

DISABLED HONI

VOL 90 SEM 2 WEEK 6



Ditching
"differently
abled"

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Transport for all

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Sick memes

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional custodians of this land, the Gadigal people of the Eora Nation. The University of Sydney – where we write, publish and distribute *Honi Soit* – is on the sovereign land of these people. As students and journalists, we recognise our complicity in the ongoing colonisation of Indigenous land. In recognition of our privilege, we vow to not only include, but to prioritise and centre the experiences of Indigenous people, and to be reflective when we fail to. We recognise our duty to be a counterpoint to the racism that plagues the mainstream media, and to adequately represent the perspectives of Indigenous students at our University. We also wholeheartedly thank our Indigenous reporters for the continuing contribution of their labour to our learning.

EDITORIAL

This is a Disabled Honi. This is a Honi with disability. This is a crip Honi. This is a mad Honi. This Honi diverges from expected norms. This Honi prefers alternate forms of communication. This Honi can't get into most buildings or bathrooms or parking spaces. This Honi fights inaccessibility. This Honi leaves no body behind. This Honi is non-compliant. This Honi kills fascists. This Honi surrounds hate and forces it to surrender.

Disabled people make up a fifth of the general population, and likely more than that in the University of Sydney student body given that university students are disproportionately likely to experience psychiatric disability. Much of USyd is deeply inaccessible. Many of the buildings are not wheelchair accessible at all, and the elevators and hydraulic stair lifts that do exist often break down. There are hardly any accessible parking spaces. Access measures for students and staff with sensory disabilities are often vastly inadequate. The SRC offices are located down a flight of stairs, otherwise accessible only via a goods and services elevator and a door that cannot fit motorised wheelchair users. A psychiatric crisis at the wrong time can mean failing a semester. The special consideration system is punitive and arbitrary, Disability Services is often helpless to act in any meaningful way, and the cobblestones – installed in 2004 – are a fucking nightmare.

45% of disabled people in Australia live near or below the poverty line. 90% of women with intellectual disabilities will experience sexual assault in their lifetimes. Disabled people make up 50% of the population in Aboriginal and Torres Strait Islander communities, who also experience some of the worst healthcare discrimination in this country. The term “ableism” has been in use since 1981, replacing the earlier “handicapism”, but the term is still treated like a recent innovation, and disability justice & liberation are still neglected in activist spaces.

Too often disabled people are excluded and ignored, sometimes because we physically cannot get into the building and sometimes because our presence is not welcome. Our voices are suppressed. Some of us are still fighting for the right to live outside of institutions. Disabled people have given a lot to this university, but it has not given back to us. In the 1970s Jacob Baldwin and Joan Hume fought for the right of people like us to be allowed to study at the University of Sydney. In 1991 Bronwyn Moye and her contemporaries led an action in which they parked their wheelchairs in the middle of the road at Broadway and blocked off the street to protest the lack of accessible buses. But we are still fighting for things as basic as lecture recordings and lift access.

The University of Sydney SRC Disabilities Collective was founded in 2012. Until now, we were the only autonomous identity based collective that did not produce an annual special issue of *Honi Soit*. I am impossibly glad and proud to be introducing you to the very first Disabled Honi.

Love & solidarity,
RME

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Art by Robin Eames

Disability resources on campus

The Disabilities Collective & Caregivers Network

The Disabilities Collective is an autonomous collective for undergraduate students who have a disability, defined by the UN Convention on the Rights of People with Disabilities as “long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” This includes people with mental, chronic, or terminal illnesses; people who are neurodivergent; and people who are D/deaf or hard of hearing, even if they do not personally identify as disabled or as having a disability.

The Caregivers Network is an initiative for students who provide substantial informal caregiving support to friends or family members who are disabled.

If you'd like to get involved in activism, social events, Disability Inclusion Week, and more, get in touch! You can find our public Facebook page at facebook.com/USYDdis/ and our Twitter at @USYDdis. Contact the 2018 OBs Robin Eames, Mollie Galvin, and Ren Rennie at disabilities.officers@src.usyd.edu.au to be added to either of our Facebook groups, or to be added to our mailing list. You do not have to disclose any details about your disability or caregiving responsibilities to get involved.

Love & solidarity,
the 2018 OBs
Robin Eames, Mollie Galvin, and Ren Rennie

Your rights as a disabled student

The Disability Discrimination Act (1992) and the Disability Standards for Education (2005) enshrine in law the right of disabled students to access education and training “on the same basis” as non-disabled students. You have the right to:

- use an assistive device or mobility aid
- be accompanied by a carer, interpreter, reader, or assistant
- be accompanied by a guide or hearing dog or other trained assistant animal
- access reasonable adjustments for lectures, tutorials, and assessments so that you are not disadvantaged by your disability
- access lecture materials in a format that you can understand
- seek redress for abuse or harassment on the basis of disability

USyd Disability Services

Disability Services is the main point of contact for accessing disability accommodations during your study. Some of the accommodations they can arrange include:

- assessment and exam adjustments, including extra time, smaller exam rooms, use of a computer
- timetable adjustments, including making sure that your lectures are close together, close to bus stops, or held in buildings that are wheelchair accessible or have hearing loop equipment
- alternative formatting
- access to assistive technology
- lecture support
- library services

Contact Disability Services:

Phone: +61 2 8627 5067
Email: disability.services@sydney.edu.au
Fax: + 61 2 8627 8482
Address: Level 5 Jane Foss Russell Building G02 (lift access)
Opening hours: 9am to 4.30pm Mon-Fri

SRC Legal Service contact details

Appointments:
Call the SRC Legal Service to make a booking at 02 9660 5222.
If you have a hearing or speech impairment, you can call them via the National Relay Service: <https://relayservice.gov.au/>

Drop-in sessions:
Level 1, Wentworth Building (G01), Darlington/Camperdown campus. No appointment required. Tuesdays & Thursdays, 1pm–3pm

NOTE: The SRC is located down a flight of stairs and may be difficult for students with mobility issues to access. If you prefer a face to face appointment you may be able to use a (narrow) back entrance via the loading dock, or they may be able to book a meeting space in another venue. Alternatively they can arrange contact via telephone or Skype.



UNIVERSITY OF SYDNEY
DISABILITIES COLLECTIVE

Art by Robin Eames

Why we need to ditch “differently abled”

Noa Zulman wants to move past euphemisms

If I had a dollar for every time a well-meaning care worker, acquaintance, or old lady on the train stumbled over referring to me as ‘disabled,’ I might not need such a robust NDIS plan. Where public discourse has played catch-up to the preferred language of other marginalised identities (see: ‘queer’ and ‘person of colour’), the disabled community has struggled to achieve such linguistic autonomy. We are spoken for, often in hushed and reverent tones, with terms like ‘differently abled’ and ‘special needs’ sugar-coating society’s deep discomfort with disability. Some have argued that the deployment of such language is a much-needed corrective to centuries of objectification and negative stereotyping of people with disabilities. But while this approach might be well-intentioned, I argue that it is woefully misguided.

I preface this argument with the caveat that the disabled community is a diverse one with a wealth of different opinions on self-identification; there may indeed be those among us who prefer ‘differently abled’ over more historically-loaded terms like ‘disabled’ or ‘crippled.’ What is most important is to respect the preferences of disabled folk rather than impose patronising terminology on their behalf in an act of supposed ‘good will.’ That

being said, I’d like to put forth a case for letting the euphemism die a long overdue death.

For starters, the phrase is awkward and clunky, tripping up the most fluent of tongues with its self-righteous sing-song. If we are looking for an elegant and accessible adjective to describe people with disabilities, ‘differently abled’ definitely isn’t it. Worse than the term itself however, is the way in which it is spoken. Most often deployed by abled and neurotypical folk, phrases like ‘differently abled’ and ‘special needs’ reek of a patronising smugness that implies the speaker’s supposed allyship.

