction on the Rideau River campus. This was not due to a sudden downturn for the school as a business but rather that by the time the Modern era had arrived, much of the campus had already been filled with buildings. The second, is that despite being built after the passing of the AODA and after close to thirty years after the establishment of the Paul Menton Centre, each of these buildings still possessed at least one choke point. Each

of which possess the ability to have a severely negative impact on my day to day life on campus.

Discussion

Prior to conducting the audit, one would imagine some sort of correlation between wheelchair accessibility and age of building. Society as a whole has taken more and more attention with each passing decade to incorporate every individual of society, including the disabled community. Naturally, therefore it is expected that newer buildings would have raised their standards to accommodate for individuals with disabilities such as my own. The charts however, no such correlation seems to exist.

Indeed, one can perform a simple statistical test of association (the Chi-Square test) to test this hypothesis that the era of the building's construction is associated with 'good' or 'passing' accessibility. The actual contingency tables and counts are in Appendix B. The test was first put to use in 1900 by Karl Pearson when he used it to test the Goodness of Fit.³¹ I chose to utilize this test due to ease of replication and ease of comprehension. It takes the observed observations and compares these with an expected normal distribution of frequencies. The differences between what is observed and what is expected is measured and when there is a significant difference, the test can indicate the degree of probability that there is an association between the variables measured.

Using the results of the accessibility audit *performed from the perspective of a powered wheel-chair user*, there is **no** association between the era of construction and the measure of accessibility. We can interpret this in two contradictory ways. One, that there has been no

³¹ R.L. Plackett, "Karl Pearson and the Chi-Square Test." *International Statistical Review / Revue Internationale de Statistique* 51, no. 1 (April 1983): 59.

evolution in the degree of Carleton's physical accessibility as experienced by powered wheelchair users. Or two, that the campus has been sufficiently retrofitted to provide the same uneven experience of accessibility wherever a person might find themselves.

This latter interpretation might be truer, if we look at the counts themselves as graphed in the charts above. Given the architectural design of the buildings that would appear during the decade following its founding, the Carleton University Rideau River Campus was built under a medical model of disability. This argument is made due to the fact that in eight out of ten of the buildings established in that time possess just as many, if not more choke points than passable or good characteristics. Features such as the underground tunnels, that would go on to become a major attraction for disabled students in the future, were created in an effort to help students avoid Ottawa's cold winters.³²

As we can see this pattern continues on through Expansion era, as well as the Modern era. While it could be argued that a slight improvement was made, specifically in the Modern era, it is not significant enough to be measured in the statistical test. This is because in every single building there continued to be one or more choke points, which provide a negative interference on the life of a physically disabled individual.

It would seem common-sensical that the more modern, and many of the expansion buildings, would be more accessible than the original buildings. But my research, through my completed oral interviews as well as literature, along with my own personal experiences have demonstrated that at times these buildings could be as or if not more inaccessible. Throughout my time at Carleton I have had just as much if not more trouble getting around in newer buildings than in older ones. The best example being my most recent experiences with the

³² Neatby and McEown, *Creating Carleton*, 129.

Health Science Building. Not being able to get in or out of the building without assistance is just as frustrating at times to not being able to get up and down the elevator to and from my own department in Paterson Hall.

Consider also the percentage of physically disabled students to cognitively disabled students. As discussed in the previous chapter, both Larry McCloskey and Dean Mellway pointed to the fact that when the Paul Menton Centre opened 90% of their 300 clients were affected by solely physical disabilities. The number today however is completely reversed to only 10% of their over a thousand clientele.³³ If physical accessibility is seen as ‘done’³⁴, and the balance of energy is being devoted to ‘invisible’ disabilities, then the findings of the chi-squared test makes more sense.

‘Accessibility’, it must be remembered, is something that is not universally experienced. If the definition of disability under the medical model is understood to be true, and if the legislative changes in Ontario over the last twenty years were sufficient, then the experience of the audit should have resulted in clearer findings. The social model of disability, which takes into account the lived experience of the person with the disability, makes more sense to explain these findings. My experience of disability shows a campus where door opening buttons are placed at the level convenient for the able-bodied person installing them, where elevators break down for weeks at a time, of hallways too narrow to navigate, where elevators can be opened but not operated. Others with different disabilities would have a much different experience.

³³ McCloskey and Mellway, Personal Interview.

³⁴ In *The Question of Access* (92) Titchkosky points out that one of the most important questions relating to disability and institutions is, “When?” What is meant by this is, when do people or institutions, notice disability? It is through this thought process that I look at how Carleton has utilized the medical model to recognize disability.

Chapter 5: Carleton's History of Accessibility Revisited

During its 77-year history (1942-2019), Carleton University has come to market itself as being Canada's most accessible university. This marketing is founded on the presence of the underground tunnel system at the Rideau River Campus.¹ Most recently however this idea has been more solidified by the founding of organizations and programs such as the Paul Menton Centre in 1990.²

This thesis has been written from a disability studies perspective. It has looked at three main bodies of evidence and shown that the historical evolution of academic accessibility at Carleton has been dominated by the medical model of disability, which looks at disability as a problem with each individual rather than the environment that they are inhabiting.³ By demonstrating my experiences with the campus however, I have presented the campus from the social model perspective. The history of Carleton's accessibility, written from the social model perspective, is a history of incomplete adaptations, piecemeal solutions, and the progressive invisibility of physical disability.

Looking back we have seen (thanks to digital tools such as Overview) that the medical model has been present from the beginning and is designed into the architecture of the university.⁴ Consider the evidence in the Board of Governors Meeting Minutes, and their use of terms such as 'accessibility', and 'disability'.⁵ It was thanks to Overview for instance, that I was able to look at all of the meeting minutes from a distance to discover that during the Board of

¹ Neatby and McEown, *Creating Carleton: The Shaping of a University*, 83.

² "History."

³ Longmore and Umanski, *The New Disability History: American Perspectives*, 7.

⁴ Carleton College Board of Governors, "Minutes of the Board of Governors of the Ottawa Association for the Advancement of Learning (Carleton College, 1960)," 2.

⁵ McEown, "Carleton University Minutes of the 205th Meeting of the Board of Governors (Carleton University, 1969)," 10.

Governors meetings, the term ‘disability’ is only referred to when speaking about their Disability Pension Plan.⁶ What this insinuates is that this university has, historically, followed a model that treats disability as a problem with each individual student rather than the environment of the institution that serves them. Carleton is not alone in this however. For instance, Tanya Titchkosky argues that university environments in general treat disability on their campuses as “a problem in need of a solution”⁷. A simple example of this is the lack of accessible non-gendered bathrooms on campus. Just as Titchkosky had discovered a lack of physically accessible bathrooms at her place of work, I have faced the same issues while attending Carleton University.⁸

Including stories of my own personal experiences as a Carleton University undergraduate, and graduate student, has allowed me to demonstrate Carleton’s history of academic accessibility from the perspective of the social model of Disability perspective. This has helped to demonstrate that despite the marketing success of accessibility at Carleton University, physical accessibility on campus is far from complete. While today 90% of those served by the Paul Menton Centre are currently purely cognitively or non-visibly disabled, it does not mean that the majority of physically disabled students have had all their needs satisfied.

To do a better job of this, the social model has been presented from my own perspective. What this has meant is that it looks at the world from the perspective of a severely physically disabled student who is confined to his electric wheelchair with elevation features. The environment will disable/enable other individuals who have other needs, differently. That is

⁶ Ibid.

⁷ Titchkosky, *The Question of Access: Disability, Space, Meaning*, 70.

⁸ Ibid, 71.

what the social model teaches. The medical model sees the problems of disability as being a kind of personal deficit, and accessibility can never be ‘solved’ under it. The problem has to be reframed.

One way to solve this problem would be to begin to incorporate and utilize the principles of universal design into the physical features and staffing of Carleton University. The best way to incorporate universal design, which is a social model solution, in order to ensure that everyone at Carleton, both students and staff alike, are able to access everything equitably is to aggressively follow accessibility laws such as the AODA.⁹

However, while the AODA does force individual building owners and businesses to become fully accessible, as defined by its five standards of accessibility (Customer Service, Information and Communication, Employment, Transportation, and Design of Public Spaces¹⁰), it cannot guarantee or enforce accessibility outside of Ontario. Which is why many argue that Canada needs a federal accessibility law.

Enabling a federal accessibility law that works under positive action would be the best route to do so.¹¹ Incorporating universal design under such positive action laws would allow the disabled community to take yet another leap in the world of higher education. Imagine if more universities were as accessible as Carleton: what opportunities might emerge for us then?

Vignette Five: The Inaccessibility of Academia

What are other universities’ experiences of ‘accessibility’? Where could I go to explore the issues further? In the summer of 2013 I was a young digital humanist trying to learn as

⁹ Accessibility Ontario, “About the AODA.”

¹⁰ Accessibility Ontario, “About the AODA.”

¹¹ Prince, “What about a Disability Rights Act for Canada? Practices and Lessons from America, Australia, and the United Kingdom,” 211.

much as I could, as fast as I could. Therefore, under the suggestion of Dr Graham, I travelled to the University of Victoria for DHSI 2013. I took a look at the website to gain a greater understanding of what it was that I was getting myself into. I knew I wanted to go as my grandfather was (and still is) living in Victoria. I signed up for a course titled, “Digitization Fundamentals and their Application”. What I didn’t know was if I could handle a week-long course in my first attempt at an out-of-town conference.

Travel is perhaps the hardest nut to crack when it comes to accessibility. When it comes to travel, any student at any level of post-secondary education will tell you that complications will arise. However, when it comes to travel for physically disabled students, the risk of this occurring is that much more complicated. I say this as not only do disabled students go through all of the same steps of preparation as non-disabled students, but they are forced to take on about twice that amount when all is said and done. Thankfully my father was willing to lend a helping hand as he himself was thrilled at the opportunity to go see his father.

To make a trip like this happen for me a lot of things need to come together. I would need to get out of my wheelchair and sit in an airplane seat to fly out to Victoria. Then, when I get there, where and how am I going to stay? When visiting for a conference, students often stay at the residence of the hosting university, or a cheap hotel nearby during the conference. I myself (and the majority of others with physical disabilities) though, am forced to stay elsewhere. I needed to stay in a location that is suitable to my needs, such as a roll-in shower. Not only that, if I am not travelling with an individual who is strong enough to lift me (in this case my father), I have to locate a temporary residence, like a hotel, with a track lift on the ceiling to get myself in, as well as out of my wheelchair. Generally speaking this means that the

hotel is of higher quality and therefore out of the price range of most post-secondary graduate students. Tracking down these hotels is a feat in and of itself.

Second, there are things that I need on a day to day basis that I am unable to bring with me on a trip. The best example of this being a commode chair. In order to attain something like this that is suitable to my needs, I first must contact organizations like the Canadian Red Cross to ask about renting some equipment. Thankfully during my trips to Victoria for DHSI I was able to successfully rent a commode chair that was fairly comfortable to use (this is rarely the case). To get to this decently comfortable seat though, I had to first go through the hell of sitting in the seat of a commercial airplane.

My disability makes it very difficult for me to be doing things like sitting in a seat that is not specifically designed for me. Seeing as most airplane seats are tremendously uncomfortable for anyone, disabled or not, they are that much more uncomfortable to individuals, such as myself, who are used to a very controlled environment. I for instance, am unable to hold my head up without the tilting function of my wheelchair. In other words, by the end of a five-hour flight, with an extra forty to fifty minutes on either end getting my wheelchair into and out of storage, most trips end with me in a tremendous amount of pain. Once I am able to finally get back in my chair, this pain often continues on as I will discover that my chair has been damaged over the course of the flight.

Once I have arrived at the desired location though, the stress of travel is not complete. Travelling on a more local level in a foreign location can be the most stressful and time-consuming barriers to face a physically disabled student. To begin, they may not have the advantage that I did of travelling with a parent, who would fund that portion of your expenses. I was very fortunate to have my father with me during this process as he provided me with the

ability to go directly to and from my off-campus hotel to conference lectures and activities without too many complications. However, for the average student, accessible cab rides like this could get extremely expensive. In the end though they may often be the only option as accessible public transportation is not guaranteed everywhere (including Canada) yet, and the possibilities of renting an adapted vehicle to meet your needs is extremely rare.

