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Disability Issues

Providing people with disabilities, their families, friends, and advocates with relevant information that enables individuals to improve the quality of their life, health and employability options.

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From the Editor....

Dear Readers,

One of my morning pleasures is to drink a cup of coffee and watch “CBS This Morning” news. I feel it’s important to be informed about the news of the day, but my favorite part of the show is the last 20 minutes (8:30-8:50am) when they often feature “feel good” human interest stories that make me feel hopeful. On May 2, I was excited to watch a story about actress, singer, and dancer, Ali Stoker, who uses a wheelchair for mobility. Ali is starring as Ado Annie in a revival of the Broadway musical “Oklahoma!” She is the first actress who uses a wheelchair who has appeared on a Broadway stage, as well as the first to be nominated for a Tony Award. Impressive!



Photo: Little Fang Photo / New York Post

Even more impressive is Ali’s feisty passion for acting and playing a character who is sexually promiscuous. In a related article published on [Vulture.com](https://www.vulture.com). Ali says, “I saw the production at St. Ann’s [theater], and I remember feeling that it was especially important that a performer who uses a wheelchair got this role because, to put it pretty bluntly, the character is promiscuous. It’s so rare to see a woman in a wheelchair played as a sexual being.” Growing up, Ali looked for role models who used a wheelchair that were sexy to help her be confident of herself as a

sexual person. Well Ali, you are now being the role model you wanted to have. I hope our readers will join me in cheering Ali on at the Tony awards on June 9.

In this issue, we bring you a series of human interest stories of other passionate and impressive individuals who live with disabilities. We begin with our lead story, a tribute to Tom Hopkins, a “disability advocacy lion.” We continue with the second in a series of articles about people who have been crowned Ms. Wheelchair; this time Tina Pederson, Ms. Wheelchair RI 2018. We are delighted to bring you another story from Joan Burrows about her husband, Walter; this time about his experiences of being hospitalized. Ms. Love delights us with her whimsical story of doing ballet to cheer up a friend in the Emergency Room.

We encourage you to share *Disability Issues* newsletter with friends and family. If they are interested in becoming a regular subscriber and receiving *Disability Issues*, it's easy! Just visit [Disability Visibility](#) and enter contact information in the Subscribe to Disability Issues box or send an email to SubscribetoDI@gmail.com with First/Last Name and Email Address to be added to our subscriber database.

Enjoy this online version of *Disability Issues*!

Marianne DiBlasi, Editor



In Memoriam: Thomas P. Hopkins

In January we lost a disability advocacy lion in the untimely death of Tom Hopkins, Executive Director of the Massachusetts Architectural Access Board (AAB), the agency that ensures buildings in our state follow our [accessibility building code regulations](#). In his twenty years leading the board, Tom worked with disability advocates, architects, business owners, and developers, combining passion for access with pragmatism to find solutions that would make our communities more accessible. His lived experience as a wheelchair user was critical to understanding the importance of access, and to building trust with the disability community.

Tom lost a leg to cancer as a teenager. He got about for years using crutches till his shoulders gave out. (Tom was a big guy and supporting his weight on crutches was wearing.) Later in life he used a modified power wheelchair. Tom confided that losing a leg to cancer as a teenager was a psychological blow at a formative, vulnerable early stage of life. But he powered on, becoming a fine finish carpenter in Spencer, MA near Worcester, was married to his wife, Linda (Morris), at age 20 and is survived by her as well as by their two sons, five grandchildren, and numerous nieces and nephews, all of whom adored this burly, bigger than life guy.

With his firsthand knowledge of both the construction trades and disability access issues, Hopkins became an aggressive disability access advocate in his home town of Spencer, reluctantly filing against the town the second ADA Title II discrimination lawsuit in the nation to be filed against a municipality by an individual. As a result, Tom and his family endured ridicule, harassment, and fear. But after a six-year struggle, Tom rode a new elevator to the third floor of the high school for a meeting. It was a triumph that made him a prominent disability access advocate in the state. When the AAB Executive Directorship became vacant, Tom Hopkins was the obvious, hands-down choice to lead the agency. He worked tirelessly, preparing briefs on cases for the AAB's biweekly all-day adjudicatory hearings, meeting with architects and builders in the office, and traveling all over the state to conduct trainings on 521CMR for local building officials, as well as architects' organizations, code experts and specialists, attorneys, state and local officials, and disability advocacy groups. For ten years Tom also coordinated with and facilitated the work of the subcommittee revising 521 CMR.

While maintaining their family home in Spencer, the couple lived primarily on Boston's Beacon Hill for the last two decades, so that Tom could wheel

himself to and from the AAB office in the McCormack State Office Building behind the State House. (The AAB office, but not AAB hearings, was more recently relocated to 1000 Washington Street.) In addition to long hours in the office and on the road during the week, the AAB Director often tirelessly worked nights and weekends from home.

When Tom learned over a year ago that his cancer had recurred, he met with the AAB board members privately to share the news, assuring them calmly that he would carry on working as long as he was able to do so effectively. And that he did, maintaining his everyday hectic pace so admirably that even those who knew him well almost forgot that he was ill. Tom was especially concerned with the legislative initiative to update 521CMR and synchronize it with the ADA Accessible Design Standards. For years this bill passed in the State Senate, only to be stonewalled in the House by unenlightened business interests who opposed extending 521CMR access regulations to previously exempt employee-only spaces, as the federal ADA was specifically intended to do. Where they saw increases in construction costs, Tom saw increases in employment opportunities for persons with disabilities everywhere, from accessible offices to accessible restaurant kitchens, as well as much-needed addition to the Commonwealth's accessible housing stock.