Beyond the semantic stickiness of the term, I think that there are several significant harms which are perpetuated when we use language like ‘differently abled’ and ‘special needs.’ First coined

by the U.S. Democratic National Committee in the 1980s, the development of the term was distinctly devoid of any input from disabled folk themselves. Herein lies my first substantive objection to the use of ‘differently abled’ – it was created to soothe the social conscience of abled allies, rather than to serve the community it purports to describe. Far from the empowerment that the DNC were trying to inspire, such a term denies people with disabilities linguistic self-determination.

What is most important is to respect the preferences of disabled folk rather than impose patronising terminology on their behalf

Moreover, replacing ‘disabled’ with these fluffier, feel-good counterparts contributes to a culture that alienates disabled folk by deflecting the harsh realities of living with a disability through

recourse to a rhetoric of difference and uniqueness. Instead of having our pain and struggle acknowledged, we are constantly reminded of our ‘untapped’ potential and held up as a pinnacle of inspiration for the masses. This

I don’t believe that disabled folk have different abilities or needs than anyone else

in turn engenders what English philosopher, Miranda Fricker, terms as ‘hermeneutic injustice’ whereby the disabled community have their social experience obscured from collective understanding due to structural prejudices in society’s understanding of disability. The constant reiteration of our specialness slowly eats away at the community’s capacity to make sense of our experiences, often leaving us feeling guilty and confused.

On a practical level, the adoption of language like ‘differently abled’ and ‘special needs’ within popular discourse has done nothing to materially improve the lives of disabled, mentally ill, and neurodivergent people. In fact, I would argue that it has done quite the opposite, reinforcing a medical model of disability that focuses on individual ability, rather than structural inequality and social support. Perhaps this is controversial, but I don’t believe that disabled folk have different abilities or needs than anyone else; rather, we face higher barriers to achieving our goals and meeting our basic needs due to inaccessible institutions, infrastructure, and ableist societal attitudes.

In the words of actress Lauren Potter, “What we really need is education, jobs, opportunities, friends, and some love. Just like everybody else. Are these needs special?”

I think not. So let’s ditch the niceties and call ‘difference’ what it really is: disability.

ScoMo is Satan, and so is everyone else

Margot Beavon-Collin reckons the whole damn system is wrong

It has been a chaotic week in the Liberal Party, and unsurprisingly a loud week in activist circles on the left. The conversation has awkwardly pivoted between “Dutton is the worst” to “well, Turnbull is also the worst” back to “Dutton is the worst” and now “Morrison is the worst”. I don’t think it takes an Anarcho-Communist to draw the conclusion that, perhaps, the underlying message could in fact be “the LNP is the worst”.

These repetitive sentiments do however suggest that the Left discursively relies on a kind of anti-hero worship. While having a common, clear enemy is very powerful in the short term, in the long term it has created confusion in terms of overall political aims, and overlooks the source of the policy positions we are all so strongly opposed toward.

The Left discursively relies on a kind of anti-hero worship

Take, for instance, immigration. It is absolutely true that the LNP’s record has been incredibly cruel, heartless, and unjustifiable. What is also clear is that, if history is any indication, the ALP would not do much better in this respect. Both Rudd and Gillard largely maintained Howard’s crusade against refugees seeking asylum in this country. Bill Shorten clearly recognises this: in his attacks on Dutton he has steered well clear of anything to do with Dutton’s time as Minister for Immigration, as criticism of this nature would be the worst kind of hypocrisy.

Another object of condemnation that has been mentioned frequently this week is Dutton’s boycott of Kevin Rudd’s “Apology to Australia’s Indigenous peoples”. Again, this is inexcusable, and it is clear that racism is endemic to the Liberal-National Coalition. However, the ALP is hardly in a

position to claim a moral high ground with regard to racism enacted against Aboriginal and Torres Strait Islander peoples. Remember that, for example, though the Northern Territory Intervention was a Howard government policy, it was supported and maintained by both Rudd and Gillard governments, and the suspension of the Racial Discrimination Act was continued through to 2010. The legacy of the intervention is still being felt in that state. Twenty-one years after the Bringing Them Home report, the rate of Indigenous child removals is actually increasing. Twenty-seven years on from the Royal Commission into Aboriginal deaths in custody, the vast majority of the commission’s recommendations have either been ignored or only partially implemented. The ALP is as culpable for these abuses as the coalition.

In the field of labour reform, much has been said of the Liberal party’s track record of work choices and the erosion of worker’s rights, particularly by union officials attempting to tie this event to “Change the Rules”, which many have seen as an early Labor election campaign by the ACTU. Of course, the rules that need changing were legislated under the Rudd government, after promising to fix the policies of Howard. Though it may seem cynical to doubt the Labor party’s willingness to support the labour movement, history would suggest otherwise, as would the ACTU’s pivot has made away from the Right to Strike campaign in the lead up to an ever-approaching election.

Given that this is Disabled Honi, it would be disingenuous not to mention the NDIS, which has been consistently disastrous since its inception, despite its supposedly radical origins, and the steaming pile of shit it attempts to replace. The privatisation by stealth approach that the NDIS, and various ‘public’ insurance schemes around the world, take to healthcare is one with roots dating back decades, through multiple governments on either side of the very narrow Australian political divide. Narratives of “choice”, so often catch cries of neoliberalism around the world, and which were and are so critical in the promotion of the NDIS, were espoused as much by Keating as by any LNP government in the past twenty years. Real systemic improvements to the infrastructure around

Centrelink, to the healthcare and hospital systems, and to the Disability Support Pension have been largely absent from the platforms of Australian politicians. If anything we have gone backward:

Negative activist campaigns can be very seductive

a crackdown that started under the Gillard government has resulted in the rate of people accessing the DSP being slashed by nearly half,

driving disabled people either into poverty or onto the poverty-level Newstart. At the moment around a quarter of Newstart recipients have some form of disability.

Negative activist campaigns can be very seductive. They can generate strong messages and large numbers. These are temporary. They obscure fights against institutional problems that exist within policies and legislation all across the Australian political spectrum. Whilst fights against villainous individuals can be powerful in the short term, they are not substitutes for a collective campaign towards the creation of a better society with stronger principles. These fights won’t be positioned around any individual, but around the collective fight and shared solidarity of thousands, or hopefully (and, in my humble, commie opinion, likely) millions.



Art by Robin Eames

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The shortage of Auslan interpreters is a national crisis

Amanda Galea writes about TAFE NSW defunding Auslan certification courses

A serious issue has unfolded in recent weeks, the issue of TAFE NSW beginning to cut Auslan completely from their scope of delivery, starting next year. This move would have a deleterious effect on Deaf people in NSW in terms of their access to interpreters, teacher's aides and support workers. The suite of Auslan courses as provided by TAFE are the only pathway to becoming an interpreter. The training and study needed is between 4-10 years, to go from a student to a qualified language interpreter. The only other provider of these courses is a small RTO, the Deaf Society of NSW. They operate from a one floor office in Parramatta.

The suite of Auslan courses as provided by TAFE are the only pathway to becoming an interpreter

Since the rollout of the NDIS, the shortage of Auslan interpreters has moved from serious into crisis. Myself an Auslan interpreter, I am currently turning down 90% of work, due to being completely booked out. This is only increasing as the NDIS continues to roll out across the state. With these serious issues in mind, imagine the panic across the board when in the last two weeks staff and students were told the Auslan courses

will no longer be running in several regions, with other regions potentially about to make the same decision. Reasons for this appear to be related to the recrediting of Auslan, a huge task that has been put off time and again, affordability and low attendance numbers.

