

Despite closed doors, York U. is navigable for handicapped students

By Kathie Horne

Handicapped students at York have come to one of the most accessible universities in Ontario.

The co-ordinator of the centre for special services for handicapped students (CHS), Judy Snow, says "all buildings are accessible and most are accessible in the 'normal way'. People don't have to go through garbage or morgue entrances to get in".

A quick survey of the campus shows that all of the colleges and residences are accessible, if the layout of the buildings and the connections between them are known. For example, to get into the Petrie Science Building, a person in a wheelchair has to go through Steacie Science Library to the

elevator, in order to gain access to the connecting tunnel.

One of the major problems facing people in wheelchairs is the number of heavy doors throughout the campus. It is fine having a ramp to make entrances accessible; however, when one has to wait five to ten minutes to have a door opened to make use of that ramp it makes things difficult.

First year student, Ian Campbell, says that "If there were one wish that I could have, apart from better food, it would be to reduce the number of closed doors on campus". The CHS has made special arrangements with the university for keys for elevators, keeping doors open, and seating arrangements in the Central Square Cafeteria for the

disabled population at York.

WINTERS RES.

Winters Residence is one of the first built at Finch - Steeles campus and is the least accessible. Vanier Residence is the most accessible with added renovations. McLaughlin, Stong and Bethune are all open and available to handicapped students. Graduate and Atkinson Residences are also making their premises accessible through building ramps on streets.

The Scott Library is accessible to wheelchairs through the use of the elevator behind the book stacks in the Reserve Library. Even though accessible, handicapped students have problems using the library resources because of the lack of volunteers to help locate books and get them off the shelves.

Winter is especially difficult for the disabled, as it is for everyone at York. Complex 1 is connected to the Behavioural Sciences Bldg. by a tunnel, but the rest of the campus is not connected. Therefore, handicapped individuals must use the surface paths. Although these paths are ploughed by Physical Plant regularly, it is still difficult to maneuver a wheelchair through the cold, snow and wind.

"People at York", says Snow, "are in general very open to handicapped people in that they are usually willing to help them solve any special problems. And other than that, they leave you alone to lead your life as you want".

The Centre for Special Services for Handicapped Students began in



Heavy closed doors at York create problems for handicapped students.



Bus pictured above brings handicapped students to York daily.

Donna Mobbs photo

January, 1977 and after six months had its present clientele of fifty. Disabilities of clients range from temporary disabilities, such as whiplash or broken legs, to paraplegia, quadraplegia, multiple sclerosis, cerebral palsy, epilepsy, visual impairments, and deafness, to walking restrictions due to heart conditions.

Judy Snow spent seven years as a student at York and became an "unofficial" counsellor dealing with the inherent problems for disabled students living in a university setting. She saw a need for a counselling centre for the disabled and applied for and received funds from the Atkinson Charitable Foundation. It is hoped that next year, the Centre will receive a larger grant so that ad-

ditional staff can be hired and the drop-in facilities can be expanded. The Centre also has an expanding information and resource centre for those students doing essays.

DIDN'T KNOW

Ian Campbell did not know if he could be able to stay in Vanier Residence this year because of the lack of attendant care. Yet Campbell said "the rest of the fellows on third floor Vanier gave me a vote of confidence".

Annette Shiffman is having a running battle with a community organization, in order to continue her education at York. She has noticed at York that there is a "phenomenal amount of understanding toward people". From her experience, she has found that non-disabled people believe in integration, but only up to a point. After that point, a barrier is erected, which acts as a safety buffer on both sides. As an example of the above, she remarked on the questions of a young student about her marital status, and the subsequent shock of the student on hearing the affirmative answer. As the integration continues, this demarcation will slowly become irrelevant and drop away.

Kazumi Tsuruoka is the Chairman of the Services Committee at Stong College. He says "I like York because I feel that people here treat you as normal". He said that his acceptance as Chairman was the best sign of acceptance and respect that anyone could give him.

Perhaps Bobby Sarlina's attitude can sum up the general attitude of people at York. "People are the same everywhere. I'm not treated differently at York. There are good people and bad people" The thing is to recognize the good and to deal with the bad in terms of awareness and understanding.

If you are interested in a nice place and nice people, or to do research on an essay, or just personal information dealing with people who have a disability, drop in to the Centre for Handicapped Students in Room 135 of the Behavioural Sciences Building, or phone 667-3312.