This measure has been reintroduced in the current State legislative session in the House as H2029 - An Act relative to the Architectural Access Board and in the Senate as S1441. We think it should be passed this year as the Thomas P. Hopkins Architectural Access Act. We urge everyone who agrees with the Act's purpose to email, call, or write to their State Rep. and State Senator to support the bill by co-sponsoring it as a tribute to the memory of Tom Hopkins. When I approached my State Rep. and Senator, they readily agreed. From them I learned that the bill is in committee for hearings later this year. Tom wouldn't want it to die there again this time.

Raymond E. Glazier, Ph.D., is a designated member of the MA Architectural Access Board and currently its only wheelchair user; he is also the founder and Principal of disAbility . Research Associates, Belmont MA.

Filling Tom Hopkins' Shoe

Like his predecessor, Tom was chosen for the Executive Director role by the members of the Architectural Access Board, as specified in the law establishing the AAB, which clearly states that "the board shall hire" the

executive director. The Board is defined by law to include persons with disabilities and disability expertise vetted by the MA Office on Disability. The AAB is independent of other state agencies because its regulatory authority includes buildings and facilities (like state roadways) owned and operated by the Commonwealth.

However, unlike when Tom was hired, the AAB is now overseen by the Division of Professional Licensure (DPL), which otherwise mostly oversees boards that regulate members of certain professions, like chiropractors, barbers, and electricians. And so far, the DPL does not seem to believe that the AAB itself is to enabling legislation stating that "the board shall hire" the executive director requires them to let the board decide who is hired. They apparently feel that to do so would be incompatible with 'the way they do things.' DPL has reluctantly offered, under pressure from the AAB and the Disability Law Center of MA, to include Board representatives in the panel that will interview candidates for the Executive Director position.

The job description posted on DPL's web portal does not include the word 'disability' and only mentions in passing 521CMR, the access regulations the AAB promulgates and enforces; it is heavy on the administrative duties and administrative experience requirements. The Access Board hopes that interested qualified person will find the [job posting](#) and apply.





Tina Pedersen, Ms. Wheelchair Rhode Island 2018

Role Models and Disability Advocates:
**The Inspiring Tales
of Three Ms. Wheelchairs**

~ Part 2 of 3 ~

by Sandy Alissa Novack

In the Winter 2019 issue, we had the opportunity to meet Barb Zabloutney, Ms. Wheelchair Pennsylvania. In this issue, we interview Tina Pedersen, Ms. Wheelchair Rhode Island 2018.

Sandy Novack (SN): How did you learn about the Ms. Wheelchair opportunities and decide to apply?

Tina Pedersen (TP): I learned about the program from my doctor who thought it sounded perfect for me. I researched it and contacted the national organization. I interviewed via video conferencing and competed the same way. Not only were they looking for a great contestant, but also someone who was strong and empowered to start a state organization in Rhode Island. I was their choice.

SN: Please tell us a little bit about your relationship to disability, about your Ms. Wheelchair platform in the Ms. Wheelchair competition, and during your reign as Ms. Wheelchair Rhode Island.

TP: I am a four-time cancer survivor – breast cancer two times, and bladder cancer twice. I walked into a minor surgery July 2014, had a stroke that involved my spinal cord, and woke up with no feeling from the waist down. This was my first experience in the disability community. I wasn't born with a disability, nor did I gradually become disabled. It was as fast as a snap of the fingers – boom I became disabled.

I chose “Don't just SIT there...make a DIFFERENCE” as my platform because many people, with and without disabilities, sit around, have ideas, and bark out orders. That wasn't me; I rolled up, spoke up and decided to actually be the change I wanted for so many. You never know what life has in store – it may be you or a loved one who becomes disabled. Wouldn't you want the world to already be fully accessible so they don't miss out on making memories with family and friends especially due to inaccessibility? I made 302 appearances in 15 states and two countries to spread my message.

SN: What are some of the opportunities you have had as Ms. Wheelchair?

TP: I was appointed to the Governor's Commission on Disability in Rhode Island and was voted in as Vice Chairperson of the Commission. I was also given my own committee to chair, the Disability Awareness Committee. I sit on the board of directors for many inclusion, legislation and accessibility groups. I now have people and businesses calling and contacting me to help them figure out accessibility issues and real-world changes that are affordable. Responding to people in a positive and helpful way makes all the difference in the world. Becoming accessible does not have to cost extravagant amounts. Little by little progress is made, and something is better than nothing, as long as you continue to work towards the end goal of inclusion for all. I have lost count of how many places have become accessible because of my influence. I started Rhode Island's Ms. Wheelchair program and recently crowned the new Ms. Wheelchair 2019, as well as Junior Ms. Wheelchair. I am not alone in the fight for people with disabilities; I work with these organizations to make a

difference.