However it should be taken into consideration that numbers for Auslan courses did drop, when these courses that had previously been low to zero fee, surged up into the thousands at the start of the Smart & Skilled reforms. There is also next to no promotion of Auslan in TAFE, a serious issue that teachers have brought up time and time again. I am constantly approached by people wanting to learn Auslan, who have no idea that TAFE runs these courses. Given that access for people with disabilities is a current national focus with the rollout of NDIS, not to mention Creating Jobs being one of the NSW Premier's Priorities, it makes little business sense to discontinue such an important job pathway through the teaching of Auslan, if nothing else.

Teachers at the Northern Sydney Institute have been told that SkillsPoint has decided not to renew the Scope for any of the Auslan courses and the region has decided that it won't either. They've been directed to tell students that this semester is the final time Auslan will be run, and to forward all future Auslan enquiries to The Deaf Society.

Other regions are now reporting the same thing, with most agreeing that the axe is about to fall, permanently, on Auslan across the whole of TAFE NSW.

TAFE NSW is currently the only RTO that runs weekly courses in Auslan. Blacktown TAFE in particular, is the ONLY location in all of Sydney that runs Auslan courses during the day, a very viable and popular option. It has run Auslan courses for over twenty years. As far as I'm aware the law has not yet changed, where casuals who work a set

amount of hours for over a year, are to then become permanent part time or full timers. If these courses are axed, several casual Deaf teachers, some who have worked consistent & steady hours for years,

The Deaf Society appears not to have been consulted on this matter at all

will lose their job with no redundancy, and stand to lose their livelihood, as these skills are not usable anywhere else (many teachers already teach the weekend blocks at the Deaf Society, these are only once every few months.) And Deaf people have a notoriously hard time of getting a job anywhere at the best of times. However this is a separate (though considerable) side issue.

The problem with referring all students to the only other RTO that teaches Auslan, is that the Deaf Society is already at capacity with their training. Waiting lists abound and students are turned away in the dozens each semester. Secondly, many TAFE teachers already supplement their income by teaching the weekend blocks for the Deaf Society, so there are no more trainers to be found there

to assist with the demand if TAFE axes Auslan courses. Furthermore, the Deaf Society has written a Position Statement on this very issue. This is taken directly from their website:

INTERPRETING SKILLS SHORTAGE

Recognition of Auslan Interpreting as a national skills shortage area, as well as funding for training pathways are urgently needed, if the current shortage of qualified available interpreters is to be rectified. Without qualified interpreters, access to employment, education and community life will continue being out of reach to Australia's deaf and hard of hearing people.

SOLUTIONS

We call for the Federal government to work with its partner agencies and key stakeholders including deaf and hard of hearing people to ensure:

*Tier 3 of the NDIS includes accredited Auslan interpreters as one of the supports, to remove gaps in access to employment, education and community life.

*National standards are developed ensuring only NAATI-accredited interpreters are employed in ALL interpreting settings including school education.

*Auslan interpreting is recognised as a National skills shortage area, where funding is set aside to invest in the creation of interpreting as a viable industry.

To back this up further, in 2015 the Deaf Society released a 39 page paper entitled "Auslan Language Services and the NDIS: Ensuring Quality in an Environment of Workforce Shortage". A link to that PDF is here below:

<https://www.aph.gov.au/DocumentStore.ashx?id=a43c6757-a24f-41e5-adc9-9dde04edcfa5>

Despite this, the Deaf Society appear to not have been consulted on this matter at all, despite TAFE management instructing teachers to tell their students this is the only place they can re-enrol next year. Clearly there has been no consultation whatsoever on this incredibly important national matter.

Speaking of 'political implications', Penny Ward, the Assistant Principal for Hearing Support in Coffs Harbour, has this to say on the issue:

"We are getting more and more middle eastern refugees to our area and it would appear that there is a high rate of deafness in the population arriving. The Government is bringing these families out on humanitarian visas to help with their hearing loss. They are mostly 'languageless' with no previous amplification or formal sign language. We need to teach them Auslan through pictures first, then sign, then finger spelling then written word."

A teacher from Dubbo TAFE, wrote on this issue in despair. They are desperately trying to establish pathways to interpreting through their Certificate II Auslan course, as there are NO Auslan interpreters in Dubbo – in fact the closest interpreter is four hours away in Tamworth. There is no other RTO in these regional areas that can deliver Auslan accredited courses.

The Australian Sign Language Interpreters Association of NSW (ASLIA NSW) has had this to say on the issue:

"Thank you for bringing this to our attention. This is news to us, and we certainly agree with your concerns, these are red flags for us too, and do not want to see any courses cease, especially considering the NDIS roll out and the need for career pathways to be available toward Auslan interpreting. There are certainly 'political' reasons for maintaining education opportunities to learn Auslan. Amanda (thank you) has pointed out a few in her post already. ASLIA NSW and ASLIA National will be looking into this as requested and be sure to work with the relevant peak bodies to seek additional information and possible solutions."

I have contacted the Disability Discrimination Commissioner at the Australian Human Rights Commission – his name is Alastair McEwan. He is a Deaf Auslan user himself, and I look forward to hearing a response from him.

Here are a few articles that I urge you to read, to come abreast of this topic. Every peak organisation affiliated with Auslan/deafness/interpreting has similar articles or research if you google Auslan interpreter shortage, including NAATI, the National Accreditation Authority for Translators and Interpreters.

<http://www.abc.net.au/radio/programs/worldtoday/concerns-raised-about-national-shortage-of-sign/8161028>

Earlier this year, the QLD government announced the Auslan Interpreter Funding Strategy, to satisfy the "overwhelming need for qualified Auslan/English interpreters and support workers to address the current shortage in the disability sector".

<https://www.deafservices.org.au/News-and-Events/News/2018/January/AIFS>

This one is about the shortage of interpreters in SA, and has some great insights and understanding about the need for interpreters and particularly, interpreter training:

<http://www.abc.net.au/news/2018-07-11/auslan-interpreter-shortage-worsening-in-sa/9974142>

Finally, this article with insights from NSW Deaf community leaders, shows that the problem is a global one.

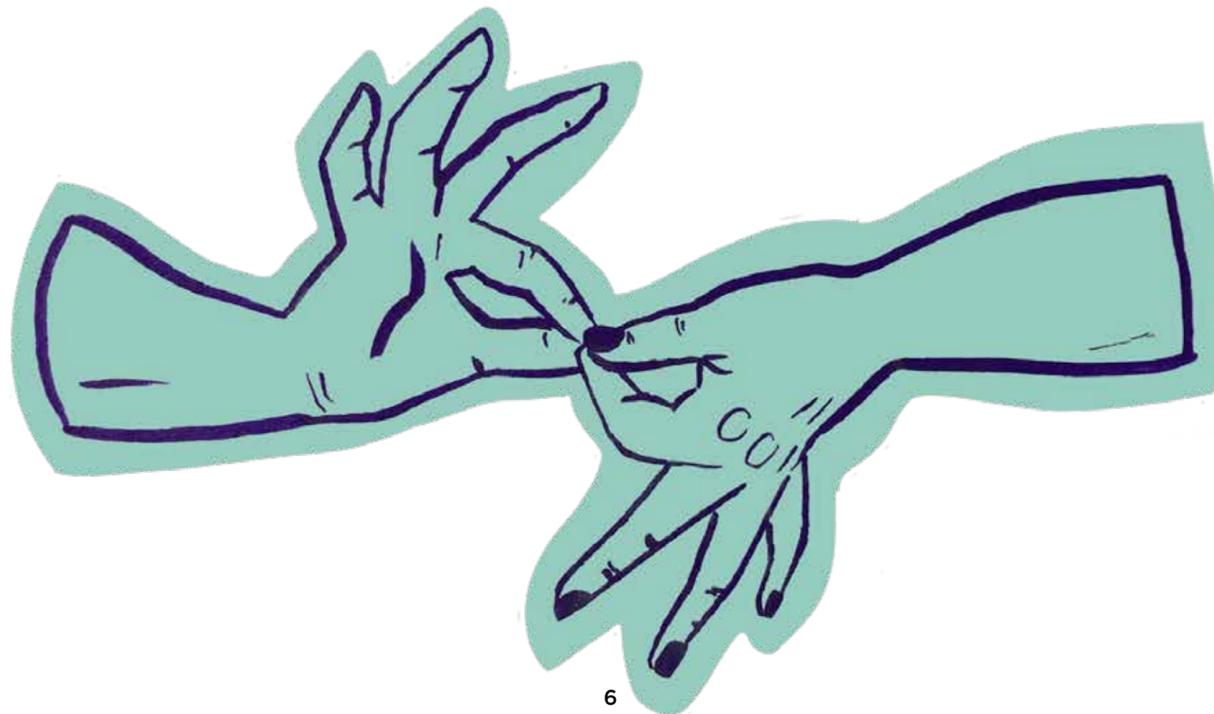
<https://www.sbs.com.au/news/mandela-row-highlights-deaf-services-shortage>