Was the conference a success for me? It was in fact frustrating. The most important thing that my trips to DHSI in Victoria have taught me, is that going on trips outside of the city within Canada, let alone out of country, can be extremely demanding on many levels. First and foremost, it is almost twice the expense as I, for instance, need to budget for both myself as well as the salary of my attendant. It takes weeks of planning and organizing. After all is said and done if one key ingredient, like your attendant, ends up not working out, the whole trip has to be cancelled.

This is why my trip to the University of Victoria was so frustrating. I was visiting an unfamiliar campus to attend a conference on Digital Humanities, a field that promotes its vision of accessibility. And yet I discovered that many of the tools and approaches I was being taught are designed with a much different definition of accessibility in mind. A definition that in fact disables me as a digital humanist.

Voyant Tools is an excellent example of this. While yes, it is a remarkable tool that allows me to look through my files from a distant perspective, it will only read certain types of files. Therefore, if I am wanting to scan through a document that is a photo of another document, Voyant will not be able to read the words on the page. To fix this issue requires a great amount of scraping of information by coding which, is a very inaccessible task in and of itself.

I felt a great deal of irony in attending a conference that promised to advance my academic world through accessible digital tools, only to find out that these tools were inaccessible to me. I have been using the phrase 'academic accessibility' to capture a larger vision of accessibility than what DHSI envisioned. The social model has not yet impacted the Digital Humanities field. Being able to go to the conference as a result of the accommodations that the airline, the hotel, and the campus provided is wonderful, but shows that only physical accessibility is being addressed - the medical model is still the driving force. The digital tools I learned at DHSI did not even address that. In many ways, these digital tools can be just as inaccessible to me as a book on a library shelf. It can be filled with promises of information, but unless there is a more universal design that allows me to have access to this information, I may as well have not gone to the library at all. The same can be said for Carleton University's campus. As much promise that it offers with the presence of its underground tunnel system, if the University continues to operate from a medical model of disability, and does not offer an ever-evolving system of accommodation that recognizes the social dimension, full accessibility will never be reached. Carleton University will continue to remain stuck underground within its tunnels, trapped in the medical model.

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Appendix A: Accessibility Audit Performed by H Peirce, February 2019

To assess the physical accessibility of Carleton University's Rideau River campus, a physical accessibility audit was conducted to assess the academic buildings on campus based on their accessibility to a student with Congenital Muscular Dystrophy, who is unable to lift his arms and is confined to an electric wheelchair with elevating features. The audit focused on three main features of buildings that have the most impact on a day to day basis. These features are:

1. Access to building entrances
2. Access to and in elevators
3. Access to accessible bathrooms

By ranking these three main features of a building, the overall accessibility of said building can be more logically assessed. While a building may possess alternatives or some of these features, if it does not possess at least a good ranking in all three of these categories, an individual with this type of disability will not be able to be fully functional for long periods of time.

Below are transcripts taken from the audio files that were recorded by Hollis Peirce while conducting the audit throughout different areas on campus.

Field Recording Transcripts

Administration Building/Robertson Hall - 1967

The tunnel entrance to Roberson Hall is accessible with a good button at a reasonable height. The elevator access in Robertson Hall is accessible and would be even more had I had my elevation technology with me. On the second level there also appears to be an automatic door opener to the awards office and this button is much better because it is a longer design that

can be push in any location. Inside the elevator is very accessible had I had my elevating technology as there are buttons on both sides of the elevator on the inside so it makes it easy to access. The outside buttons to the bathrooms are very accessible with long extensions down to about knee height that are easily accessible to be pushed anywhere on the button. However once you enter the gender divided bathroom there is a reasonable sized stall to accommodate a wheelchair, but the automatic door button to get out is high and hidden behind a tall garbage can so it is awkward to access. All in all in Robertson Hall there is one gender neutral bathroom on the fifth floor. Every other floor has gender divide bathrooms with accessible stalls that are a reasonable size but not enough accommodate for a person with severe mobility. The fourth floor Roberson Hall bathrooms (gender divided) are not wheelchair accessible as they do not have automatic doors to open and do not have a handicapped symbol on the door.

There is an automatic door open button to the equity services office on the 5th floor. There is a gender neutral bathroom on the fifth floor of Robertson Hall but it is a little inaccessible as the auto door opener is at my head height and in a narrow hallway. On the 4th floor of Roberson Hall there is a women's bathroom but it is inaccessible with no wheelchair sign. I'm on the 6th floor of Roberson Hall and it is accessible by elevator but it does not have accessible bathrooms. There are two main entrances to the Roberson Hall building on the main floor to the outside – both are accessible with auto buttons that are easily accessible at any height.

1. Entrances: Pass
2. Elevators: Pass
3. Bathrooms: Fail
4. Overall: Red

Architecture Building - 1973

I'm in the tunnels underneath the architecture building and I'm noticing a new auto door opener that extends all the way from elbow height to the floor that is accessible to be hit at any height so it is a full good grade to the architecture building's tunnel entrance.

I am now in the architecture tunnel level where there is a quite accessible entrance to the Architecture Building where there is a button that extends from the elbow to the floor so I could kick it with my foot plate. Once inside the building did not appear to be accessible but there is a large unisex bathroom on this tunnel level and an elevator that appears to be accessible with elevation features.

1. Entrances: Good
2. Elevators: Good
3. Bathrooms: Good
4. Overall: Green

Athletics - 1997

I am underneath the athletics building in the tunnels and there's a side entrance to the outdoors right before the athletics building and it is not accessible. I say this as there is no automatic door opener. However, if there were it would be accessible as there is no step inhibiting a wheelchair to go through the entrance. At the entrance to the building from the tunnels there is another entrance across from it, and this exit is accessible with an automatic door opener that is at a reasonable height allowing a user to exit of enter the tunnel from the outside. Then on the left there is an entrance to the athletics building from the tunnel entrance that is fully accessible with an auto door opener that is at a good height. So the first set of

bathrooms are gender divided in the ath building and they are accessible with a wheelchair stall. However they do not have a gender neutral bathroom. I will inquire. So this type of bathroom gets a pass. Upon further review in addition to the gendered bathrooms, there is a gender-neutral bathroom that is accessible to all, so it receives a 'good' grade. There are 3 entrances to the, well 4 entrances and exits to the athletics building, 3 of which are accessible. This does not include the tunnel entrance. So 4 of 5 entrances are accessible. The elevator in the athletics building – one of them is kept permanently lock so students don't use it regularly, so I would give that a fail. The elevator that is available passed the gate of the welcome desk from the outside but once you get inside it is too small to turn around in your chair and access the buttons, so I'd give that a failing grade as well. The button on the outside is not very accessible due to its location in the corner against the wall so my footplates hit the opposing wall before I could access the button.

1. Entrances: Good
2. Elevators: Fail
3. Bathrooms: Pass
4. Overall: Red

Azrieli Pavilion - 2002

I am now in the Azrieli Pavilion after entering through the tunnels and there is a set of gender divided bathrooms and both are wheelchair accessible but are only passable and not good grades. I am now at the elevator at the Azrieli Pavilion and they receive a failing grade as while I would be able to hit the outside up and down buttons with my elevating feature, they are located in the corner therefore I cannot pull up close enough to them to hit them with the tray or

my hands. A note about the accessible entrance buttons in the Azrieli Pavilion/Theatre – both of these sets of buttons are located directly against the wall and corner which makes it difficult to push as I need to get quite a bit of momentum to push them and my foot ray hits the wall before my tray hits the buttons, therefore I would give them a passable grade and not a good grade.

1. Entrances: Good
2. Elevators: Fail
3. Bathrooms: Pass
4. Overall: Red

Canal Building - 2011

I am on the second level of the Canal building after coming through the tunnel entrance which is accessible with an auto door opener that is a reasonable height and is accessible to me with elevation features of my wheelchair. The same can be said for their elevators –they are fairly wide and easy access the buttons – the upper set of buttons are a bit too high and would require assistance to access. Once I was on the second floor, I checked the main entrances to the building and both are accessible – auto censored and side opening. However once I was outside there is a significant drop for drainage purposes. This is problematic for wheelchairs entering the building here as the bump is significant and I was stuck on top of the drain and in order to get back in I had to go at it with a significant amount of speed.

On the second floor there is another entrance that is accessible via automatic motion sensor doors that has the same problem. In terms of bathrooms, however, it does not possess fully accessible unisex bathrooms so it receives only a passing grade (and not a good grade) in terms of bathrooms because it has accessible stalls that are fairly wide and the entrance to the

bathroom itself does not have doors and is easily accessed. On second thought the elevator the buttons would be accessible to me with an elevating function.

On the 3rd floor there is a passing level bathroom but not a good unisex bathroom. I am sensing a pattern.

I am on the 5th floor of the Canal Building and the bathroom situation remains the same and the only difference is that the architectural shape of the building is no longer a circle but an L shape. It appears that this is... (asks for dude to press button)... Sorry I was on the 5th floor where the architecture changed but bathrooms and elevators did not. It seems safe to say that all other floors do not possess a unisex bathroom.

1. Entrances: Pass
2. Elevators: Pass
3. Bathrooms: Pass
4. Overall: Pass

CTTC Building - (Unable to find Date)

I am in the CTTC building and I have accessed it through the tunnel entrance that is fully accessible with an auto door opener that is at a reasonable level that I can reach without my elevation chair. Once I am inside of it, I need my elevation chair to hit the elevator buttons. If I have an elevation chair it is accessible, which I do, so I give the CTTC building a good grade in terms of elevator access. The tunnel entrance a 'good grade.' However the main entrance from the main road outside is similar to the Residence Commons building in that part of it has a stairway of two stairs and part of it if fully ramped on the far side.

However I am noticing now that in the winter Carleton University does not keep...never mind. So the main entry to the CTTC building is accessible however I need to mind the stairs

and in order to hit the button I need my elevation chair. I give it a passing, but not good. Also there is a unisex bathroom on the second floor of the CTTC building so it receives a good grade for bathrooms. The first floor, as well, has a unisex accessible bathroom on it, so it receives a good grade. Also the secondary entrance on the first tunnel floor of the CTTC building from the outside at the front is wheelchair accessible with an auto door opener that is at a good level so it receives a good grade as does the entrance at the back of the building to the parking lot. It receives a good grade.

1. Entrances: Good
2. Elevators: Good
3. Bathrooms: Good
4. Overall: Green

Dunton Tower - 1970

I am on the 16th floor of Dunton Tower and, just a side note, the entrance from the tunnel was accessible to me but the elevator is a hard fail as the button on the outside was not accessible to me and even on the other floors the buttons are well above head height and I could not access them even with my elevation features. I am on the 16th floor again and I have yet to see... oh... there is a women's bathroom but it is not acceptable as a handicapped accessible bathroom. I will continue on. I have a feeling the men's is kitty corner to it. Yep...the men's bathroom is also inaccessible.

I am now on the 22nd floor of Dunton Tower and I proceeded into the bathroom with the help of Sandy and there is no auto door button to the bathroom. However, once inside it is fairly

large and would be a passable bathroom with a handicap stall if I could get in it. It's marked as accessible but it is a failing grade because there is not auto door entrance or exit.

I'm now on the 21st floor of Dunton Tower and the bathroom is not accessible again with no automatic door buttons to open. We are now on the 20th floor and there is still no accessible bathroom in Dunton Tower.

On the 5th floor of Dunton Tower, which is the School of Social Work, there is an accessible unisex bathroom that is specifically marked on the wall with an automatic door opening button that is reachable using my tilt mechanism, but I don't need my elevating features to reach it.

On the 6th floor now and there are no accessible bathrooms, but a continued repetition of people placing items in the corners beside the door entrance that make it nearly impossible for a wheelchair user to enter or exit the bathroom. So on the other corner of the 6th floor there is another gender neutral bathroom that is slightly accessible, with a door propped open but no auto door button, therefore inaccessible to a wheelchair user such as myself.

On the 10th floor, the Sprott School of Business, there is literally a z pattern to get into the men's bathroom – six tight turns, including inside the bathroom – that makes seven actually. The 18th floor does have a gender neutral bathroom but is again inaccessible to me because it has no auto door entrances and has a total of one, two, three, four, five turns to get into the bathroom that are very tight.