I am also the President of RAMP - Real Access Motivates Progress. This organization includes all disabilities and we want to honor an Advocate of the Year as well as highlight PCAs, special education teachers, support staff, and families. We are registered with the State of RI and waiting on 501c3 status. To learn more about RAMP:

- [YouTube channel](#)
- Facebook: RAMP real access motivates progress
- Twitter: @rampisinclusion
- Instagram: RAMP Is inclusion
- [Official Merchandise](#) website

SN: Any interesting moments during your reign that you could share with readers? New learning for you? Anything surprise you?

TP: I don't think much surprises me, but I can say I never realized I could start something that would gain such momentum that it keeps getting bigger and bigger. I learned that everyone knows someone. Talking to one person always snowballed into either mentoring someone who is newly disabled or making a new contact to help change the world. Young people are my favorite with whom to work; the earlier children are introduced to people with disabilities, the better it is. We need to show children that people with disabilities are just like them but may do things differently; this makes acceptance so much easier. People with disabilities dance, race, and do so much more. Children then go home to teach their parents and loved ones. I have been contacted by many parents thanking me for being an inspiration and wanting to know how they can help their child with various disability related issues.

SN: What will you be doing now that your reign has ended?

TP: My work will not end. I am now the Ms. Wheelchair coordinator for Rhode Island as well as President of the organization. I sit on the commissions and am also continuing to be a motivational speaker at schools, businesses, and the Rhode Island State House.





Tina with Logan, her Pit Bull service dog, and his Great Dane friend, Luke.

SN: Decades from now, how do you think you will look back at your reign as Ms. Wheelchair?

TP: I am hoping that soon accessibility will be automatic and not a second thought. That is what we really want; not to stand out, but blend in and be included like everyone else.

SN: When I met you at the Abilities Expo, you were ensconced in a self-designed throne. You had decorated your wheelchair with a crown for a pillow around your wheelchair's headrest, and hot-gunned “diamonds” along the entire body of the wheelchair. What does this say about your view on assistive technology? How have you decorated other assistive technology you have owned?

TP: Sparkle is my favorite color and personality. Decorating my chair isn't any different from others choosing the clothes they wear or the color of their hair to express themselves. I just have a bigger area to cover. It makes me feel pretty, unique, and expresses who I am. This empowers me and it gives others a way to approach me, like you did, Sandy, when you saw and liked my wheelchair design. It also helps me to approach others. Decorating my wheelchair is a conversation starter.

SN: I watched you at the Abilities Expo while you were playing an adaptive sport with others. You have a great sense of humor and are playful. Have you always had these characteristics? How have they helped you live with a disability?

TP: I have always been me. When I had cancer, I was “fix it and forget it.” Now it is my legs that don't work but everything else does. I don't let anything hold me back and I want others to know the only time you fail is when you never try. I feel we also need to laugh at ourselves and stop being so sensitive. Most people are not intentionally trying to hurt you, but they slip up or are ignorant, so use it as a teaching tool. I remember doing amp surf this past summer where they take amputees out surfing. As I sat on the sand, I looked to my right and saw a lady with both her prosthetic legs over her head shaking out the sand. Then I looked left and watched a man trying to find his arm in the sand. We just laughed at each other and came up with “The Body Parts Game.” No one was offended, we were joking and laughing about our lives. I have also thrown myself out of a chair to join a child having a temper tantrum. We both ended up laughing and talking. The child saw that no one was running to help me and noticed they weren't getting anywhere either. Life is far too short to miss out and no one should have to. Make the most of all situations; it can change you and others.

Sandy Alissa Novack, MBA, LICSW, ACSW, CSW-G is a social worker and a member of the editorial board of Disability Issues.



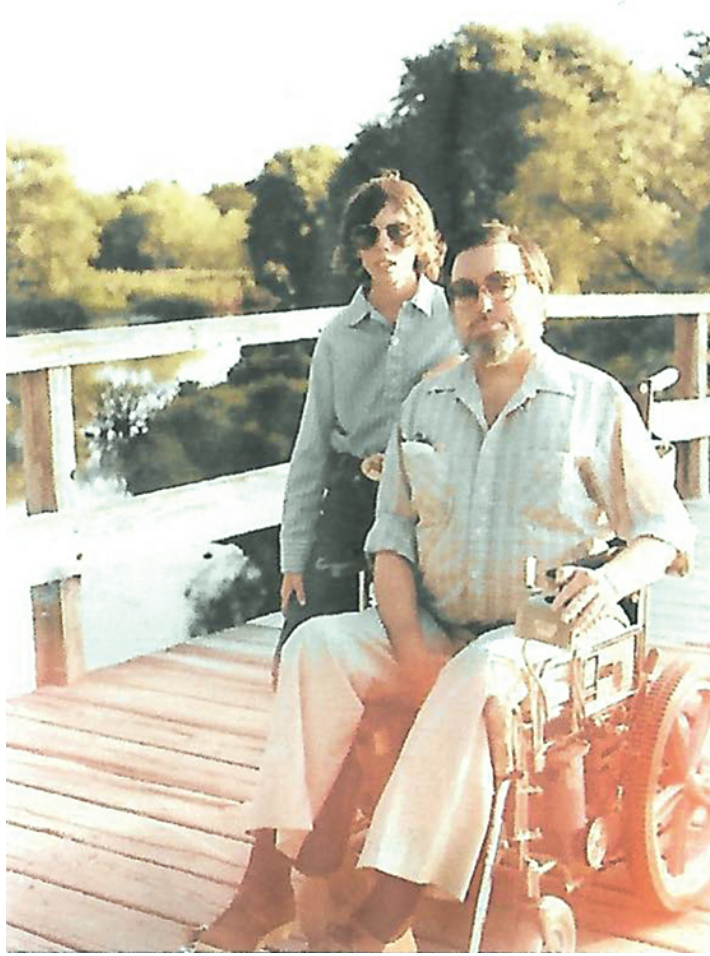
Tina with surfers at the beach.