It is vital that TAFE comes together and ideally, requires each region to contribute funding to the recrediting of the entire suite of Auslan courses, as an investment in the health and welfare of the population of this country, in line with the priorities of our Government.

Auslan has been taught in TAFE consistently since the 1980s. NSW has the highest state population of Auslan users. All teachers, trainers, interpreters, and peak organisations will soon join me in insisting that TAFE reinstate these courses, in those regions where they have cut them – and will ask respectfully that you consider the depth and breadth of this situation, when making a decision that will impact this country and its most marginalised people. I also request, given the serious dearth of qualified Auslan teachers and interpreters, that this suite of courses be added to the Skills List by Training Services NSW, so that we can finally begin to address the needs of the Deaf community in this country.

As there is now a national curriculum in place for Auslan in schools, of which many schools in other states have adopted, it would also be nice to see

this done in NSW, teaching Auslan, a language that is aboriginal to this country, to our school students – but again, with our shortage of training for teachers in Auslan, and lack of training pathways with less and less courses being offered, this needs to be addressed first.



Divide and conquer

Jess Balthazaar thinks we're stronger together than apart

It's been nearly three years since I was diagnosed with Type 2 Bipolar. Although I had already undergone a program for Early Childhood Trauma and received a diagnosis of General Anxiety in my early teens, I admit to having distanced myself from the community of people with mental illness and at times I still struggle with this. However, with the difficult realisation that I was no longer just an 'all or nothing kind of person' came a feeling of solidarity with the many family members and friends who I knew also struggled with their

mental health. Having grown up with a younger brother who has Cerebral Palsy and other family members or friends who had physical or learning disabilities, I saw my own disability simply as a variation of theirs. Some people use wheelchairs to help them function and I use medication. I drew strength from this sense of community.

In the past year on a number of occasions I realised that not everyone generalises their identification with the disabled community in this way. I would share content about accessible

fashion and the invisibility of mental illness would be brought up. I would complain about my mental illness in a moment of frustration and I would be told that I should be grateful I wasn't physically disabled. There were patterns to these conversations. People advocating for resources for schizophrenia are generally not accused of failing to advocate for resources of people with depression. The need for the provision of Auslan interpreters isn't seen as negating the need for wheelchair accessibility. Those offended by Pauline Hanson's comments about autistic children weren't accused of not caring about the treatment of dyslexia in the education system. It seems that while the "families" of psychiatric, physical, sensory, and cognitive disabilities can draw together for strength and advocacy, these subcommunities don't form a coherent "tribe".

At first it seemed uncharitable to think that such segregation would not be imposed by outsiders to the community but rather come from disabled people, carers and advocates themselves. However, upon reflection I realised that I too had been guilty of interpreting the existence of another's struggle as detracting from my own; of interpreting their long-withheld validation as my own isolation further-perpetuated.

When we treat psychiatric, physical, sensory and cognitive disability advocacy as separate causes we minimise the size of our own army

The acceptance of others often presents itself like a rare and finite resource and I have often been found amidst the rubble, searching for a cure to my self-imposed stigma and in moments I'm not proud of, pushing others aside in case they steal it from me. I've since come to realise that is an internalisation of the rhetoric that tells us we should stop

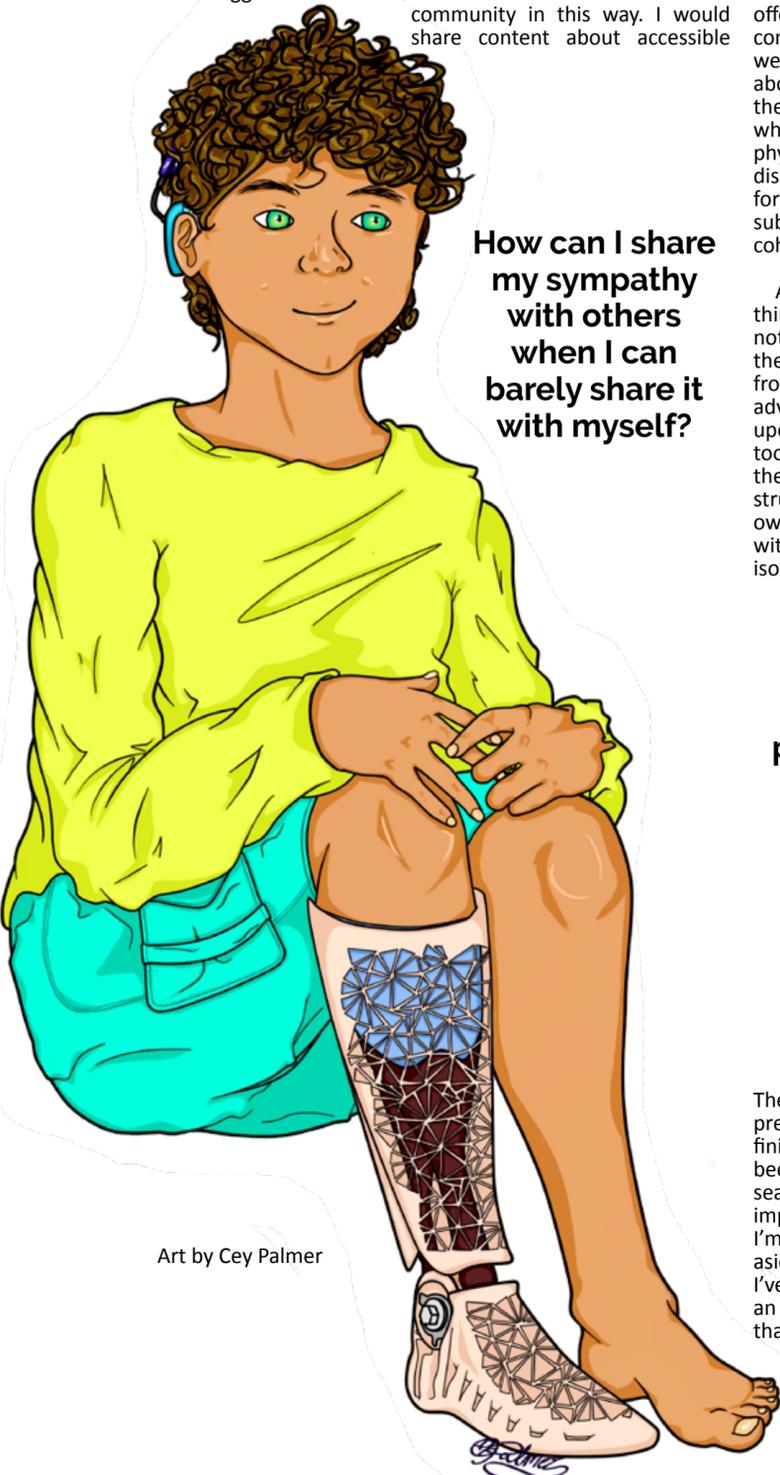
complaining because others have it worse. I hate being told this and I also hate the thought that I could be this person to other people.