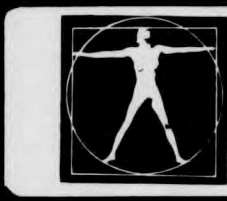
The Centre is also looking for volunteers who would be interested in helping people in the library or in the cafeterias.

Sorry about that

Last week a typographical error caused some misinformation to appear in our "News Briefs" section. In the article entitled "RWL speakers come to York", it said that "Art Young, a former leader of the Revolutionary Marxist Group, will be the featured speaker...."

Young was in fact a former leader of the League for Socialist Action. The second speaker at the RWL meeting (left out of the article due to the typographical error) was Judy Rebick. She was a former leader of the Revolutionary Marxist Group.

Harbinger's Column by Sue Kaiser



Some effects, good and bad, of the Pill

The approval of oral contraceptives in 1960 made pharmaceutical history. Not because it was supposed to be a completely effective method of birth control. Its real significance lies in the fact that it was the first time a powerful drug was being recommended for normal, healthy women to take on a continuing basis, over a long period of time.

Since 1960, the news media and medical journals have been constantly reporting new findings about short and long term effects of the Pill. Today, we hear arguments that any drug must be in widespread use before all the possible side effects can be tallied.

These arguments have merit. But because of the intended continuous, long term use of the Pill, the known carcinogenic qualities of estrogen, and the fact that the Pill suppresses the pituitary gland, which governs many body functions, the Pill should have been more thoroughly pretested than other drugs.

FEW WOMEN

Did you know that the original clinical studies which the FDA accepted as grounds for approval were performed on only 132 women? Three of these women died and were not even autopsied.

For women who take the pill, or are considering it, here is a brief summary of the side effects and contraindications which are presently recognized.

A good source of more informa-

tion is the Birth Control Handbook, available at Harbinger.

The Pill has been shown to increase the risk of blood clots. Any woman with a disease or condition associated with poor circulation (thromboembolism, phlebitis, varicose veins, strokes, heart disease or heart defect) should not take the Pill. Signs which indicate clotting problems are severe headaches, sudden blurring of vision, sensation of flashing lights, severe leg or chest pain and shortness of breath.

The Pill has been shown to cause limb defects in some offspring of women exposed to the hormones during the first weeks of pregnancy. Do not take the Pill if you might be pregnant.

Liver tumors have been linked to Pill usage. Any impaired liver functioning, such as hepatitis, means you should not take the Pill.

BLOOD PRESSURE

Some women develop high blood pressure while on the Pill. It is usually reversible. Have your blood pressure checked at least once a year.

Estrogen, a major component of the Pill, has been shown to aggravate existing cancer. Be sure you are checked thoroughly before you start taking pills, and every six or twelve months while on them. Checking for breast cancer can be done at home, and should be done every month.

Some women who take the Pill show a significant change in their glucose tolerance levels, and an in-

crease output of growth hormone. Both of these changes can lead to diabetes, and some doctors recommend all women on oral contraceptives be tested for glucose tolerance once a year. Vaginal yeast infection (monilia vaginitis) is a signal of altered carbohydrate metabolism, and should be investigated.

About 5 per cent of women on the Pill develop bad migraines, or frequent headaches. These are painful, and can be a warning sign of stroke.

The Pill has also been linked with depression or irritability, which increases with succeeding cycles, and can grow on you without your being aware that the Pill is the cause. A Pill with less progestin may help.

When the Pill was still young, many doctors, researchers and women expected to see an increase in sexual desire in women who were taking oral contraceptives. This increase is experienced by many women who respond to the lack of fear of unwanted pregnancy. But an increasing number of women are reporting a decrease in sex drive, lack of vaginal lubrication, decreased vaginal sensitivity and fewer orgasms.

This is less common for women who take high estrogen dosage Pills.

One of the little-mentioned side effects of the Pill is its ability to increase a woman's susceptibility to VD, because of changes to the acid-alkaline balance of the vagina.

Some of the more commonly known side effects of Oral Contraceptives include nausea, (similar to the morning sickness of early pregnancy), changes in menstrual flow (usually lighter), breast growth and tenderness, weight gain, fluid retention.

And lest you think all the effects of the Pill are negative, remember that it can relieve premenstrual tension and cramps, be helpful in the treatment of iron deficiency (anemia), and, of course, protect you from unwanted pregnancy.

If you are on the Pill, or are thinking of it, it is important to take as thorough a look at your medical background as possible. This will help sort out the facts of your health, and determine whether the Pill is safe for you to take.

For more information on the Pill, stop in at Harbinger, or talk to your doctor.