Disability and Hospitals

(Part 1 of 2)

By Joan Burrows

Thank goodness my husband,



Walter, did not have too many hospital stays but the ones he did have, made me realize that many of the staff had a lot to learn about people with disabilities. I am not sure why, but some nurses seemed to feel that they knew Walter better than I did – his wife – the person who knew him best, other than Walter himself. I was put on the form as “significant other” but, apparently, I was not ‘significant’ enough.

Our first experience at the local hospital was pretty good; Walter had pneumonia and was given antibiotics. But he was not asked his preference for which arm to put the IV into. They put the IV in his ‘good’ arm so, he could not feed himself or do other self-care. I asked and was allowed to stay in Walter’s room. A cot was set up, so I could help him. Recently a friend told me that he keeps a single sheet of important information with him to alert people to important health issues. Perhaps if I had thought ahead, I would have noted this, but I was not prepared. I did have a list of his medications.

The next one was much more traumatic because Walter was unconscious when the EMT’s took us in ambulance to the hospital early in the morning. By early afternoon a doctor, a respiratory specialist, called me on the phone to say he needed to put Walter on a ventilator immediately or he would not make it. The doctor didn’t think it was what Walter would want, but his daughter and I disagreed. We felt Walter still had a lot of living to do, and indeed he did.



After they put Walter on the ventilator, I was allowed to sleep in the waiting room off Walter's room. They dimmed the lights and gave me a pillow and blanket and I told me I could wash up in the rest room. Because I was nearby, if the vent alarmed or when Walter woke up, I was able to be in his room right away. Walter woke up after being in a coma for 19 hours. He found himself on a ventilator, unable to speak, which was frightening. It was reassuring to Walter

that I was there to help explain what was happening. I went home briefly during the day when there was more staff, and his daughter and some of his Personal Care people came to visit...no one asked for pay!

During our three weeks at the local hospital, we had some lovely, caring nurses. One took time to read his finger writing, which he began immediately after waking. One kissed him good night every night and put the little, soft tiger toy I had bought under his hand. Later, one nurse shaved his beard and gave him a haircut. One male respiratory therapist who worked weekends stayed and chatted. Simple gestures, but oh, so important!

There was discussion about getting a tracheostomy but the advice from the MD clinic was to go into Boston. In hindsight that was not a good move. We found later that being incubated for so long damaged his vocal chords, and our long stay brought other problems. In the city we started over with new people – Doctors, therapists, and nurses. Walter's care was sporadic, and he was not turned as often as he should have been, resulting in skin breakdowns. Some nurses and technicians wanted me to leave the room when they did a procedure, such as drawing blood. I finally learned to say "no" and stayed and held his hand while they did blood tests for blood gasses, which they did often and were very painful. One Dr., a Fellow, was wonderful, but there were others in this teaching hospital that were not consistent with care, ideas, and advice. I could not stay overnight unless I stayed in the waiting room, which had bright lights and wasn't near his room. Reluctantly, I went home. The first night I left Walter, I sat in the back seat of the car with his daughter's service dog, Spirit, who stayed by my side and nuzzled me all the home while I cried.

For three months I made daily visits, with exception of two days when I had bad vertigo. I took the train in at 10 AM and got the last one back, about 10PM, taking a taxi to and from the hospital. Walter had checked into the local hospital at the beginning of August and he came home at the end November.

The doctors had Walter try using an iron lung – one with a broken mirror, so Walter could not see anything but the big tank he was in. I was not allowed to be there when they transferred him, which made Walter very uncomfortable. Finally, after being in the hospital for a month, a decision was made to do the tracheostomy. Walter was worried about the surgery, but it went well, and he was really happy. He could now move his head without pain and even begin

eating!

Soon after, my dad died suddenly, and I had to leave for NJ. Walter's daughter covered for me. She had been coming in, but not on a daily basis because she needed transportation. When I returned, Walter was off soft foods and eating more. He really liked to eat! After about a month, Walter was transferred to rehab. Fortunately, it was located in the same hospital, so his doctor, the Fellow, could follow him. After Walter was discharged, we kept in contact with this doctor and one summer, we visited him at his Cape Cod office.