Now on the 14th floor and there is a gender neutral bathroom but there is no auto door opener and it is also behind four corners. Sidenote – this is going to be the new location for Disability Studies – part of Diversity Studies, located in a highly inaccessible location.

A side note to the Dunton Tower comment – there is obviously a clear link between the fact that the disability studies faculty and the diversity studies faculty have been moved to Dunton Tower... clearly there's a link behind the idea that Carleton University's understanding of disability now is one that is more cognitively and mentally challenged disability rather than physical disability to make the decision to put the Disability Studies faculty members inside a physically inaccessible building.

1. Entrances: Good
2. Elevators: Fail
3. Bathrooms: Fail
4. Overall: Fail

Engineering/Mackenzie Building - 1965

This building has 2 entrances to the tunnels, one of them accessible and one not. Inside the elevator only 2 or 3 floors are accessible to me so I am giving this elevator a fail. Once you get up to the 2nd floor you come out of the elevator and must go through doors at either end of the building to get to classrooms. Neither of these doors are accessible so I am giving this building a fail.

1. Entrances: Fail
2. Elevators: Fail
3. Bathrooms: Fail
4. Overall: Red

Health Science Building - 2017

I am now in the tunnel entrance to the Health Science Building and in between the tunnel entrance and the tunnels there are 2 sets of doors and both of them are perfectly flat but neither of them have automatic door entrances to them. So from the outside I could not access them. From the outside of the Health Science Building there is a door into the tunnel entrance and it is perfectly accessible with a big auto door button at a reasonable height. Inside the entrance there is a set of gender divided bathroom and both have accessible entrances to them with an accessible stall so this would get a passing grade.

I'm at the main entrance of the Health Science Building and there are also 2 wheelchair accessible buttons at a reasonable height so these receive a good grade. There is also a side entrance further along...facing toward the Richcraft building and it is also fully accessible. After talking to a construction worker as well it seems as though having 2 unisex bathrooms with one of those being wheelchair accessible seems to be the plan for every floor in this building.

The elevator also receives a failing grade as I cannot reach the top floor buttons at all on the inside of the elevators.

I am now on the 5th floor of the HS building and there are entrances to offices and classrooms...outside of the elevator there are a set of doors that you have to go through in order to get to the classroom entrances and offices and it is a very heavy set of doors that I'm told by a professor have to remain closed and there are no automatic door buttons on these. Continuing on there are 2 unisex bathrooms, individual bathrooms and one of them is fully accessible so this receives a good grade.

1. Entrances: Good
2. Elevators: Fail

3. Bathrooms: Good
4. Overall: Red

Herzberg Building - 1972

I am now in Herzberg Labs and I made it into the entrance from the tunnel level just fine as the button is at a reasonable height and there are no obstructions to it so this receives a good grade. This entrance leads to a stairwell as well as another doorway behind which the elevator is hidden which would seem to be inaccessible but there is an automatic door button for it so that entrance receives a good grade. It led to the elevator and I assumed that the elevator would be inaccessible given its location given that it was hidden away but I'm now waiting for it and I was able to hit the button on my own. There are buttons on either side and I can hit most of the buttons (of the elevator), but the button for level 2 does not seem to be functioning, so I am...I just didn't hit it hard enough. So I am now out of the elevator and facing an exit to the outdoors that is inaccessible without any automatic buttons. There is another exit to the building as I am walking by around the main level and it is not accessible either. That's another failing grade. I have seen one female bathroom that is accessible so it will receive a passing grade. I have now walked all around the building and see a men's bathroom on this side as well so it receives a passing grade. There is another elevator which is bigger but I will give it a failing grade as I cannot hit the buttons.

I am now in the main entrance to the building and it receives a passing grade as it has buttons to it and yeah. There is a button to the main entrance so it receives a passing grade, as it is at a reasonable height and has no barriers to it. So again to wrap up the main entrance is accessible but the side entrances are inaccessible. I will look online to see if there are bathrooms

on other floors. The website says there is no accessible bathroom in the building which confuses me because the men and women's bathrooms have a handicap sign on them. So I'm going to go in the men's bathroom. I might get stuck in it...The bathroom is a reasonable bathroom its going to receive a passing grade but not a good grade. But I assume what the website is referring to then is that there is no non-gendered bathrooms in the building. I might refer to research to look into travelling with somebody on onto other floors at a later time. Wait...I've been in this building before for this audit. Forgive me if I have told you all of this before.

1. Entrances: Pass
2. Elevators: Good
3. Bathroom: Pass
4. Overall: Yellow

Loeb - 1967

I am now in the Loeb building on the 8th floor and there is a unisex bathroom just like there was on the second floor right across from the elevator. The elevator is given a passable grade as it does have nice big modern buttons however not all of them are reachable by me. So I believe that's a fail.

The elevator in Loeb tower D is neither in use nor accessible as it is a very narrow entrance. The elevator in tower A is accessible just as the elevator in tower B was accessible but not fully usable independently. So I am now giving the elevators a failing grade not accessible because once I was inside them I was unable to use them on my own, even the lower row of floors. I am now on the 3rd floor of Loeb and I am beginning to look at entrances to the outside. One of them appears to be accessible with a button at a reasonable height.

1. Entrances: Good
2. Elevators: Fail
3. Bathrooms: Good
4. Overall: Red

Minto CASE - 1992

In the tunnel level there are two fully wheelchair accessible bathrooms so they each receive a good grade and the elevator is fairly accessible but would not give them a fully good grade.

Outdoor entrances are automatic and therefore is given a good grade.

1. Entrances: Good
2. Elevators: Pass
3. Bathrooms: Good
4. Overall: Green

Residence Commons - 1963

I am in Residence Commons and this building has one entrance from the main road that is wheelchair accessible and it has proxy readers that can be read by key cards to automatically open the door so that the button doesn't need to be pushed. However, this key card must to be activated by special request – so it is given a passing grade. Another entrance to the RC is on the second floor from the residence quad area and this is where most pedestrian traffic comes through. It is also accessible with auto doors through it and the only thing that was of note was that there used to be a stairway leading up to this entrance that had 2 steps but on the far right side on beside a railing there was a ramp entrance to it that was fully accessible. Recent

construction has flattened this area out giving it a full passing grade. Another entrance is through the tunnels at the back through Stormont and Dundas buildings. You can take the elevator up and this elevator is fully accessible with large buttons that are able to be hit when I have my elevation fully functioning. As well, the great thing about this elevator is that has 2 doorways to it on opposite sides of the elevator so that you can get on it on the tunnel and get out of it on the second floor through the other entrance and you are in the RC buildings. When it comes to bathrooms, the two main bathrooms on the second floor are wheelchair accessible with bathroom stalls. However, the entrance to the men's is fairly awkward as it is a narrow entrance in between a wall with a sharp turning radius that is not easy to get inside. Therefore I would give this bathroom a failing grade. The women's I would give a passing grade to though as it is in an open area and has an accessible stall inside of it. In addition there is a unisex bathroom further down the hallway that is under the ownership of the attendants service office that is locked for clients of attendants services. However, all disabled people can use this bathroom under the supervision of the office. (Until the summer of 2019 though this bathroom was not marked as being wheelchair accessible)

1. Entrances: Good
2. Elevators: Good
3. Bathrooms: Fail

Richcraft Hall/River Building - 2012

I'm in the River building now and the entrances from the tunnels are wheelchair accessible with auto buttons at a reasonable height for a wheelchair user as well, the main entrance to the building on the first floor to the main road of campus is highly accessible with auto sliding door and no drop on either side of the door for drainage so I can easily access it from both sides

without being stuck outside like I was at Canal. The bathroom at the left side of the main entrance is passable as it is gender divided with only a wheelchair stall rather than a unisex bathroom. Elevators are a good grade with a button system located at either side of the door in opposite directions so I can access both sides of the elevator and the other floors are accessible to me by using the elevation features of my chair. So I give the elevators a good grade. The bathrooms on the second floor are also a passable grade but not a good grade as they are gender specific with only a handicap stall.

Sidenote: there is an access towards the Steacie building from the second floor from the River building that is wheelchair accessible. However when you are exiting from the River building it leads directly to a stairwell so I don't understand the purpose of making it accessible if the direction it leads to is not. Therefore I am giving the entrance to the River building a failing grade, despite the fact that it has accessible buttons.

On the 3rd floor there are 2 sets of wheelchair accessible bathrooms. I am now on the 4th floor of the River building and there are sealed entrances to the School of Journalism but I managed to get into it because the buttons are located at a reasonable height. I don't understand why there is a door outside the elevator exactly. It isn't a locked door but its still a door. And then there is a set of bathrooms that are bathrooms. There are two sets that are passable grades on this floor. Actually.... On second thought... The first is a fail as it has a handicap sign but no automatic door entrance to it.... (silence and zoomery)...huh. There is still though one set of bathrooms on this floor that does receive a passing grade because it has doorways to the bathroom therefore I can access the wheelchair accessible stall.

1. Entrances: Good
2. Elevators: Good

3. Bathrooms: Pass
4. Overall: Green

Southam Hall - 1963

I am now in SH and the elevator from the tunnel where I am is out of order, so that is a big fail. Therefore I am unable to see whether or not there are bathrooms that are passable on any other floor of Southam Hall at the moment.

1. Entrances: Fail
2. Elevators: Fail
3. Bathroom: N/A
4. Overall: Red

Steacie Building - 1965

I am now in what I believe to be the Steacie building on the 4th floor and the elevator was fully accessible to me and there are two passable bathrooms so far on the 4th floor. On the 4th floor according to the map there are 2 gender specific accessible bathrooms. So there are men's and women's bathrooms that are accessible from the 1st to the 5th floor and there appear to be 2 of those on each floor and 1 gender inclusive bathroom on the 2nd floor, so 1 full inclusive bathroom (good) in this building and 10 accessible bathrooms (passable). The elevator is not accessible to me from the outside therefore it is receiving a failing grade.

I am now in the Steacie Building and it is a much older building but I was still able to get into it from the tunnels just fine as there is an automatic door opener to the entrance at a reasonable height. There appears to be an accessible entrance to the outside as well from in between Steacie

and the new HSB however the automatic door buttons have not yet been put in place. Elevators in SB receive a failing grade because while they are new and fairly modern the buttons are too small for me to reach and are at an unreasonable location, therefore I cannot tell what is upstairs.

1. Entrances: Good
2. Elevators: Fail
3. Bathrooms: Pass
4. Overall: Red

University Centre - 1970

University Centre has two different sections. The taller and older part building (I will have to look into when this part of it was built) is six stories tall. The other section is four stories. Now for the rankings.

The first is entrances. The building has four different entrances to it, on the first floor there are three different entrances. Two of them are from the outside which are to accessibility standards so they receive a passing grade. The other entrance to the first floor is through the tunnels. It receives a failing grade because the automatic door opener is located in the entryway of the door at a height that is above the average head height of a person in a wheelchair. If it is hit the door (which cannot be seen through to the other side) begins to immediately open toward the individual who must retreat at least half a metre to safely avoid being hit by the door.

Second is elevators. For the average person in a wheelchair I would give the newer elevator a passing grade as all of the buttons are at a decent height and is large enough to allow a wheelchair to turn around inside. This is ironic though as it only goes to the first four floors of

the building, but the Paul Menton Centre for students with disabilities is located on the fifth floor. The reason I give the other one a failing grade is that while the inside of it is wide enough for a wheelchair to turn around in and the buttons are fairly accessible, it is located in a narrow hallway that is highly busy with passers by from the other elevator. Therefore when you are in a wheelchair there is a high probability that you will either bump into someone accidentally, or block traffic with your wheelchair as you push the buttons.

When it comes to accessibility though, bathrooms is where the University Centre building receives a passing grade. This is because it is home to four gender neutral bathrooms, three of which are large enough for a wheelchair. Therefore the University Centre receives a passing grade in the bathroom category.