It might seem too demanding to suggest that we identify not just with the "families" of disability that we are a part of but with the entire tribe. After all, our own subcommunities understand us best. Love for ourselves, our inner circle and our community already takes up most of our quota of love to give and leaves little room to include dissimilar people. To avoid wasting resources we curate which causes we advocate for and only invest time, energy and a listening ear into discourses we have a stake in. My own fight to accept my mental illness without involving self-loathing is precarious and incomplete: how can I share my sympathy with others when I can barely share it with myself?

While it's true that sometimes self-care involves being selective with our emotional investments, when chasing after the spotlight to ensure it falls on our own disability comes at the expense of others, it becomes self-defeating. In *The Second Sex* (1949) Simone de Beauvoir argues that the diversity and sheer population of women has made it difficult for them to unite and revolt against oppressive forces that could otherwise be easily defeated. In the same way, I believe that when we treat psychiatric, physical, sensory, and cognitive disability advocacy as separate causes we minimise the size of our own army. If we joined forces it would be hard for anyone to argue that the concerns of disabled people are a niche concern.

Many if not all of the injustices disabled individuals experience are allowed to continue because our voices are perceived as the cries of a disgruntled minority. The majority don't require plastic straws; the majority aren't affected by a curriculum that doesn't cater to cognitive disabilities; the majority aren't offended by jokes at the expense of those with mental illness.

If we saw ourselves as part of a member of a network of individuals who are disabled in one way or another but diverse, beautiful and powerful in varying ways, our easily-ignored whisper would become a loud cry. Diversity should always be celebrated but we cannot continue to "divide and conquer" our own community. Let's take advantage of our strength in numbers.



How can I share my sympathy with others when I can barely share it with myself?

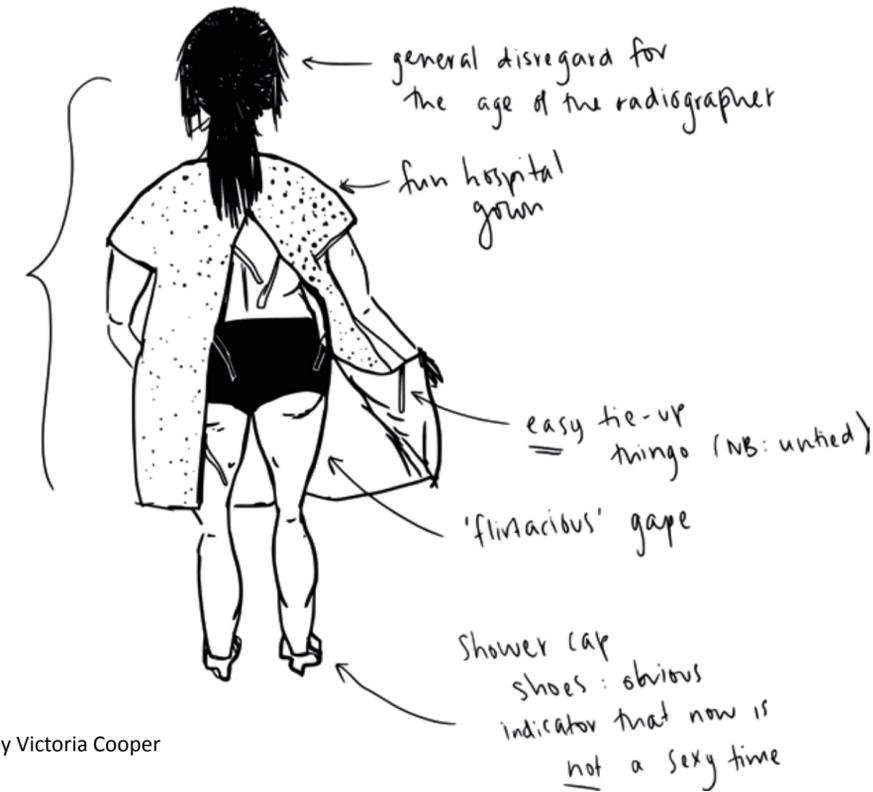
Art by Cey Palmer

17 awkward things Joint Hypermobility Syndrome made me do

Victoria Cooper has had some embarrassing moments

1. Give an ambulance driver directions to the hospital while high on morphine
2. Drop the petrol pump to push my elbow back in
3. Drop my phone to push my elbow back in
4. Drop the shopping to push my elbow back in
5. Get overtaken by bush-walking seventy-year-olds
6. Roll both ankles on the new super slippery Target floors
7. Stretch my hip flexors with my physio as he asked "how's your mum?" ... enough said
8. Inconspicuously loosen my back brace to make room for dessert
9. Abruptly kick the person standing in front of me because I thought my knee was going to pop out
10. Give a cheeky flash of my butt to the radiographer in a 'gapey' hospital gown, then realise the gown was capable of being tied up and thus, not gapey, and thus flirtation with radiographer was embarrassing and, upon reflection, really age-inappropriate
11. Leave my 16th birthday party because I popped my knee out
12. Cancel my 8th birthday party because I popped my knee out
13. Ask a potential suitor to cut up my croissant on our first date
14. Give an untimely demonstration of my flexibility ("I can get my toes in my mouth...")
15. Be late for class
16. Be late for class
17. Be late for class

not the most well-thought event...



Art by Victoria Cooper

Joint Hypermobility Syndrome = literally being Elastigirl except the flexibility is useless and your superpowers are fatigue, joint locking and dislocations, mega-high medical bills, trouble walking around and sensitive skin. Google it.

Is ADHD being overdiagnosed or underdiagnosed?

Wilson Huang investigates diagnostic implications

Attention-deficit/hyperactivity disorder (ADHD) has historically been controversial. While it is generally accepted as a mental disorder nowadays, there are still concerns about its diagnosis and treatment. In the United States (US), for example, ADHD diagnoses have been increasing, with some claiming ADHD is overdiagnosed. Yet, others say that ADHD is underdiagnosed. In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association, ADHD is listed as a neurodevelopmental disorder with three subtypes: predominantly inattentive, predominantly hyperactive-impulsive and combined. Essentially, people with ADHD have issues with attention or impulse which leads to impairment in functioning or development. From this, is ADHD overdiagnosed, underdiagnosed, or both, and is this really important?

Despite strong arguments from either side on the diagnosis of ADHD, it is not as simple as some people say. ADHD has a complex history, and its understanding has changed evident in the development of the

DSM. From the DSM-IV-TR to the DSM-5, published in 2013, the criteria for ADHD was loosened technically increasing the number of people with ADHD. Although this was criticised by some including those who were opposed to the existence of ADHD, it may have been done to help the potential problem of underdiagnoses in adults. For example, one change was the raising of the onset age from 7 to 12. What this meant was symptoms now had to show up before 12 rather than 7, helping adults who may not remember their behaviour before 7. The age itself, however, is still quite arbitrary, as some professionals have pointed out.

Adults are not the only group that are potentially underdiagnosed. Girls and women are also considered by some medical professionals to be underdiagnosed. ADHD has historically been associated with boys stereotyped as loud and hyperactive. However, ADHD is not only comprised of loudness and hyperactivity, and there is also an inattentive variant which does not involve someone being hyperactive-impulsive. This means that people who do not fit

this view are often missed, leading to underdiagnoses of those who are symptomatically different. From this, however, we also see a group which has been seen as overdiagnosed.