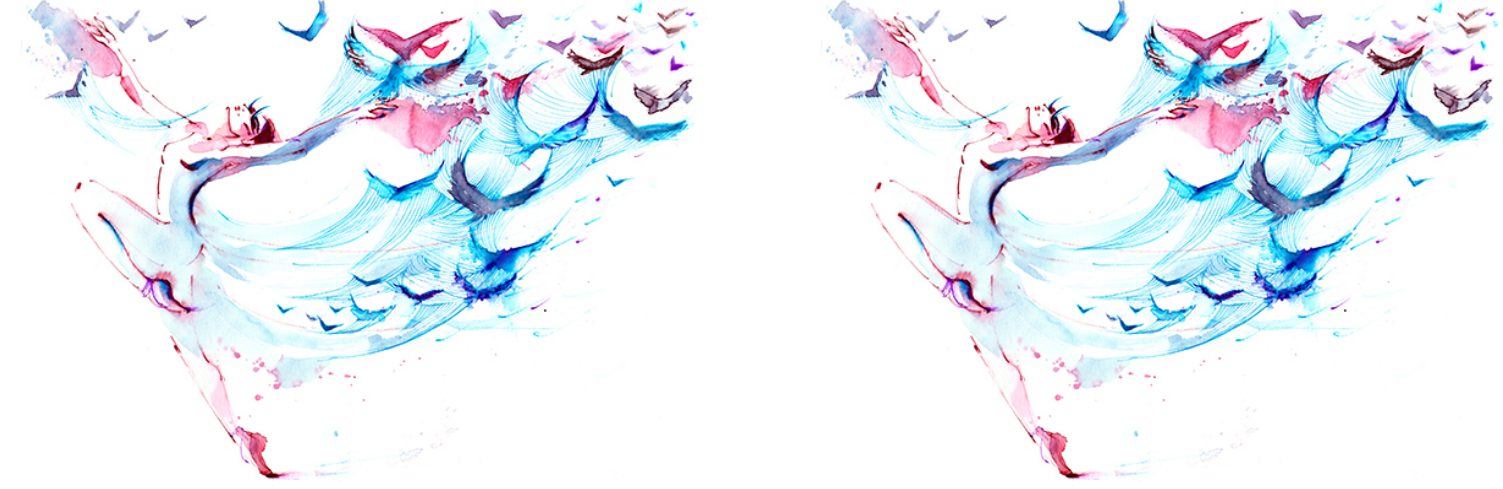
New people – lots of new people – some good, some not. In rehab, Walter saw physical, occupational, and speech therapists. They worked on getting him out of bed. Transfers were tricky because the bed height etc. was not the same as at home. Also, Walter had lost a lot of strength. I was finally asked to come in early one day, so I could try to explain how things used to be. Over time, with help from the therapists, it worked out fairly well. Within a few weeks, Walter was up when I arrived – the first time in two months!

Walter began writing me notes and I wrote some while on the train, so we exchanged them when I arrived. Some days were good, and some were bad. I learned to suction Walter's tracheostomy, so we could go to the cafeteria together, which was a real treat! Just to be out of the hospital room gave us a big boost, and a feeling of having some control.

Joan Burrows studied music in NYC and later taught piano. She was a nursery school owner, teacher, and music director. Joan began the Acton Commission on Disability with Walter Kiver. She is a caregiver for people with disabilities and seniors.



LOVE & INTIMACY CORNER



Ballet and Whimsy in the Emergency Room

By Ms. Love

The call came in from my friend Marsha that a mutual dear friend, Tuvye, was on his way to the hospital by ambulance. Could I meet him there? I was in my pajamas, but I said I would be there soon.

I had just visited my friend just two days earlier and knew he had a cold. In the Emergency Room, he was told his condition had deteriorated considerably. He had a cough that shook his whole body, wasn't able to sleep, and wasn't hungry. Many medical providers came in asking us questions about his general health, his health last week, and what happened that caused him to be brought in by ambulance that morning. "Does this hurt if I press here?" "We're drawing blood, and it will be awhile before we know the results." "We tested for the flu, the results should be known soon."

I heard the monitors connected to my friend gurgle and beep different sounds. For hours, I watched his oxygen level, heart rate, and blood pressure numbers go up and down, down and up. He was briefly taken out of the bay for an x-ray, and it was then I got to turn outward and fully take in the hub-bub of activity and sickness in the ER. Every bay in the Emergency Room was occupied by a patient and many had loved ones with them. Other patients lay on gurneys outside the bays. Many were coughing and sneezing. I was concerned that whatever my friend was dealing with, he might also be exposed to other illnesses.

Tuvye returned to me soon, still severely coughing and very desirous of a glass of water. But he was not allowed any food or liquid just yet. My friend kept

shaking with each cough and I kept wincing because I knew each cough was very painful for him. In an effort to distract him, I asked “Let's see, how can I entertain today? Juggling? Jousting? Stand on my head?” Well, that perked him up and got his attention. The image of me doing circus acts wearing a neck color and braces on my legs, while leaning on a cane was probably very amusing! And, how many ER patients get asked if they want to see their visitor juggle? Not that I even know how to juggle, but it was the ludicrousness of it all that got a small smile out of my ill friend.

“I bet you didn't do your exercises before you came over in the ambulance today, did you?” No indeed, he had not done his exercises because he wasn't feeling well. “Well, why don't I just do them for you! I proceeded to do my beginner's level rendition of some ballet exercises my 90-year-old friend has done every day for many years to maintain his flexibility, balance, and strength. Right there, in our emergency room bay, with the curtain open to the hustle and bustle of the rest of the department, I pointed my toes outward to do plies and I slowly, slowly bent my knees the tad I could bend. “Am I doing this right, Tuvye?” And with a flounce of my arm – the one that wasn't holding me up with my cane – I tried to draw on every ballerina I could picture in my mind, while demonstrating a little bit of gracefulness. “This next one is the Ronds de jambe, right Tuvye?” As I extended one leg slightly out from my body and drew circles in the air with it. “What's next, Tuvye?” Tuvye extended his arms as much forward as his medical equipment around him allowed and we did this arm exercise together. “Sorry I didn't bring my tutu with me today,” I said dryly; Tuvye knows I do not even own a tutu.