Overall accessibility ranking of the entire building therefore is as follows:

1. Entrances: Fail
2. Elevators: Fail
3. Bathrooms: Pass
4. Overall: Yellow

Table of Results

	fail	pass	good
Architecture Building (Original)	1	0	2
Athletics Building	3	1	6
Azrieli Pavilion (Later)	2	2	0

Canal Building (Later)	4	5	0
CTTC Building	2	0	7
Dunton Tower (Original)	23	1	1
Health Science Building (Later)	5	4	8
Herzberg Building (Original)	4	3	3
Life Sciences Research Building (Later)	2	0	2
Loeb Building (original)	3	2	1
Mackenzie Building (Original)	3	0	4
MacOdrum-expansion (Later)	6	0	3
MacOdrum-original (Original)	n/a	n/a	n/a
Minto Building (Later)	2	6	1
Parking Garage	1	0	0
paterson-expansion (Original)	1	5	1
paterson-original (Original)	5	1	2
Residence Commons (Original)	5	1	1
Residence Commons Expansion (later)	0	0	3
Richcraft Hall (Later)	2	6	2

Robertson Hall	3	4	4
Social Science Research Building (original)	2	0	0
Southam Hall (Original)	1	10	3
Steacie Building (original)	1	1	1
Tory Building (Original)	2	5	1
unicentre-(original)	1	1	4
unicentre-expansion	1	3	0

Appendix B: Chi-Square Tests of Association

Hypothesis H1: there is an association between age of building (original era of construction versus expansion era) and pass/good accessibility

Contingency table:

OBSERVED	pass/good	fail	total observations
original	26	16	42
expansion	36	9	45
total observations	62	25	87

X^2 statistic: 3; degrees of freedom 2; relevant value for a 95% chance of association is 3.84.

Reject the hypothesis.

Hypothesis H2: there is an association between age of building (original era and modern era) and pass/good accessibility

Contingency table:

OBSERVED	pass/good	fail	total observations
original	26	16	42
modern	49	27	76
total observations	75	43	118

X^2 statistic: 0; degrees of freedom 2; relevant value for a 95% chance of association is 3.84.

Reject the hypothesis.

Hypothesis H3: there is an association between age of building (expansion era and modern era) and pass/good accessibility

Contingency table:

OBSERVED	pass/good	fail	total observations
expansion	36	9	45
modern	49	27	76
total observations	85	36	121

X^2 statistic: 3; degrees of freedom 2; relevant value for a 95% chance of association is 3.84.

Reject the hypothesis.

If we look only at the ‘good’ category versus the ‘fail’ category (thus excluding the marginal cases), is there any association between era of the building’s construction and accessibility?

Hypothesis H4: there is an association between age of building (original era of construction versus expansion era) and good accessibility

Contingency table:

OBSERVED	good	fail	total observations
original	16	16	32
expansion	18	9	27
total observations	34	25	59

X^2 statistic: 2; degrees of freedom 2; relevant value for a 95% chance of association is 3.84.

Reject the hypothesis.

Hypothesis H5: there is an association between age of building (original era and modern era) and good accessibility

Contingency table:

OBSERVED	pass/good	fail	total observations
original	16	16	32
modern	26	27	53
total observations	42	43	85

X^2 statistic: 0; degrees of freedom 2; relevant value for a 95% chance of association is 3.84.

Reject the hypothesis.

Hypothesis H6: there is an association between age of building (original era and modern era) and pass/good accessibility

Contingency table:

OBSERVED	pass/good	fail	total observations
expansion	18	9	27
modern	26	27	53
total observations	44	36	80

X^2 statistic: 2; degrees of freedom 2; relevant value for a 95% chance of association is 3.84.

Reject the hypothesis.

There is no strong chance of an association between construction in a given era and the degree of experienced accessibility.

Appendix C: Ethics Protocol Forms

Department of History
400 Paterson Hall
1125 Colonel By Drive
Ottawa, ON K1S 5B6 Canada
Tel: (613) 520-2828

Hollis Peirce – Carleton University's Disability Research Group
Academic Accessibility
A Case Study of Carleton University, 1942 - 2018

1. SAMPLE PHONE RECRUITMENT SCRIPT:

Hello _____,

I am Hollis Peirce, a master's student in History and Digital Humanities, as well as a researcher with the Carleton University Disability Research Group. I am studying the development of Carleton University's academic accessibility from the perspective of a physically disabled student. I am writing you today to ask if you would be interested in aiding me with this research as a participant. This research is funded by Carleton University and supervised by Dr Shawn Graham.

The project is entitled "Academic Accessibility A Case Study of Carleton University, 1942 - 2018". It is intended to document in parallel the evolution of accessibility at Carleton and the evolution of institutional claims to accessibility.

I have identified you as a key informant due to your knowledge of academic accessibility at the post-secondary level. I would like to interview you for the purpose of this project, at a mutually convenient time and location. I will be conducting these interviews. These interviews will be used for my thesis and any publications I author on this topic, if agreeable. Your responses can be recorded anonymously if you so wish. After completing the interview process you may withdraw from this study and may request deletion of any part of your response no later than October 1, 2018.

During the interview, I will ask you a series of questions. These questions will revolve around your experience with a number of topics, all of which will relate to academic accessibility. For instance, I might ask you about your past experiences with assistive technology, especially in learning environments. I might ask about your involvement in crafting any relevant policies around assistive technology or 'accessibility' more broadly. You would be welcome to decline to answer any question I ask of you or limit the scope of the question according to your experience. I estimate the interview to take approximately 30-45 minutes of your time.

Because of my own disability, I would like the interview to be audio recorded. The audio files will be destroyed at the conclusion of the project. Excerpts from the transcripts might appear in my thesis. Once the project is complete, I would like to deposit the transcripts of your interview within the Archives and Research Collections of Carleton University, with your permission. At the end of this project, I will make sure that you receive copies of any work I publish with the help of your testimony, as well I will also inform you of the publications of my more general research findings.

To reiterate, if you agree to participate to be interviewed, you may decline to answer particular questions, and you may withdraw your agreement to participate at any time up until October 1, 2018. Any recording or transcript made will then be promptly removed and destroyed.

The project was reviewed and received ethics clearance by the Carleton University Research Ethics Committee (document 108929). If you have concerns or questions about your involvement in the project, you may contact the ethics committee chair, at the following address:

Prof. Bernadette Campbell,
Carleton University Research Ethics Committee Carleton University,
1125 Colonel By Drive,
Ottawa, Ontario, K1S 5B6 Tel: 613-520-2517
E-mail: ethics@carleton.ca

Please don't feel you need to respond right now, but once you have some time to consider it, please let me know at your earliest convenience if you would like to participate in this project. If you have any further questions or concerns about this project, and/or the publications I hope to create as a result of my research, or if you require any further clarification about what the interview will entail and your participation, please feel free to contact me at the following Address:

Hollis Peirce, Department of History
Carleton University
1125 Colonel By Drive
Ottawa, Ontario, K1S 5B6
Email: hollispeirce@cmail.carleton.ca

Department of History
400 Paterson Hall
1125 Colonel By Drive
Ottawa, ON K1S 5B6 Canada
Tel: (613) 520-2828

Hollis Peirce – Carleton University’s Disability Research Group
Academic Accessibility
A Case Study of Carleton University, 1942 - 2018

1. SCRIPT TO ASK FOR ORAL PERMISSION:

Dear _____,

I am Hollis Peirce, a master’s student in History and Digital Humanities, as well as a researcher with the Carleton University Disability Research Group. I am studying the development of Carleton University’s academic accessibility from the perspective of a physically disabled student. I am writing you to today to ask if you would be interested in aiding me with this research as a participant. This research is funded by Carleton University and supervised by Dr Shawn Graham.

The project is entitled “Academic Accessibility A Case Study of Carleton University, 1942 - 2018”. It is intended to document in parallel the evolution of accessibility at Carleton and the evolution of institutional claims to accessibility.

I have identified you as a key informant due to your knowledge of academic accessibility at the post-secondary level. I would like to interview you for the purpose of this project, at a mutually convenient time and location. I will be conducting these interviews. These interviews will be used for my thesis and any publications I author on this topic, if agreeable. Your responses can be recorded anonymously if you so wish. After completing the interview process you may withdraw from this study and may request deletion of any part of your response no later than October 1, 2018.

During the interview, I will ask you a series of questions. These questions will revolve around your experience with a number of topics, all of which will relate to academic accessibility. For instance, I might ask you about your past experiences with assistive technology, especially in learning environments. I might ask about your involvement in crafting any relevant policies around assistive technology or ‘accessibility’ more broadly. You would be welcome to decline to answer any question I ask of you or limit the scope of the question according to your experience. I estimate the interview to take approximately 30-45 minutes of your time.

Because of my own disability, I would like the interview to be audio recorded. The audio files will be destroyed at the conclusion of the project. Excerpts from the transcripts might appear in my thesis. Once the project is complete, I would like to deposit the transcripts of your interview

within the Archives and Research Collections of Carleton University, with your permission. At the end of this project, I will make sure that you receive copies of any work I publish with the help of your testimony, as well I will also inform you of the publications of my more general research findings.

To reiterate, if you agree to participate to be interviewed, you may decline to answer particular questions, and you may withdraw your agreement to participate at any time during the project. Any recording or transcript will be promptly removed and destroyed.

The project was reviewed and received ethics clearance by the Carleton University Research Ethics Committee (document 108929). If you have concerns or questions about your involvement in the project, you may contact the ethics committee chair, at the following address:

Prof. Bernadette Campbell,
Carleton University Research Ethics Committee Carleton University,
1125 Colonel By Drive,
Ottawa, Ontario, K1S 5B6 Tel: 613-520-2517
E-mail: ethics@carleton.ca

Do you have any further questions or concerns about this project and/or the publications I hope to create as a result of my research? Do you require any further clarification about what the interview will entail and your participation?

Do you consent to be part of this project? If yes, may I have your permission to begin the Interview?

2. VERBAL CONSENT:

I, [] feel that I have been fully informed of the intent of the project and my role within it. I voluntarily agree to participate in an interview for the purpose of this project on this date of [].

I acknowledge and agree to be audio recorded during the interviews.
You may now begin the interview.

Department of History
400 Paterson Hall
1125 Colonel By Drive
Ottawa, ON K1S 5B6 Canada
Tel: (613) 520-2828

Hollis Peirce – Carleton University’s Disability Research Group
Academic Accessibility
A Case Study of Carleton University, 1942 - 2018

1. SAMPLE EMAIL:

Dear _____,

I am Hollis Peirce, a master’s student in History and Digital Humanities, as well as a researcher with Carleton University’s Disability Research Group. I am studying the development of Carleton University’s academic accessibility from the perspective of a physically disabled student. This research is funded by Carleton University.

The project is entitled “Academic Accessibility A Case Study of Carleton University, 1942 - 2018”. It is intended to document in parallel the evolution of accessibility and the evolution of the claims to accessibility. I hope that this research will help to create a broader idea of what is needed in order to successfully develop academic accessibility for physically disabled students at a university. This thesis aims to prompt further scholarly research among academics and the general public, leading to heightened awareness of the ingenuity and activism of people with disabilities, to ultimately contribute to changes in individual attitudes and society more broadly. This goal will be accomplished through the stories and resources that will be featured in this thesis.

After conducting research, I have identified you as a key informant due to your knowledge of, academic accessibility at the post-secondary level. I would like to interview you for the purpose of this project, at the agreed upon location of [] at the following time []. I will be conducting these interviews, and will be joined by [] in order to assist me with anything that I am unable to do physically. These interviews will be used for my thesis and any publications I author on this topic, if agreeable.

During the interview, I will ask you a series of questions. Please find them attached to this email. These questions will revolve around your experience with a number of topics, all of which will relate to academic accessibility. For instance, I will ask you about your past experiences with assistive technology, how you may have helped others learn to use these technologies, your perspective of how these technologies have changed over time and your informed opinion about how they may have played a role, or not, in creating a more accessible academic environment for physically disabled students at the post-secondary level. I will be asking you information that you feel is too private to share and please feel free to decline to

answer any question I ask of you or limit the scope of the question according to your experience. I estimate the interview to take approximately 30-45 minutes of your time.

I would like the interview to be audio recorded. The interview will remain solely in my possession until the findings are published. In addition, if I decide it is appropriate to do so and if you agree, your interview may be integrated in to the Carleton Archives and Research Collections. Once completed though, you can also then feel free to make any requests that content from the interview be deleted as well as offer any feedback you desire about the experience.

Once the project is complete, I would like to deposit the recorded interview within the Archives and Research Collections of Carleton University for free use by researchers.