Because of these stereotypes young children, particularly boys, have been considered to be overdiagnosed. To some, ADHD symptoms can be seen as just how boys are expected to behave ('boys will be boys'), and ADHD is perceived as potentially pathologising normal childhood development. Especially in the US, where prescription drugs can be advertised direct to consumer, ADHD drug advertisements have played on the fear of parents and have been called out as misleading. Yet, despite the possibility of both underdiagnoses and overdiagnoses, I argue this should not be overanalysed.

While this is a legitimate question, most people who seek diagnosis have real concerns and require

help in some way. Whether it is just normal childhood development or perhaps another disorder such as depression or anxiety, it is important that everyone, including parents, are educated and have treatment where necessary. Although diagnoses can

It is important that everyone, including parents, are educated and have treatment where necessary.

provide relief and validation for people who are struggling, the most important part of the equation is not the diagnosis itself but the follow up support and treatment. Rather than focusing on the appropriateness of diagnosis, I believe that we should strive for better mental health services, and support for people who are struggling, regardless of diagnostic categories. We should encourage people to seek help for their problems, and not stigmatise people for being themselves.

A letter to myself

Michelle Lim has a conversation with her anorexia

As strange as it sounds, in many ways, Anorexia, or as I know her, Anna, is my best friend. When I'm sad she is there; there to hold my hand and there to comfort me. I don't know how to describe it, but when everything else is too loud to process, the whispers of Anna are reassuringly familiar.

However, at the same time Anna is a constant, torturous and obsessive drill sergeant. Always checking, always counting, and always whispering every imperfection. My eating disorder is a physical manifestation of my inward anxieties, insecurities and past trauma. It is a medium where I can

safely acknowledge my imperfections and faults without having to feel or deal with them.

Unlike some who say, "Anorexia isn't a part of me, but rather an entirely different person". I recognise, that in fact, Anorexia is very much a part of me. Anna, quite frankly, lives through the many facets of my psyche. The perfectionist me, the frightened little girl in me, the anxiety riddled me, and most of all, the ugly ominous part of me. I truly believe that everyone has an ugly part of themselves, which manifest in a multitude of unique ways. Mine just happens to manifest through Anna. The very unforgiving and manic Anna.

There have been numerous times when I felt like her rules and drills were too much; too strict, too monotonous, and too exhausting. There have been so many times I have tried to end it all. However, if she's

a part of me, then wouldn't eliminating her eradicate a part of myself too? I know this

reasoning is flawed, but in many ways, I think it's why I'm still here, and why she is too. It's taken me a long time to understand myself and why I can't let go of this tumultuous friendship. Honestly, it's because I'm afraid. I'm afraid of change. Afraid of losing my best friend and afraid of losing that sense of familiarity. I'm afraid to face what I know and so painfully want to achieve, but most of all, I'm afraid to acknowledge what I've missed and lost all these years.

The rational me knows that I haven't been living, merely existing. But, for the many lows that I've been through, there have been many high points too. I think I've come to realise that life isn't always about the highs or the lows, it's about the in between.

I'm a dreamer, I'm ambitious, I've got such an inquisitive mind, and I want to make some difference in my lifetime, whether big or small. I want to leave a legacy. I've come to realise that my greatest fear is being mediocre, failing, and departing this world without leaving my mark. In a way, keeping Anna around gives me something and someone to blame if I fail.

It's not about trying to erase my best friend entirely, but rather, turning her volume down and letting myself sit in my feelings instead of blocking them out. To grow, I need to step out of the known and dive deep into the unknown. My growth is dependent on my ability to push beyond that sense of comfortability.

I want to feel everything I am capable of feeling.

I no longer strive for happiness alone. I want to feel everything I am capable of feeling. Love, joy, pain, sorrow and compassion are just of some of the many things that make me who I am, that make me human. All I strive

for now is to be present, even if that means feeling uncomfortable, the chaotic messy kind of uncomfortable.

Michelle Lim is on Instagram at @themichellelim.

If you would like information, referrals and brief counselling for eating disorders, disordered eating or body image concerns, you can contact The Butterfly National Helpline on 1800 33 4673.

I don't know

Lucy Stafford has some advice for medical professionals

Content note: this piece discusses medical trauma.

Before I got sick, I had no idea how much these three simple words would be a lifeline. It sounds counterintuitive, but having gone from a busy, robust lifestyle to being hospital-bound and bedridden, I have seen a lot of doctors. I've noticed that these three words are at the core of what makes a specialised doctor, and what makes a good one.

After having a healthy and physically active childhood, it was not until my late teens that I started to notice signs that my body didn't function the same way as my peers'. The next few years were littered with unexplained dislocations and severe pain, without any obvious cause or catalyst. This year, I was finally diagnosed with the hypermobility variant of Ehlers-Danlos Syndrome (EDS), a connective tissue disorder. My rheumatologist was the first doctor to ever tell me "I don't know". He didn't let his ego stop him from admitting he didn't have all the answers. Although he had encountered EDS before, in medical school, he cared enough about my wellbeing to tell me his knowledge was not exhaustive. He committed to educating both himself and his staff, enabling them to provide me the highest possible quality care.

Unfortunately, as if in response to my fancy new label, my body started to shut down. An episode of gastritis seemed to have triggered some underlying illness – suddenly everything that went in to my stomach made me incredibly ill, to the point where I was struggling to consume even 400 calories a day. I had no idea how long a week was, until I had to watch them go by agonisingly slowly, counting down

the days until the next available doctor, or test, or report.

I was starving to death, and it felt like everyone was just watching.

Thankfully, my healthcare team had the courage to admit that they didn't know, that they needed to escalate the urgency of my care, admitting me to hospital. There, I encountered the other kind of doctor, the one all of us with chronic illness dread. She had never treated me before, never even met me, and yet within the first five minutes of our consultation she firmly stated that she knew exactly what was wrong – my symptoms were entirely psychosomatic. She firmly believed I had somehow thought myself sick. She was not a psychiatrist, she was a gastroenterologist, and this was a conclusion she had reached without anything remotely resembling a psychiatric assessment. Simply because the cause of my symptoms was not immediately identifiable, she had decided it was all in my head. The earliest days of my hospital stay

I was starving to death, and it felt like everyone was just watching.

were a traumatising blur of invasive tests, having my mental health called into question, and being ignored any time I questioned my treatment plan.

Were it not for the small army

of friends and family by my side, I think I would have given in. Instead, they were there to hold my shaking hands, to give me luxury, non-hospital tissues to wipe my tears. They lent me the strength to find myself again through the pain of the treatments I wasn't tolerating, and through the medications causing me cognitive dysfunction. They gave me the strength to fight for my rights as a patient. To say that this consultant was not considering all the options, that she was refusing to admit that she might not be right, ordering unnecessary tests whilst ignoring the ones which would give answers. Hindered by her own obstinacy, she was removed from my team, who then contacted my EDS specialist in a last-ditch attempt to find answers.

I am so grateful that they did. When they admitted that they did not have all the answers, they probably saved my life. Well, perhaps that's melodramatic, what I mean to say is they saved my quality of life. By admitting that they couldn't find the cause of my symptoms, with guidance from other professionals, they were able to search a little further. We were able to successfully detect gastroparesis; a condition characterised by delayed stomach emptying and often common in EDS patients. Because we caught it relatively early, we were able to start medication with almost immediate results. I was finally able to transition off my emergency feeding tube, and nourish myself independently for the first time in weeks.