I remembered another time when Tuvye wasn't feeling well and I had told him a bedtime story to help him get to sleep. I asked Tuvye if he would like me to tell him a bedtime story to help him doze off while we waited for his test result. I received a definite nod. “Okay, give me a second to think; I have to create a new one just for you.” Wouldn't you know, smack in the middle of me telling a whimsical story, medical providers walked into our bay, announcing a room was ready for Tuvye to be admitted to the hospital for pneumonia and someone would be along soon to take him upstairs. “Oh good, there's still time to finish the bedtime story.” And, I did.

Because of skilled nurses, doctors, orderlies, managers, and other hospital staff who pull together as a team, many miracles – big and small – occur in

emergency rooms. But when the going is tough, it is often up to friends and relatives, by their very presence and with their love, to help a patient through tough times. Caring relationships and acts of love create special miracles of their own. Never underestimate the specialness you provide the next time you keep company with someone you love in the ER.

The Love and Intimacy Corner welcomes questions and requests for topic areas from readers. Please send all comments, questions and suggestions to Ms. Love at DI.LoveandIntimacy@gmail.com Questions chosen to be featured in the Ms. Love column will appear under a pseudonym to protect privacy, and may be edited.



INFO BRIEFS • INFO BRIEFS • INFO BRIEFS



The Massachusetts Department of Conservation and Recreation's Universal Access Program is hosting our

15th Annual Accessible Recreation Fair

Saturday, June 1 • 10 am - 3 pm

Herter Park/Artesani Playground • Brighton, MA

Join the [Department of Conservation and Recreation's](#) (DCR) [Universal Access Program](#) (UAP) for a free, fun-filled day celebrating accessible outdoor recreation in Massachusetts state parks!

Family-friendly, accessible, and inclusive activities include: cycling with an assortment of adaptive cycles, hiking and letterboxing with all-terrain wheelchairs and walkers, face painting and kite decorating, mask making and sidewalk chalking, golf and other equipment demonstrations, bubble blowing and games, music and dancing, and much more.

Stop by the UAP booth to tell us about your favorite park for a chance to win a raffle prize, like a gift card to [Legal Sea Foods](#)! Meet Smokey Bear and wish him a happy 75th birthday! Light refreshments will be available, generously provided by [Big_Y](#), [Shaw's](#), [Starbucks](#), and [Price Right Marketplace](#).

Come meet an array of regional adaptive recreation organizations and learn about accessible, adaptive, and inclusive recreation opportunities in the greater Boston area and beyond. Sign up for upcoming adaptive summer programs like fencing, sailing, kayaking, dance classes, yoga, rock climbing, and much more!

Join us rain or shine!

Call (413) 545-5760 for recorded status in case of severe weather.

Pre-registration is highly recommended, especially for use of equipment.

To register, call Donna at (413) 545-5760 or
email donna.hubbard@state.ma.us.

Please RSVP to request an ASL interpreter or other accommodations.

Volunteers are also welcome!

For volunteer opportunities, contact Laila at (857) 260-1519
or laila.soleimani@mass.gov.

The UAP is committed to providing outdoor recreation opportunities in Massachusetts State Parks for visitors of all abilities. Accessibility to our State Parks is achieved through site improvements, free specialized adaptive recreation equipment, and free or low-cost accessible recreation programs. The UAP strives to increase participation in indoor and outdoor recreational activities in integrated settings.

The UAP offers accessible cycling, sailing, kayaking, canoeing, swimming, hiking, and rowing programs in the summer and fall, and adaptive skiing, skating, snowshoeing, and other winter activities at various Massachusetts

state park facilities.

For more information on DCR's Universal Access Program and a schedule of activities, call (413) 545-5760, email DCR.UniversalAccess@mass.gov or visit www.mass.gov/dcr/universal-access.



Choose Work! • blog

Where Are You on the Path to Work?

As you start on the path to financial independence through work, you may find yourself in one of 4 general phases of starting to work. Everyone's path to work is different but learning more about these 4 phases may help you prepare and discover how a Ticket to Work program service provider may be able to help you succeed.

Read [Where Are You on the Path to Work?](#) today!





Accessible Family Theme Park Opens the World's First Waterpark for Children with Disabilities

Morgan's Wonderland and Morgan's Inspiration Island in San Antonio, Texas truly offer something for everyone! Morgan's Wonderland has more than 25 wheelchair-accessible attractions such as rides, play scapes, interactive elements and entertainment.

Everyone who has been in a water park knows what amazing fun it can be. It's not just an adventure for the whole family - it's also a great way to cool off in the summer heat. However, most water parks are not exactly designed for people with disabilities. Until now. The [Morgan Inspiration Island](#) in San Antonio, Texas has a water park specially built for people with disabilities.