At the end of this project, I will make sure that you receive copies of any work I publish with the help of your testimony, as well I will also inform you of the publications of my more general research findings.

Please know that you may also decline answering any questions, and that you may withdraw your agreement to participate at any time during or after the study. If you ask to withdraw your participation, you may ask that the content of the interview be withdrawn from any online exhibit that it may be apart of and it will be promptly removed and destroyed.

The project was reviewed and received ethics clearance by the Carleton University Research Ethics Committee. If you have concerns or questions about your involvement in the project, you may contact the ethics committee chair, at the following address:

Prof. Bernadette Campbell,
Carleton University Research Ethics Committee Carleton University,
1125 Colonel By Drive,
Ottawa, Ontario, K1S 5B6 Tel: 613-520-2517
E-mail: ethics@carleton.ca

Please don't feel you need to respond right now, but once you have some time to consider it, please let me know at your earliest convenience if you would like to participate in this project. If you have any further questions or concerns about this project, and/or the publications I hope to create as a result of my research, or if you require any further clarification about what the interview will entail and your participation, please feel free to contact me at the following address:

Hollis Peirce, Department of History
Carleton University
1125 Colonel By Drive
Ottawa, Ontario, K1S 5B6
Email: hollispeirce@cmail.carleton.ca

Oral Consent Form

1. I, _____ give my consent to participate as an interviewee for data collection of a research project for Carleton University master's student, Hollis Peirce.

2. I consent to allow the information taken from my interview to be utilized in the ways that the project entails.

3. I understand that the information being asked of me, and collected for the project, is personal in nature. This information relates to my experiences either as an individual with a disability, or my experience with assisting disabled individuals accommodate for their needs.

4. I also understand that the information being asked of me may put me in an awkward position, even mild risk, between myself and the institution for which I work. I am willing to take on this risk and give my consent for the information taken from my interview to be used freely. I also understand that if I am not comfortable with this risk but still wish to participate I can take part under the disguise of a pseudonym.

5. I understand that I may withdraw my consent at any given time within one month of my interview. If I wish to do so, I must send an email to the researcher, to alert them. Once they have done so, any and all information that has been collected will be immediately destroyed and discarded by the researcher.

6. I understand that participating in this project will bring me no direct compensation, monetary or otherwise.

7. I understand that if I have any questions or concerns regarding the project that I am participating I may contact _____ Hollis Peirce _____ at any time by sending an email to HollisPeirce@cmail.carleton.ca.

Participant Signature:

Oral Consent:

Date:

CUREB A&B: Research Ethics Protocol Form

1. Project Team

1A. Lead Researcher
(Detailed instructions)

Academic Staff
Library or Other Staff
Post-doctoral Fellow
Ph.D. Student
Master's Student
Undergraduate
Other

Last name/First name
Response: Peirce / Hollis
Official university (or other institution) email address:
Response: hollis.peirce@carleton.ca
Indicate your department, faculty and institution
Response: History

1B. Academic Supervisor
(Detailed instructions)

Same as lead researcher

Academic supervisor(s) Last name/First name. (Note, the supervisor must be copied on all correspondence with CUREB.)
Response: Graham / Shawn and Marshall / Dominique
Official university (or other institution) email address:
Response: shawn.graham@carleton.ca
dominique.marshall@carleton.ca
Indicate your department, faculty and institution
Response: History, Arts & Social Sciences, Carleton

1C. Project Team Members
(Detailed instructions)

x Not applicable/No other team members

List the project team members here. For each team member, provide the following: 1) Last name/First name 2) Email address 3) Role in project 4) Department and institution (E.g. Master's student in Canadian Studies at Carleton)
Response:

1D. Researcher Training (Detailed instructions)		No training provided/Not applicable x Researcher will be trained Researcher is trained	Describe any additional training the researcher(s) have (or will receive) to work with the participants. Response: Researcher will receive training in using a life story approach.
2. Study Overview			
2A. Project Title (Detailed instructions)		Title of Research Project Response: Academic Accessibility A Case Study of Carleton University, 1942 - 2018	
2B. Study Goal (Detailed instructions)		What question will your research answer (1-2 sentences)? Response: Oral histories of institutional responses to the problems of accessibility will be used to contextualize and understand Carleton University's evolution.	
2C. Study Purpose and Benefits (Detailed instructions)		Study rationale: why should the research be pursued; what are the benefits, and to whom? (Benefits can be to research community, companies, or society in general.) Response: Benefits of this research include discovering what the successes and failures were of the development of such a support program. This will ultimately allow for other similar institutions to fall in their footsteps or avoid similar issues.	
2D. Dates of Recruitment/ Participant Interaction (Detailed instructions)		Data Not applicable/Secondary	When will you start recruiting participants? (DD/MM/YYYY) Response: 01/05/2018 When will you stop interacting with participants? (DD/MM/YYYY) Response: 10/10/2018

2E. New or Previously Recorded Data <u>(Detailed instructions)</u>	X Primary Analysis (New Data are Collected) Secondary Analysis of Directly Identifying Data Secondary Analysis of Coded or De-identified Data	Does this research collect new data or analyse previously collected data (secondary analysis)? If the research involves secondary analysis, describe the coding of personal identifiers and indirect identifiers within data. Note: Tri-Council has defined anonymized data to be data irrevocably stripped of direct identifiers (a code is not kept to allow future re-linkage). <i>Response:</i> The research will interact with the participants in the form of in-depth interviews in person, by phone, or by skype
2F. Additional Reviews <u>(Detailed instructions)</u>	No additional review X Departmental review Grant council review	Has this project been reviewed for academic merit (not required, but for the Board's information). By whom? As part of a tri-council grant application or student's thesis committee? <i>Response:</i> Reviewed within the student's thesis committee
3. Funding and Approvals		
3A. Project Funding <u>(Detailed instructions)</u>	Unfunded Tri-Council Funded X Other Award/Grant Contract Funded Personal Consulting or Personal Work Scholarship	Who is funding this project? If applicable, include the funding source/agency/company, program, award name, and number (from CURResearch) <i>Response:</i> 2017/18 Helen and Joe Connolly Award and History Department/ 2017/18 Underhill Travel Bursary Ont
3B. Researcher Funding (for research contracts and personal consulting only) <u>(Detailed instructions)</u>	Not applicable/Not contract funded research X No funds are paid directly to the researcher as personal income The researcher will receive a portion of the funds as personal income A copy of the contract/agreement has been submitted to the Research Compliance Office	For research contracts and personal consulting only: Is there a real or perceived conflict of interest and how will it be managed? How much funding (dollar amount and the percentage of the total) will the researcher(s) receive as income? Provide the title and date of any contracts. (The REB may review the contract.) <i>Response:</i>

3C. Minimal Risk Review Request <i>(Detailed instructions)</i>	<div><div>No</div><div>☒ Yes</div></div>	<p>Would you like to request this protocol be considered for minimal risk review? If so, please briefly justify. If not requesting a minimal risk review, leave this section blank. (The REB will use this information to make a decision as to whether this application will be reviewed at full board or via a delegated process).</p> <p><i>Response:</i> Participants who are to be involved are considered to be experts in their fields and have participated and lead similar research projects in the past. Questions will focus on their particular experiences and the ways in which they have aided in developing academic accessibility for physically disabled students in a post-secondary institution. They will not be asked to divulge any type of information that they do not feel comfortable with or that they deem to be not pertinent to the question at hand. By aiding with this project the participants will be helping future physically disabled post-secondary students by assisting their institutions to develop more supportive academic accessibility.</p>
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3D. Additional Approvals Required <i>(Detailed instructions)</i>	<div><div>☒ Not applicable/No other approvals required</div><div>☐ Organizational Permission</div><div>☐ Visa/Travel Permits</div><div>☐ Other REBs or Institutional Approvals</div><div>☐ Biohazards</div><div>☐ Animal Care Committee</div><div>☐ Other (please specify)</div><div>☐ Permission letters attached</div><div>☐ Letters to follow</div></div>	<p>Is organizational permission required to conduct research (e.g., schools, employers, other universities, correctional services, aboriginal communities, and other data collection locations)? If conducting research in another country, is local permission required? Indicate if permission has been secured and provide a copy of the permission. Research with biohazards or animals must also secure approval from the appropriate committee at Carleton University.</p> <p><i>Response:</i> Not applicable.</p>
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4. Methods: Participants

4A. Participant Interactions Overview <i>(Detailed Instructions)</i>	<div><div>x Directly interacting with participants</div><div>Interacting with participants online (e.g. online surveys)</div><div>Observing participants</div><div>Secondary Analysis of Data</div><div>Other</div></div>	<p>Briefly list what will happen to, or will be required of, the participants during the course of the research. (Only a project overview is requested here; methodology details are required in the first question of each section). If the research involves secondary analysis of data that has already been collected, the REB needs information about the original data collection to be confident data were collected ethically.</p> <p><i>Response:</i> The stages of communication between the researcher and participant are as follows:</p> <div><div>1. Participants will be sent the letter of invitation via email and an interview will be scheduled.</div><div>2. Participants will be provided with a consent form (or the oral consent script will be used) at the interview and will be reminded that the study is audio-recorded.</div><div>3. Participants will meet with the interviewer and the interviewer's assistant at a pre-determined location.</div><div>4. The study will begin when consent is given. The interviewer will use the attached interview guide.</div></div>
4B. Description of Participants <i>(Detailed Instructions)</i>		<p>Describe the participants and any inclusion criteria. If applicable, describe any exclusion criteria. If using a separate sample of control participants, describe this group.</p> <p><i>Response:</i> The participants will be selected from Carleton University and one or two other comparable universities. They will be selected based on whether or not they are faculty and staff/administrators whose work or physical situation intersects with issues of physical accessibility.</p>
4C. Number of Participants <i>(Detailed Instructions)</i>		<p>What is the number of participants requested? If multiple groups of participants are involved, breakdown by participant type. Provide a justification including a statistical rationale if appropriate.</p> <p><i>Response:</i> Seeing as this project is ongoing, the numbers provided below are estimates and are subject to change. It is expected that 10-15 participants will be interviewed.</p>

4D. Vulnerable Population

(Detailed instructions)

x

Not Vulnerable Population

Vulnerable Population

Describe any pre-existing vulnerabilities associated with the proposed participant group(s) that may cause additional risks. Describe the associated risks and mitigation strategy.
Response: Whether or not the participants have been vocally active about the subject in their lifetime, they may be subject to vulnerability due to ableism. This is most especially the case for the disabled participants. They may face some systematic discrimination in society. On account of this, only those who have stated that they are comfortable in participating will be included in the research process. Participants may also at any time, and for any reason, discontinue their participation. They will also be provided with an opportunity to review their answers prior to the final draft of the thesis being printed so that they may make any changes to their answers or have anything removed that they no longer wish to have included. They will also be given the chance to state whether or not they would like to have their name included or participate anonymously.

4E. Participant Relationship to Researcher

(Detailed instructions)

x

No previous relationship

Instructor-Student

x

Client

Employee

Friends/Family

Other

Describe any relationship that exists between the participants and the research team or any recruiting party or sponsor. Indicate how relationships will be managed so there is no undue pressure put on participants.
Response: Because I have often relied on the support of the Paul Merton Centre, I do have a personal relationship with some of my anticipated respondents. I do not have a previous relationship with any of my proposed British respondents.

4F. Conflict of Interest

(Detailed instructions)

x

No conflicts

Financial

Commercial Entity

Benefits

Other

Describe any real or perceived conflicts of interest for any research team member that could affect participant welfare. If so, describe it here and indicate how it will be managed.
Response: There are no real or perceived conflicts of interest.