If the evidence had actually suggested that my condition was psychosomatic, I would have fully accepted this, as psychosomatic illnesses are indeed real illnesses, with treatments targeting the appropriate brain and nervous system dysfunctions. However my illness was not psychosomatic, and

labelling it as such meant obstructing me from receiving appropriate diagnosis and treatment. This was especially harmful given that I was already diagnosed with EDS, a disorder known to be multi-systemic, with well documented gastrointestinal comorbidities. Unfortunately, I am far from alone in this. Medical students are often taught "when you hear hoof beats, think horses, not zebras" and while this approach may work 99% of the time, it's important to still consider the 1% of us that do exist with rare conditions – the zebras. Evidence of rampant misdiagnosis of psychosomatic illnesses in the chronic illness community is not only well documented anecdotally, but more recently an article in the Journal of Depression and Anxiety critically analysed the issue, aptly naming the phenomenon "abusive psychiatrisation".

My team had the courage to stand up and say "I don't know". They didn't let their pride or arrogance get in the way of providing me, their patient, with not just high quality care, but the correct care. They didn't listen to the consultant who was so outspokenly close-minded, not listening to her diagnosis which almost fit, but didn't in all the ways that mattered. Instead they persevered, leaving no stone unturned until they found the correct diagnosis, the one which was supported by evidence, and which had a very specific required treatment that I would not have otherwise received.

Doctors of the future, do not be afraid to say "I don't know". Do not be afraid to admit that you are not a god, you are not omnipotent, and you don't have all the answers. We don't expect you to. What we want you to say, is "I don't know, yet."

Art by Robin Eames

Art by Rowan Ozolins



Art by Gae Lee

Disabled, not drunk

Hayden Moon is tired of being discriminated against for being a queercrip

A few weeks ago I came across an article on Facebook, people were outraged over a woman with cerebral palsy being refused entry to The Marlborough Hotel (known as The Marly). I felt conflicted when reading it, yes we should be outraged, but what saddens me is that so many people seem to think that this situation is unusual. As a disabled person, with a large group of friends who also have disabilities, most of my nights out result in travelling to multiple bars to gain entry for my friends with mobility aids. We engage in arguments with bouncers who claim that our disability is a sign of intoxication and we show our anger over friends being kicked out due to their disability. A night of fun for a group of disabled people can so easily turn into a night of intense frustration as we are discriminated against repeatedly.

When I went clubbing with my friends a few weeks ago, the last thing I expected was to be refused entry, due to my invisible disability. While invisibility may seem like the stuff of dreams and super hero movies, it's definitely not magical when it strips you of the same rights as other everyday Australians.

The last thing I expected was to be refused entry due to my invisible disability

On a cold night in Sydney's inner west, my friends and I decided to attend a well-known LGBTI+ bar. I approached the bouncers, holding my driver's license, eager to enter the colourful and diverse world inside. As I told the bouncer how excited I was to celebrate this night with some of my closest friends, my heart sank as he told me he would not be allowing me into the club as I was too drunk. I was confused, I had only had two drinks by this point and was by

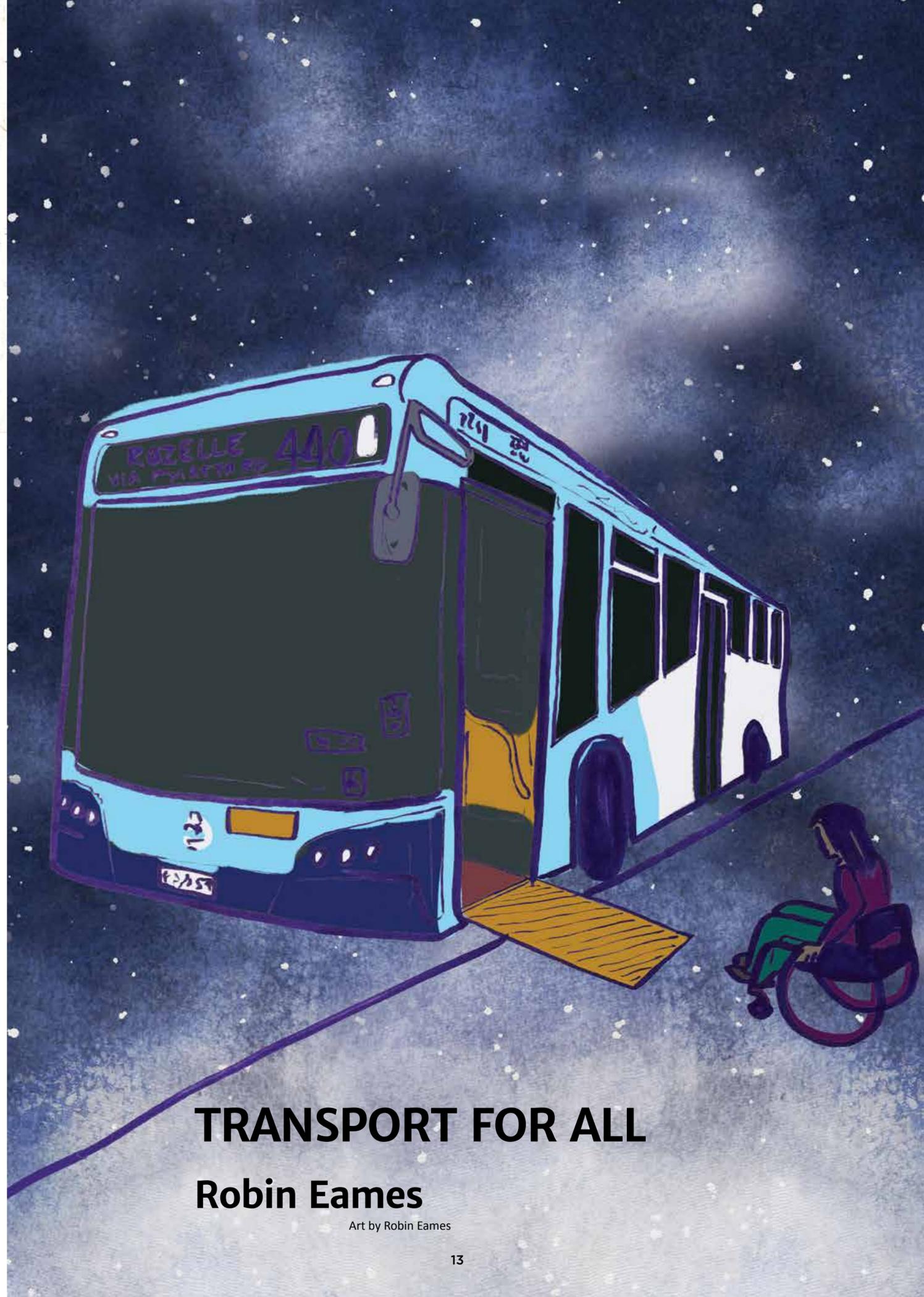
no means drunk, I could guarantee there were others in that building who had consumed a great deal more than I had. When I questioned him on his refusal to allow me entry, he claimed that my speech was what had "alerted" him to my "intoxication". As someone with a speech impairment, I was angry and upset, I couldn't believe this had happened to me. Unfortunately though, this was only the first of many times that either myself or my friends have been refused entry to venues due to our disability.

It's a phenomenon that's always brought me comfort, the fact that people of certain minority groups tend to find each other. There's a sort of unspoken connection between us, and before you know it, all your friends understand your sense of isolation, you find your family amongst those who feel your pain. Unfortunately though, that sense of community presents a problem within itself. As we band together and look forward to nights of clubbing fun, we present ourselves as a group of disabled people, and this means countless nights of frustration as we are turned away again and again.