The whole park is wheelchair accessible and is designed to give all children a chance to fully enjoy various water games and pools. Waterland Morgan Inspiration Island has a tropical theme and offers six major rides, including a wheelchair-adapted flow ride and large spaces with geysers, water cannons and rain showers. But best of all? All persons with disabilities are welcomed into the park - free of charge. Their goal is to give all guests a good experience

in a welcoming, safe, comfortable and not too crowded environment.



The park also gives all children a waterproof bracelet with GPS, so parents or personal assistants can easily follow and find the kids if needed. Private, quiet areas are also available for children who are vulnerable to crowds and too much noise. The park has also been designed with water conservation in mind - water is continuously filtered and recycled, ensuring all visitors that they can be confident about the water quality.

Waterparks catering to people with disabilities do already exist around the world but are restricted to just one or two pools adapted to their needs. That's why Morgan Inspiration Island is being considered the world's first waterpark that is truly inclusive.

For more information and to see full descriptions of rides, attractions, and entertainment, visit <https://www.morganswonderland.com/attractions/> or call 210-495-588.





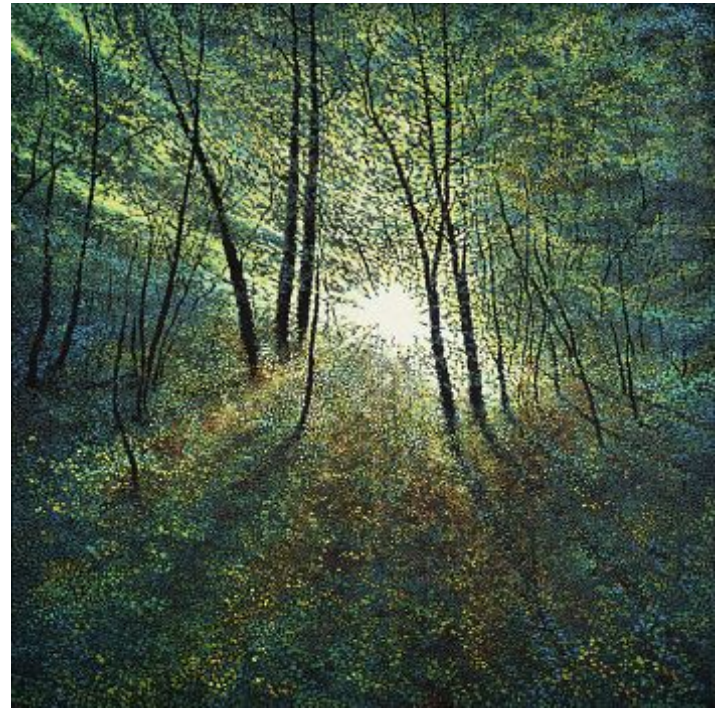
Photos: © Morgan Inspiration Island



Prisms: Perspectives on Hidden Disability

This exhibit offers artistic explorations of four artists' experiences with disability that are not initially visible to others, including learning and physical disabilities, chronic pain, and mental illness. By considering disability with the varied perspectives shared by the exhibiting artists, a spectrum of nuanced, gorgeous, and human experiences unfold. In resonance with James Baldwin's declaration that "The role of the artist is exactly the same as the role of the lover. If I love you, I have to make you conscious of the things you don't see." It is with love that we share this work, invite necessary dialogue, and collectively envision a future that is more just for all.