5. Methods: Recruitment

5A. Recruitment Methods <i>(Detailed instructions)</i>	Not applicable Posters Social Media Online Panels (e.g. Qualtrics) Student Participant Pool (e.g. SONA) x Emails Letters Telephone x Snowballing Other	Describe each step of how participants will be recruited. This includes how contact information is obtained, how participants will be made aware of the study, where will recruitment materials be located, and how participants can express their interest. Provide a copy of the recruitment material(s) including any oral scripts, recruitment posters, recruitment emails, social media postings etc. <i>Response:</i> Potential participants will be recruited via email. Both the email addresses of the potential staff participants of the Carleton University and other university communities, will be acquired through their public university profile and will not be shared with anyone else without their permission. Participants will be able to express interest in participating by responding to email. If the potential participant does not wish to participate in the research they can also decline through email. Snowballing will also be used. Participants may tell others about the study, who may likewise be interested in participating.
5B. Location of Recruitment <i>(Detailed instructions)</i>	Not applicable x Carleton Other Canadian School/University Canada x Online Other	List all recruitment locations. If some locations require permission prior to recruitment, indicate if permission has been secured. <i>Response:</i> In the first instance, Carleton University and one or two universities, preferably British (starting with the University of Leeds) via online contact.
5C. Third Parties in Recruitment <i>(Detailed instructions)</i>	x Not applicable Third Parties	If using third parties to recruit, indicate who is doing the recruitment and how it will be accomplished. Does the third party have contact information for the participants? If not, how will it be acquired? <i>Response:</i>

5D. Recruitment risks to Participants <i>(Detailed instructions)</i>	☒ No risks / Not applicable	Describe any risks to participants during the recruitment phase. <i>Response:</i> There are mild risks due to a power imbalance between the researcher who may not have the same experiences of disability as the participants, and therefore would hold a position of privilege, as they may not have been exposed to the same sort of ableism and discrimination that participants may experience in their daily lives. To help mitigate this risk, all participants with disabilities will be considered "experts" in their own right and all efforts will be made to ensure that each participant is given ample opportunities to provide informed consent for their continued participation in the project. They will also be given control over the circumstances of their interview and the questions asked to them. Finally, they will be given the opportunity to offer suggestions or critiques of the project that will inform how the researcher will proceed.
	☐ Mild risks ☐ Moderate risks ☐ High risks	
5E. Recruitment risks to Researcher <i>(Detailed instructions)</i>	☒ No risks / Not applicable	Describe any risks to the research team during the recruitment phase. <i>Response:</i> There are no anticipated risks for the researcher during the time of recruitment.
	☐ Mild risks ☐ Moderate risks ☐ High risks	
5F. Benefits <i>(Detailed instructions)</i>	☒ No Direct Benefits to Participants / Not applicable	Describe any direct benefits to the research participants as opposed to society or knowledge. <i>Response:</i> No direct benefits to the participant.
	☐ Direct Benefits to Participants	

5G. Compensation
(Detailed instructions)

- ☒ No Compensation/Not applicable
- Money / Gift Card
- Reimbursement of Travel Expenses
- Refreshments
- Course Credit
- Other

Describe all compensation/remuneration and indicate when participants will receive the compensation. What is the monetary value of the compensation/remuneration? What happens to the compensation if a participant withdraws?
Response: N/A

6. Methods: Informed Consent

6A. Obtaining informed consent
(Detailed instructions)

- ☒ Signed consent
- ☒ Online consent
- ☒ Oral consent
- Implied consent
- Parent/Guardian consent
- Assent
- Other

Describe the method for obtaining informed consent from the participants. If signed consent is not used, justify the alternative method chosen. Include a copy of the consent materials.
Response: Signed consent will be obtained when possible, however, due to the nature of specific disabilities, not all potential participants may be comfortable with or able to sign their name upon a printed copy of the permission form, making oral permission the most accessible and inclusive method of obtaining consent. At least one week before the interview is to take place, potential participants will be provided with full details of the project and how their interviews will be used in an accessible fashion in accordance with their specific needs, with the goal of providing them with comprehensive knowledge of what they are consenting to and their subsequent involvement.

6B. Deception
(Detailed instructions)

- ☒ Full Disclosure (i.e. no deception)
- Partial Disclosure
- Mild Deception
- More than Mild Deception

Describe the deception and/or partial disclosure (e.g. what information is withheld). Why must it be used and why not an alternative research method? Describe the magnitude and likelihood of harm. Deception requires debriefing and secondary consent forms. The secondary consent form allows the participant to consent to the use of their data when they have been informed of the true nature of the study. Partial disclosure requires a debriefing form.
Response: Not applicable.

6C. Debriefing <i>(Detailed instructions)</i>	<div><div>x</div><div>Not applicable/not required</div><div>Participants will be debriefed</div></div>	<p>Will participants be debriefed? If this is the case, describe when and how participants will be debriefed. (Include a copy of any documents that will be provided to participants). Describe any risks during debriefing and how they will be mitigated. According to Tri-Council, debriefing is required in all cases of deception: http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter3-chapitre3/#toc03-1b</p> <p>Response: N/A</p>
6D. Withdrawal Procedures <i>(Detailed instructions)</i>	<div><div>x</div><div>Not applicable</div><div>Participants can only withdraw during the study session</div><div>x</div><div>Special withdrawal procedures</div></div>	<p>Describe the procedures for a participant to withdraw. What will happen to data from participants who withdraw? Describe any deadlines and limitations on withdrawal.</p> <p>Response: Participants can withdraw their permission or any information / content they provide, so long as it is no later than October 1, 2018. Participants will be informed in the letter of consent that they will be able to withdraw up until this date. If they wish to do so, they may withdraw via email to the researcher.</p>
7. Methods: Data Collection		
7A. Data Collection Methods <i>(Detailed instructions)</i>	<div><div>x</div><div>Questionnaires / Surveys</div><div>x</div><div>Interviews</div><div>Focus Groups</div><div>Oral and/or Visual Stimuli</div><div>Equipment and/or software testing</div><div>Other</div></div>	<p>Describe the method of data collection being used and provide details of any instruments used. Breakdown by phases, participant groups, or types if required. If data collection is being done online, visit the detailed instructions for full details on what information the REB requires. (CUREB requires a copy of any questionnaires, surveys, or interview guides).</p> <p>Response: The data of the project will be acquired through a series of interviews. Participants will be interviewed regarding their fields of expertise. Interviews will be conducted on respondents' experiences related to academic accessibility. A copy of the interview guide is attached to this application. In the case of Skype interviews, respondents will be told in the informed consent that Skype servers are in the US and thus subject to US laws on data privacy.</p>

7B. Location of Data Collection <i>(Detailed instructions)</i>	☒ Carleton ☐ Canada (other than Carleton) ☐ Workplace ☐ Public venue ☒ Online ☒ Other	<p>Where will the participant be during data collection?</p> <p><i>Response:</i> The majority of the participants will take part in the research project at Carleton University. In addition, if all travel plans are successful then some interviews will take place at the University of Leeds in Leeds, UK, and possibly other universities in the UK. Interviews will be conducted in person or when necessary via telephone/Skype.</p>
7C. Photography or Recordings <i>(Detailed instructions)</i>	☐ Not applicable ☒ Photographs ☒ Audio Recording ☐ Video Recording	<p>If the participant will be photographed, video-recorded or audio-recorded, indicate how the data will be acquired and protected (if applicable).</p> <p><i>Response:</i> The participant will be audio-recorded on a hand held recording device. This data will then be transcribed into a pdf document and the remaining audio files will be deleted.</p>
7D. Translation or Transcription <i>(Detailed instructions)</i>	☐ Not applicable ☒ Translation ☒ Transcription ☐ Researcher will translate or transcribe	<p>If you require the services of a translator or transcriber, describe what services you will use and how you will interact with the translator and/or transcriber. If a confidentiality agreement will be used, include a copy.</p> <p><i>Response:</i> I will require the services of a transcriber. They will be given the audio recordings and asked to transcribe them word for word to a pdf document. The confidentiality agreement for said transcriber is attached.</p>
7E. Online data collection <i>(Detailed instructions)</i>	☒ Not applicable ☐ Carleton-based server ☐ Commercial server ☐ (based in Canada) ☐ Commercial server ☐ (outside Canada) ☐ Other	<p>Describe the technology platform used to collect online data. Describe the security of the data. Will participant IP addresses be recorded? Are there any special limits to privacy?</p> <p><i>Response:</i> N/A</p>

7F. Bio-interactions <u>(Detailed instructions)</u>	x Not applicable Biological specimens/ fluids	Describe the apparatus and methods to acquire biological specimens or fluids. (e.g., blood, saliva, tissue samples.) How will specimens be safely stored and destroyed? If any will be kept, explain why, how and for how long. <i>Response: N/A</i>
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7G. Bio-instruments <u>(Detailed instructions)</u>	x Not applicable Bio-instruments	Bio-instruments touch or send energy into the body. (e.g., electrodes, MRI/X-ray.) Describe the apparatus and its use. If applicable, explain any significant risks and compare the dose (e.g., electrical, radiation) to established safety standards. <i>Response: N/A</i>
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7H. Bio-interventions <u>(Detailed instructions)</u>	x Not applicable Bio-interventions	Describe the apparatus and methods associated with the bio-intervention. (e.g., drug, stress, medical devices.) Explain any risks to the participants and compare it to established safety standards. <i>Response: N/A</i>
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7I. Risk of Psychological Harm <u>(Detailed instructions)</u>	x Not applicable/No risks Mild risks Moderate risks High risks	Explain the rationale for your selection, and, if applicable, explain the nature, magnitude and probability of the risks and how they will be mitigated. <i>Response: The questions asked may make the participant (particularly the physically disabled participant) recall harmful instances of discrimination, stigma or circumstances they were unable to navigate due to a lack of attention to academic accessibility by either their post-secondary institution, or professors of said institution, leading to potential embarrassment or anxiety. These recollections do not need to be shared during the interview, unless the participant desires to do so in order to raise awareness of the specific social barriers people with disabilities face on a daily basis. In addition some participants may feel more uncomfortable speaking about the subject with the interviewer's assistant present.</i>
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7J. Risk of Physical Harm (Detailed instructions)	<div><div>x</div><div>Not applicable/No risks</div><div>Mild risks</div><div>Moderate risks</div><div>High risks</div></div>	<div>Explain the rationale for your selection, and, if applicable, explain the nature, magnitude and probability of the risks. Describe how they will be mitigated. <i>Response: N/A</i></div>
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7K. Risk of Social and/or Economic Harm (Detailed instructions)	<div><div>x</div><div>Not applicable/No risks</div><div>Mild risks</div><div>Moderate risks</div><div>High risks</div></div>	<div>Explain the rationale for your selection, and, if applicable, explain the nature, magnitude and probability of the risks and how they will be mitigated. <i>Response: Some participants may feel at risk if they are criticizing the institution that employs them. If they feel that they would like to still participate but are nervous about publicly sharing their opinions, pseudonyms will be used.</i></div>
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7L. Incidental Findings (Detailed instructions)	<div><div>x</div><div>Not applicable/No incidental findings anticipated</div><div>Low probability</div><div>High probability</div></div>	<div>Describe possible incidental findings (unanticipated discoveries that relate to the welfare of participants or others) and how they will be managed. Examples are becoming aware of abuse of a child, or imminent harm to a participant or third party. Your approach to managing any findings should also be described in the informed consent. <i>Response: No incidental findings are anticipated.</i></div>
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8. Methods: Data Storage and Analysis		
8A. Identifiability of stored data (Detailed instructions)	<div><div>Anonymous</div><div>Pseudonyms/Coded</div><div>Real participant names with data attributable</div><div>Real participant names with data non-attributable</div><div>x Different levels of anonymity for different groups of participants</div></div>	<div>Describe the identifiability of research data, including how pseudonyms will be assigned, if applicable. If there are different levels of anonymity for different groups, describe each level here. <i>Response: Real names of participants will be used only if the participant has consented for the use of their name. If any faculty or staff feel that they would like to participate anonymously they may do so, and only the researcher will have on going access to their name.</i></div>