For more information about exhibit dates and descriptions, visit



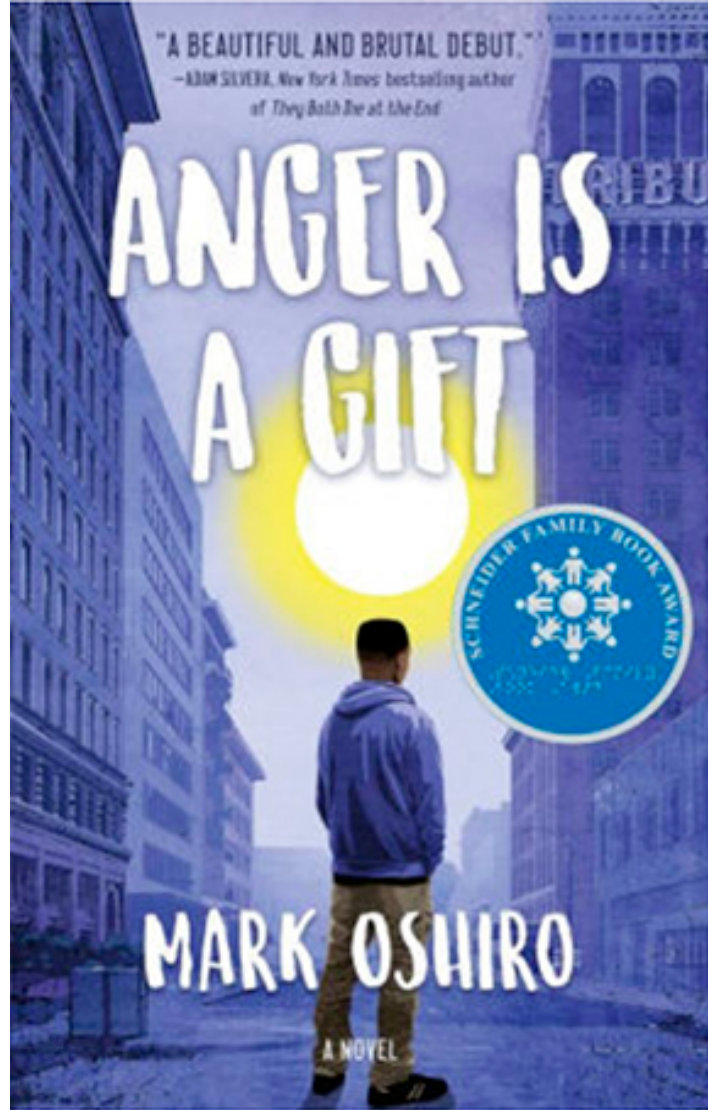
Schneider Family Book Award

Schneider Family Book Award: Books about the Disability Experience

The American Library Association (ALA) is the oldest and largest library association in the world. Founded on October 6, 1876 during the Centennial Exposition in Philadelphia, the mission of ALA is “to provide leadership for the development, promotion and improvement of library and information services and the profession of librarianship in order to enhance learning and ensure access to information for all.”

Every year, the ALA and its member units honor people and institutions through an awards program that recognizes distinguished service to librarians and librarianship. One of the ALA’s awards is the **Schneider Family Book Award**, which honors an author or illustrator for a book that embodies an artistic expression of the disability experience for child and adolescent audiences.

Teen Book 2019 Winner



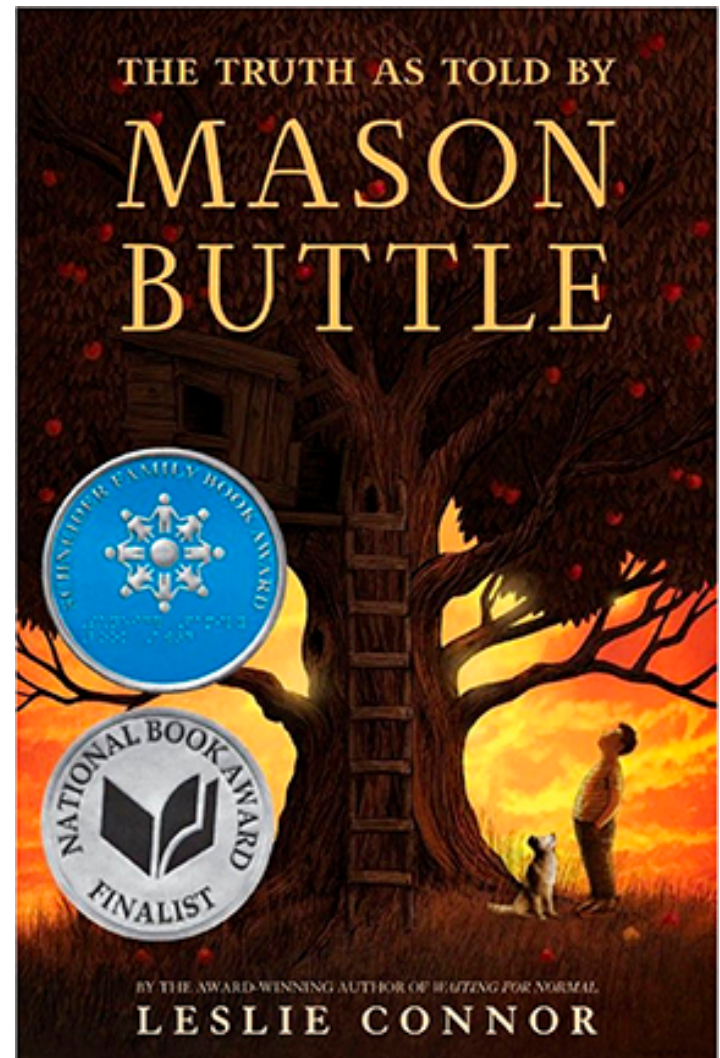
Anger Is a Gift

written by Mark Oshiro and published by
A Tor Teen Book, Tom Doherty Associates

Middle School Book 2019 Winner

The Truth as Told by Mason Buttle

written by Leslie Connor and
published by Katherine Tegen Books,
an imprint of HarperCollins Publishers



**Young Children's Book
2019 Winner**



Rescue & Jessica: A Life-Changing Friendship

*written by Jessica Kensky and Patrick
Downes, illustrated by Scott Magoon and
published by Candlewick Press*

For more information, visit the [Schneider Family Book Award](#) website and see a listing of [past winners](#).



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www.11th-hour-design.com

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Spaulding has been awarded a Model Systems designation in three specialty areas - Brain Injury, Burn Injury Rehabilitation, and Spinal Cord Injury - by the National Institute on Disability, Independent Living, and Rehabilitation Research. Spaulding is a teaching hospital of Harvard Medical School as well as the official rehabilitation hospital of the New England Revolution. Spaulding is the only rehabilitation hospital in New England continually ranked since 1995 by U.S. News and World Report in its Best Hospitals survey with a #2 ranking in 2018-2019. Spaulding was recognized in 2018 by Disability Equality Index® as a company who scored 100% in the category of Best Places to Work™ for Disability Inclusion. For more information, please visit www.spauldingrehab.org

The ***Disability Issues*** newsletter is a free and independent publication. It is published quarterly and shares current information about the world of disability, new initiatives, and other helpful information to the disability community in Massachusetts.

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Disability Issues c/o Spaulding Hospital Cambridge, Attn. Human Resources,
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