8B. Identifiability of published data <u>(Detailed instructions)</u>	<div><div>Anonymous</div><div>Aggregate data only</div><div>Pseudonyms/Coded</div><div>☒ Real participant names with data attributable</div><div>Real participant names with data non-attributable</div><div>Different levels of anonymity for different groups of participants</div></div>	<p>Describe the identifiability of data that will appear in publications, including how pseudonyms will be assigned, if applicable. If there are different levels of anonymity for different groups, describe each level here.</p> <p><i>Response:</i> If any data from this project is published in public publications their real names will continue to be used for those who have consented to have their names used in the thesis. For those who prefer a pseudonym, the pseudonym will be coded as desired by the participant.</p>
8C. Data Storage (during the project) <u>(Detailed instructions)</u>	<div><div>Encrypted</div><div>☒ Password-protected</div><div>Anonymous data</div><div>Physical documents</div><div>Other</div></div>	<p>How are data being stored and kept safe? Provide details for electronic data and hard copies if applicable.</p> <p><i>Response:</i> Over the course of the research project, all data will be kept either on a password protected laptop, recording device, or on a privately stored external hard drive.</p>
8D. Data Disposition (after the project) <u>(Detailed instructions)</u>	<div><div>☒ Retained by the researcher(s)</div><div>Stored in a depository</div><div>Archived</div><div>Shared with research agreement</div><div>Shared publicly</div><div>Returned</div><div>☒ Destroyed</div></div>	<p>After project completion, describe how the data (confidential and non-confidential aspects) will be stored for future use, made publicly available, archived, returned to participants, or destroyed. If shared, with whom? Describe any restrictions on access. If destroyed, how long will data be kept? Will personal identifiers and the actual data be destroyed at different phases? Will participant contact information be kept for future studies?</p> <p><i>Response:</i> After project completion some data will be kept by the researcher, while other data collected that was not utilized in the final copy will be destroyed. In addition, participants will be asked if they wish for their recording to be destroyed after it has been fully transcribed. For the participants who are willing, the recording and the transcription of their interview, or selections of their interview will be deposited at Carleton Archives and Research Collections.</p>

8E. **Data Breach Risks**
(Detailed instructions)

x Mild risk to participants
Moderate risk to participants
High risk to participants

Describe how likely a data breach is to occur and how it could affect the participants. If risks are significant, how will they be mitigated?
Response: This is a privately researched MA thesis. Therefore the only individuals exposed to the information will be the researcher, a transcriber (who will be bound by a confidentiality agreement), the researcher's supervisors as well as the panel who hears the defence of the thesis. If the participants want their interview to be archived and shared publicly, this will be done according to the procedures outlined in 8D.

9. **Declarations**

9A. **Supervisor Approval**

Not applicable
x Supervisor Approved
Supervisor has not approved

For student projects, please indicate the date that the supervisor approved the application to go forward for REB approval. (All CUREB-A applications must copy the supervisor when submitting an application to ethics@carleton.ca. CUREB-B applications are automatically submitted to the supervisor through the online application system; therefore, the student must inform his/her supervisor that the application has been submitted so the protocol may be approved by the supervisor and received by CUREB-B).
Response: This project has been supervisor approved.

9B. **Declaration #1**
(Detailed instructions)

x I agree

This ethics application accurately describes the research project or scholarly activity that I plan to conduct.

9C. **Declaration #2**
(Detailed instructions)

x I agree

No recruitment or data collection for this protocol will commence before ethics clearance.

9D. **Declaration #3**
(Detailed instructions)

x I agree

No changes will be made to the research project as described in this protocol without receiving clearance from the Research Ethics Board.

9E. Declaration #4
(Detailed instructions)

☒ I agree

The Research Ethics Board will be notified immediately of any alleged or real ethical breaches or concerns, adverse events, or participant complaints that arise during or after the course of this research project.

10. Comments

10 A. Comments (optional)

Do you have any comments or suggestions on the form Response:

Appendix D: “A Brief History of Accessibility At Carleton University & the PMC” by Larry McCloskey

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In the 1960’s, Carleton campus was built with a unique feature intended to give shelter during our somewhat chilly Canadian winters—all buildings were connected by underground tunnels. The unintended consequence of this building feature was a new level of accessibility that, while very low by today’s standards, allowed access to buildings that drew students with physical disabilities to Carleton.

In the 1970’s students with physical disabilities began living in Residence despite its lack of accessibility (i.e. among them, last June’s Honorary degree recipient, Catherine Frazee). Health and Counseling Services established a part time nursing satellite unit to help students with high levels of physical disability; attendants were hired on a very limited, individual piecemeal basis.

A half time position called Co-coordinator for the Disabled was created in 1981 the International Year of Disabled Persons, with Paul Menton the first person in any role paid by Carleton University that acknowledged the need for services and improved accessibility for persons with disabilities.

In 1982, Larry McCloskey took over the half-time position, with a \$5000 budget (which turned out not to exist); it became a full-time position in 1984, which remained a solitary position without budget or staff or resources of any kind for six more years.

In 1984, a deaf student asked Larry McCloskey for some unusual advice. The student read that Prime Minister Trudeau, the elder, had announced his retirement, and the student asked if there was any way that he could be in the audience for an event as the long serving PM finished his tenure. McCloskey called the PMO, and made arrangements to meet Mr. Trudeau

with three students with disabilities after question period the next day. The instantaneous arrangement, the meeting, the individual attention on each student, the reluctance of the great man to leave the grateful students was magical, and admittedly, this little episode really has more to do with the high level of access to the PMO that used to be, than Carleton's level accessibility at that time. Still, it is nice to know that as access to the PMO has gone down, our level of accessibility has progressively gone up.

The piecemeal approach to attendant services became more difficult as we admitted more students with high levels of physical disabilities into Residence. Then as now, we could not, would not, admit or fail to admit students on the basis of accessibility and accommodation needs.

In 1986, Vocational Rehabilitation Services (VRS) basically withdrew from providing funding for post-secondary education; however this crisis became an opportunity when Larry McCloskey's proposal for funding for a 24/7 attendant services was accepted and funded out of VRS savings. The Attendant Services Program continues to this day and remains the only of its kind in the world; that is, 24 hours a day, 7 days each week, open 365 days a year if needed, and embedded in a post-secondary residence. Since 1986, and continuing to this day, the Ministry for Health and Long Term Care funds 100% of our Attendant Services Program. We also administer and provide attendant services for Algonquin College.

In 1987, we received the Minister's Special Award for Excellence in Creating a Barrier Free Environment. Interesting note—we were far from barrier free, and the 'Special' was inserted into the name of the award to denote that for one year the award was to be given to a program rather than for building accessibility, for which the award was originally established. The award recipient was our Attendant Services Program.

In 1986, Larry McCloskey co-founded NEADS (National Educational Association of Disabled Students) with Frank Smith and two students with disabilities. NEADS is a national student consumer advocacy organization funded by the federal government, and has been housed at Carleton since its inception, where it remains to this day.

In 1988, Larry McCloskey co-founded the Inter-University Issues Association (IDIA) to lobby for funding to deal effectively with the greatly increasing numbers of students with disabilities coming to university. In 1989, we received notice that a provincial funding envelope would be created dedicated to accessibility, with the consequence that the Paul Menton Centre was opened in January, 1990.

In the same year, PMC came into existence, we were informed that we were to be named the Ontario designate Centre for Accessibility, with announcements to be jointly made in both Ottawa, at Carleton University (by the Hon. Remo Mancini, Minister, Office for Disabled Persons), and in Toronto. This designation had the potential for significant funding (not to mention fast-tracking the Carleton accessibility brand by several decades), but unfortunately, the David Peterson Liberal government fell in the October, 1990 election, the NDP was elected to a surprise majority government, and the opportunity was lost.

In 1992, Dean Mellway wrote and disseminated an Accessibility Guidelines Checklist, which became the de facto accessibility document for the Ontario post-secondary sector. In 1992, two students with disabilities and PMC lobbied to the Carleton University Students Association (CUSA) to hold a referendum asking the student population if they would be willing to add a small amount to their student fees to help fund accessibility projects at Carleton. Students voted in favour, the Graduate Students Association (GSA) followed, and the university matched these funds with the result that the Dedicated Access Fund was created--

which was and remains to this day a unique way to fund projects over and above the regular institutional commitment to accessibility. For over 25 years, the students union, the graduate student union and the university administration have participated in a rare example of institutional cooperation for the betterment of all students.

In 2007, Carleton University's Academic Accommodation Appeal Policy was written and passed by Senate. As well, practices for the provision of academic accommodation were developed, with emphasis on full integration of students with disabilities. Essentially, the policy allows a faculty member to object to and seek adjudication for an academic accommodation that they deem to be excessive or inappropriate. Cases are heard by a faculty panel of three, from outside of the Faculty involved. The faculty panel are knowledgeable of both faculty concerns as well as the institutional obligation to accommodate, so balance is important. The case often rests upon an articulation of essential course requirements, and as such this policy anticipated the current expectation for faculty to disseminate learning objectives and essential course requirements along with the means of evaluation at the beginning of each term. Significantly, Carleton opted to structure the relationship between the student and faculty as central to the accommodation process with an important two pronged consequence: 1. Faculty's expertise and respect for determining the essential course requirements was considered in the process, and most important faculty understood how the accommodation process works for their students 2. Students became integral to the process rather than passive participations in their own accommodations. These consequences have far-reaching effects on the development of what was later termed 'best practices' which in turn contributes mightily to what Alfred Spencer (main person behind AODA) termed to be Carleton's singular status in having achieved "a culture of accessibility" (2014).

I apologize for the following acronym hell—in 1996, Dean Mellway and Larry McCloskey co-founded—with several colleagues from across Canada-- CADSPPE (Canadian Association of Disability Service Providers in Post-secondary Education). In more recent years, CADSPPE has become a division of CACUSS called Accessibility and Inclusion in Community of Practice.

In 2005, PMC created an outreach program called Make the Cut (MTC), specifically targeted to high school students with learning disabilities. Funding initially came from the Learning Opportunities Task Force, with PMC continuing to build the program long after LOTF ceased to exist. Twice each year (Carleton in the fall and with our partner Algonquin in the spring) we bring 250 LD students and over 50 teachers and guidance counsellors from six school boards and 45 high schools—and each time we hold the event, it is the largest gathering of people with learning disabilities in Canada. Having held 28 versions of Make the Cut and counting, over 7000 students have been served, with no end in sight. Alfred Spenser attended on behalf of the Minister of Accessibility in November 2017, after which he scheduled a meeting at COU (Council of Universities) to pitch having Make the Cut funded and functioning at every college and university in Ontario.

In response to increasing numbers of deaf and hard of hearing students, and in anticipation of the AODA (Accessibility for Ontarians with Disabilities) Information and Communication Standard requiring full accessibility of all university published and course materials, PMC took the initiative to provide a comprehensive captioning service. This service was a difficult undertaking both because the challenge required us to be responsive to all faculty and their many courses, and because the captioning of material takes approximately 20 times the captioned result. Most challenging was paying for this service in consideration of the time

and technical expertise required to successfully respond to course demands in a timely manner. Perhaps most notably, most of the captioning program is done by our student volunteers. The captioning service is alive and well today, and its costs are minimal, while its productivity is staggering.

One of Carleton's most impressive features as a culture of accessibility is its volunteer program. Under the auspices of Bruce Hamm, PMC has the unprecedented task of recruiting, training and managing 1800 volunteers, to assist with providing service and support to almost 3,500 students with disabilities registered at PMC. It should be mentioned that volunteerism is important to Carleton because of our emphasis on Community Engagement. To be able to successfully and increasingly draw from the general student population to provide needed services such as note-taking and captioning is a palpable example of the difference between emerging awareness of an issue and the achievement of cultural shift. I would define cultural shift as progressing from the periphery of competing issues to what is central to people's thinking; with the efficacy of those efforts being reflected in how the university conducts its regular, ongoing business.

The other volunteer success story has to do with PMC's 25 history of recruiting and training Master's level counseling interns, most of whom are Master's of Education Counselling students from the University of Ottawa, and all of whom have an internship requirement to complete their degree. Actually, they have two internships that are required, and we have always insisted that both be completed at PMC in consideration of consistency for our students with disabilities. This PMC model was also adopted by FITA, with the result that both programs have saved hundreds of thousands of dollars, and most important, we have had the privilege of

training the next generation of DSO and mental health workers, many of whom are currently working at post-secondary institutions throughout Ontario.

From 1997-2002, I was involved in the Learning Opportunities Task Force, an initiative under former cabinet Minister Dr. Bette Stephenson, whose mandate was to create best practices for students with learning disabilities (with a five year, 30 million dollar provincial commitment behind the initiative). At the conclusion of the initiative, I was entrusted with conducting a seven year longitudinal study (with help from the not yet Dr. Vukovic) that helped to refine our services and practices for serving students with learning disabilities as well as informing us about serving other vulnerable students populations.

The other vulnerable population we focused on were students with mental health issues. In 2007, Dr. John Meissner and Larry McCloskey conceived and co-founded FITA (From Intention to Action) for students without diagnosis who present as stressed and overwhelmed. For years we recognized that while it is important for PMC to maintain its mandate to provide accommodations to students with documented disabilities, there existed an increasing number of students who neither fit our criteria nor fit into traditional student services. In that sense, FITA both anticipated the Bell Let's Talk phenomenon, and is preventative in nature. With an in-take assessment, Dr. Meissner determined that most FITA students would fit the diagnostic requirement of PMC, and most were also on academic warning-- therefore these students had a double disadvantage and were very unlikely to succeed. And yet with pre-FITA seven year graduation rate of about 45%, compared to post-FITA rate equal to the general population graduation rate of approximately 70%, results were beyond our most optimistic expectations, unmatched by other campus mental health programs.

In a 2005 edition of University Affairs, “Revisiting Diversity on Campus,” in talking about post-secondary institutions across Canada, Dr. Hardy Cox stated that, “the Paul Menton Centre for Students with Disabilities at Carleton University remains the gold standard for ensuring campus accessibility and appropriate services...”

Since 2003, Jason Goveas—mostly behind the scenes—has made an essential contribution to accessibility at Carleton. Jason has been an important resource to thousands of students needing adaptive technologies to be successful (defined by the ability of our students to graduate relative to all other students). For most students with disabilities, access to adaptive technologies are a lifeline, far beyond the necessity for technology for other students. As well, Jason has consulted extensively with the McIntyre Exam Centre of Exam Services, and the New Sun Joy Maclaren Centre in the MacOrdrum Library. In addition to working with students, and given that our faculty population is aging, in recent years Jason also consults with faculty on adaptive technology issues, which can make the difference between continuing to work and enforced retirement.

In 2006, Suzanne Blanchard, Vice-President (Students and Enrolment) and PMC made a pitch to the Vice-President Academic to increase resources and centralize its piecemeal arrangements for exam accommodation. Carleton established the McIntyre Exam Centre (MEC) which has been of great benefit to both students and faculty, particularly as the number of exams requiring accommodation has grown exponentially. The efficiency of MEC as well as the long standing tradition to keep faculty input and expertise part of the decision making process, has been a major reason why Carleton is commonly referred to as a culture of accessibility. MEC was expanded to a second location in 2016 in order to deal with the continuing increase in

required academic accommodations over a few short years as follows: 2008/09 --5000; 2015/16--19,500; 2017/18--24,000.

During President Roseann Runte's term she put in place a process that lead to a comprehensive plan: Collaboration, Leadership and Resilience: Sustainable Communities—Global Prosperity, The Carleton University Strategic Integrated Plan 2013-2018, which bears highlighting, because it of its unprecedented reference to accessibility. Bearing in mind the humble beginnings of the issue of accessibility, particularly with regard to central university functioning, it was inspiring to read: 1. reference to 'student support and accessibility' in the Vision, p. 4, 2. A strong statement in the Values and Strengths ("We are proud to be Canada's most accessible university for persons with physical disabilities"), 3. And under the main Strategic Themes, Goals, Strategic Actions and Key Performance Measures, , Goal 3-3: 'To consolidate and build on Carleton's status as Canada's most accessible university. Strategic Action: Complete the linkages among research, support services and academic programming related to accessibility in order to develop a university wide Coordinated Strategy that builds on our accomplishments. If these features, embedded into central university planning doesn't strike one as incredible it may simply mark how far we have come. It may be that Accessibility as a University Vision, Value, Strength, Theme, Goal, with Strategic Actions and Key Performance Measures, adds up to an unprecedented commitment in university history. It is now certain that Carleton's history of accessibility and subsequent actions will help to shape our future direction and institutional brand.

In 2012, Dean Mellway and Larry McCloskey pitched the creation of what was to become READ (Research Education Accessibility and Design). Dean was appropriately named acting Director of READ (which was both our honour to bestow, and frankly a clever way to

ensure he never gets to retire). As Dean of Engineering, Dr. Rafik Gobrun (VP, Research) helped to champion READ in those early, precarious days, and Dr. Adrian Chan is the Chair of READ's Advisory Committee. Rick Hansen came to Carleton for READ's first event, (in commemoration of the 25th anniversary of his Man in Motion world tour, which also featured unveiling Carleton and the City of Ottawa's gift: the David Fells sculpture *Sailing Through Time*, housed in the Richcraft building). A key highlight of Dean's many accomplishments was inspiring students – who may not have had any previous interest or expertise in accessibility- to wrestle with a significant accessibility problem and then devote their final year project to solving it. The results were spectacular—for the five years of the Ontario IDEa contest (2012-16), Carleton students won every year, and with the contest subsequently taken over by Universities Canada in 2017, Carleton has continued its winning ways.

In 2015, the Federal Department of Labour (who we then learned provides fully half of our DSO core Accessibility Funding for Students with Disabilities) asked MTCU (who dispenses AFSD) to report on our collective progress on the issue of employment for students with disabilities. Our Ministry as well as DSO staff panicked since our mandate has never included employment—though we have long recognized a huge inequity on this issue. At PMC, our response was to research what the graduation rate is for our students with disabilities, since this information is a necessary pre-requisite for addressing the employment issue. None of our IDIA colleagues had done so, and despite repeatedly asking our ministry to require us to report and then compare this information in our annual reports, this request lay dormant. So we asked our Institutional Research Department to do the research and were pleasantly surprised to discover that PMC students actually beat the general population graduation rate by 2%. More surprising was the finding that PMC students had improved by 20% in 20 years, a rate of

improvement that should not be possible if not for the fact that our students did just that.

Knowing that the rates of educational attainment for Carleton students with disabilities is equal to the general population is a huge contributor to constructing an employment model that was soon to come.

In 2016 and 2017 Dr. John Meissner and I presented the concept, practice and evaluated outcomes of our FITA program to the University of Michigan conference on campus mental health. The University of Michigan is the campus mental health designate lead in the United States. The primary researcher Dr. Daniel Eisenburg, an economist, called FITA one of the top campus mental health programs in North America.

In 2014, under the leadership of Suzanne Blanchard, Vice-President (Students and Enrolment), Carleton University hosted an International Accessibility Summit, in partnership with the province of Ontario and the City of Ottawa. With the theme Making it Happen—From Intention to Action, the Summit was a successful first endeavor for an emerging issue of concern for the world, but still requires political will and leadership from all governments to bring the various components together in order to achieve a Canada-wide and world-wide shift towards becoming co-operating cultures of accessibility.

In 2015, Boris Vukovic, Somei Tam and Bruce Hamm from PMC researched and wrote Standards of Practice for Disability Service Offices use. This initiative came in response to the pressure upon DSO's to lower their accommodation standards in the interests of inclusion. Rather than lower or eliminate standards, members of PMC engaged DSO professionals from across Canada in a vital discussion that continues to this day.

For the past decade Dr. Boris Vukovic has trained faculty, mainly through EDC, on strategies to make their courses more accessible, specifically on the principals and practice of

Universal Instructional Design. In doing, Dr. Vukovic combined his experience at PMC with his area of expertise acquired while completing his PhD at McGill University.

In August 2017, Dr. Meissner and I met with four provincial Ministries (MTCU, Education, Health and Long Term Care, and Social Services) to discuss application of FITA to colleges and universities throughout Ontario. There is consensus that FITA has unique value in the post-secondary sector, and that even though we deal with much of the mental health need in Ontario (80% age of diagnosis onset is 16-24, and 80% of Canadians have some experience in college and/or university) appropriate resources do not exist. Province wide application, for which FITA was built, is still pending.

Under the leadership of Dr. Adrian Chan, and with a grant from the Natural Sciences and Engineering Research Council (NSERC) of Canada, the Research and Education in Accessibility, Design, and Innovation (READi) training program launched in 2017. READi is unique with its multidisciplinary cohorts of students from Carleton University, University of Ottawa, and Queen's University, who retain a research focus in their home programs (i.e., engineering, information technology, design, human-computer interaction, and music), and adds theory and practice (learning by doing) in accessibility under the guidance of an interdisciplinary team. READi acknowledges the importance of affective learning (emotion/feeling), where trainees not only gain knowledge and skills to meet accessibility needs (i.e. cognitive learning), but also develop the inspiration and motivation to do so.

In 2016, post-secondary institutions in Ontario were issued a directive from the Human Rights Commission disallowing Disability Offices from requiring diagnosis of mental illness. Given that provision of academic accommodations and access to the Bursary for Students with Disabilities (for funding adaptive equipment and a variety of services, from assessment to

tutoring) is largely determined by diagnostic assessment, DSO ability to fulfill its mandate to support students with documented disabilities was compromised. The concern is not to be gatekeepers, but rather to assist students with what is actually needed, to the extent needed, at the exact time is needed, and not beyond what is needed. Also the acceptance among faculty to accept academic accommodations as part of the way the university conducts its business, is based on their trust that the DSO does its work to have documented evidence of the existence of a disability that provides a barrier a student's success. That trust is important to maintain, and so PMC undertook an innovative approach to the thorny issue of DSO documentation. Under Dr. Boris Vukovic's leadership, we researched and implemented a process whereby all in-coming PMC students participate in an Assessment of Functional Impairment, to assist us in determining what constitutes a functional barrier. In addition, to providing complementary information to formal assessment (it is in no way meant to replace assessment), AFI helps Coordinators to determine real barriers rather than make assumptions about individual functioning within a disability category. As Director of READ, Boris is consulting with several other post-secondary institutions regarding AFI, as well as making application for research grants to create an extensive post-secondary research network.

During the winter of 2018, we were approached with an opportunity to apply for Career Ready funding, (MTCU) with the proviso that we needed to get a proposal written and submitted in short order (and during a support staff strike). The other condition for funding was that we needed to implement the project and approved 800K immediately, which resulted in the Carleton University Accessibility Experiential Learning Project (CUAEL). Having identified that lack of work experience is one of the main barriers to employment for students with disabilities, CUAEL is a hands on project, working closely with 350 registered students. In

order to effect culture shift, CUAEL also works closely with over 50 employers, and has developed a toolkit to assist all aspects of employment. The project continues, and will inform us about how best to proceed on the vital issue of employment for our students with disabilities.

In May 2018, Dean and Larry McCloskey were contacted by MTCU and asked to write a proposal for the employment of students with disabilities. Both Dean and Larry McCloskey have served on provincial employment committees and working groups in the preceding years. The proposal was written and submitted in record time, with Carleton allocated five million dollars over two years. This funding provided the impetus to get READ permanently funded, with Dr. Boris Vukovic appointed Director, and Dean Mellway continuing as an expert accessibility advisor. The employment program was named the David C. Onley Employment Initiative, is the first project under the auspices of the Education City model, and is an Ontario and Canadian first. Similar to FITA, the model is research, outcome and program evaluation driven, and is being developed to be scalable and transferable in order to be of value to post-secondary institutions throughout Ontario, and quite possibly across Canada.

In November 2018, Madame Laroche invited Boris Vukovic, Dean Mellway, Cathy Malcolm Edwards, Adrian Chan and Larry McCloskey to meet and discuss how the federal government and Carleton University might support each other's ambitious accessibility agendas. This invitation was particularly welcomed since Yasmine Laroche is the first woman with a disability to become Deputy Minister, (for Public Service Accessibility and she was appointed by the Prime Minister). She is also Deputy Minister Champion for alma mater, Carleton University. Most relevant, Yasmine Laroche is responsible for overseeing Bill C-81 the proposed Accessible Canada Act, that is likely to be passed in Parliament in June, 2019. As of the writing of this document, Carleton is working on a number of funding proposals,

including our ambition, supported by Madame Laroche, to become the Centre of Excellence in Accessibility, a Canadian first. We have all agreed that designating Carleton as Centre of Excellence in Accessibility would be a tangible means of lifting Bill C-81 off the page, and making the intent of the legislation into something real that people can identify with.

On April 1, 2019 the Minister of Seniors and Accessibility, the Hon. Raymond Cho came to Carleton to speak at a PMC event honouring the accomplishments of our 1800 volunteers.

During his speech he made a point of referring to Carleton as the most accessible university in Canada.