My friends and I have been excluded from venues on multiple occasions, often in an obvious display of ableism. However, other times well-meaning people just haven't thought about disabled people when they planned their event. Many venues aren't accessible to people with mobility aids and there is no option of entry for wheelchair users. I was presented with this problem on the night of the cross-campus Queer Party when I was excited to go clubbing with a group of my queer friends, one of them is a

wheelchair user. When I emailed the organisers of the event to ask if the venue had a lift, to allow my friend entry, I was absolutely shocked at the response I received. "There isn't a lift, but we can have security guards carry your friend up the stairs and then carry their chair" they said. I don't think I've ever face-palmed so hard in my life! Obviously this dehumanising 'solution' was not an option, I was not going to make my friend go through that. When will we have better options for wheelchair users to attend events like the rest of us?

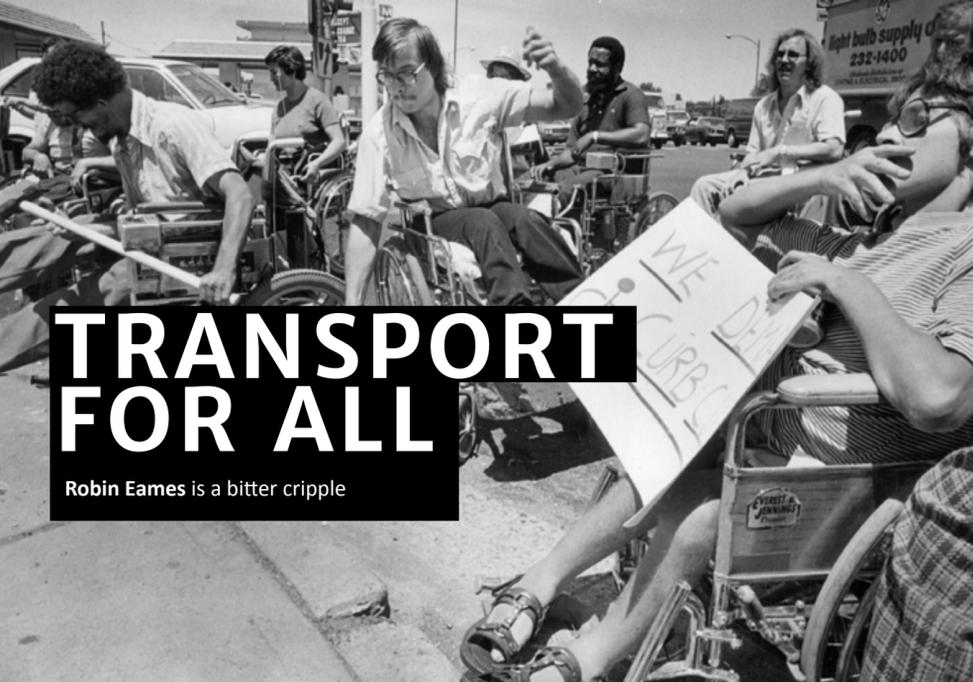
Being disabled and queer in a society that is not made for us, presents difficulty in many situations, partying is the last place I expect to have to face discrimination and exclusion. As we band together and look forward to nights of clubbing fun, we present ourselves as a group of disabled people. We are expected to hide away, to not present ourselves, because we are seen as an eyesore within society, a group of people that definitely shouldn't draw attention to ourselves. Society doesn't want to deal with us, in the eyes of the majority, one disabled person is one too many, in a group we are the problem that no one wants to deal with. As a result we are kicked out, refused entry, because accessibility is an inconvenience to the majority.



TRANSPORT FOR ALL

Robin Eames

Art by Robin Eames



TRANSPORT FOR ALL

Robin Eames is a bitter cripple

In 1979 Joan Hume led a protest of wheelchair users and supportive allies at the opening of the Eastern Suburbs Railway, the first of its kind in Australia. The premier who presided over the opening was so embarrassed and impressed by the protest that two years later he introduced a wheelchair accessible taxi service and the Taxi Transport Subsidy Scheme. Before this, the only form of public transport for people with significant access requirements had been the ambulance service.

The next decade would see a blossoming of radical action around public transport inaccessibility all over the world. In 1983 a group of disability activists in the US founded ADAPT, "Americans Disabled for Accessible Public Transport". They became infamous for their tactic of stopping buses by parking wheelchair users in front and behind. You may remember ADAPT from last year's protests against the cuts to Medicaid, where footage of protestors being physically dragged out of their wheelchairs and removed by police made national headlines. The police were not equipped with enough accessible vans to arrest all of the 43 protestors who were involved, and ironically enough were forced to resort to removing them in buses – buses that were only accessible in the first place because of the work of ADAPT.

I spoke to Anita Cameron, a national organiser for ADAPT who has been arrested 135 times for nonviolent civil disobedience during protests. She said, "You would think that 28 years after the passage of the Americans with Disabilities Act (ADA) that our transportation system would be fully accessible, with perhaps a hiccup or two every once in a while. Unfortunately, inaccessibility is still a huge factor for folks with disabilities trying to get around."

The ADA was passed in 1990; the Australian equivalent, the Disability Discrimination Act (DDA), was passed in 1992. A year prior, in 1991, Bronwyn Moye led a protest of Sydney wheelchair users with the Citizens for Accessible Public Transport, blocking off Broadway to protest bus inaccessibility. Some progress has been made since then, but not nearly enough.

34% of the Sydney suburban network and 47% of the intercity network are totally inaccessible to wheelchair users. 45% of Sydney's train network as a whole is wheelchair inaccessible. Access for Western Sydney stations is particularly dire. In the whole of NSW, 44% of train stations are inaccessible.

45% of Sydney's train network as a whole is wheelchair inaccessible

Even the stations that are marked as accessible are not necessarily compliant with the Disability Standards for Accessible Public Transport. Often ramps are too steep, lifts are out of order, and not all of the exits and entrances are accessible. The environment around the station matters too; if there isn't accessible parking, or if there are steep hills or broken pavement, this can effectively render a station inaccessible regardless.

Audio announcements for stops are inconsistent, preventing blind and partially sighted people from travelling safely. Delays and cancellations are sometimes only signalled by audio announcements, meaning that they are inaccessible to Deaf people. Charlotte R. told me that "Stations for me are a nightmare with most having only tactile markings on the edge of the platform and not from the entry to the platforms... one station upgraded to have a new lift and then failed to remove a pillar which means anyone on one side of the platform has to go around the chairs bins and pillars to get into the lift." Tactile markings are the textured surface indicators placed on the ground to help blind and partially sighted people navigate their environments. In Sydney they are often

placed haphazardly. The bus stop on the corner of Missenden Rd and Parramatta Rd moved several months ago, but the tactile markings have still not been updated, so people are guided to wait about fifty metres away from where the bus stop actually is.

Federal legislation requires the entirety of Australia's train network to be accessible by 2022, but it seems deeply unlikely that this target will be met. Far from making progress, in some ways we are going backwards.

Queensland has recently rolled out a new fleet of trains that are inaccessible. The defective trains cost \$4.4 billion, and the Australian Human Rights Commission has confirmed that the trains are in breach of the Disability Discrimination Act. The commission's statement said "It is not clear to the commission why the Queensland Government procured non-compliant trains in 2013, or why the rectification work did not occur between procurement in 2013 and entry into passenger service in 2017".

Closer to home, the new Sydney intercity train fleet is ditching train guards to be driver-only, against the recommendations of the Rail, Tram, and Bus Union. This will likely have dangerous consequences for wheelchair users and other people with mobility issues who require assistance getting onto the train. In order to catch a train, I have to let several different people know where I am getting on and off, so that the platform guards can be prepared to roll out the manual ramp. At unstaffed stations, I can only get onto a train with the assistance of a train guard. It is unfortunately common for wheelchair users to be forgotten and end up being forced to ride until the end of the line.

I live in Annandale, but the closest accessible stations to me are Central and Newtown. Central station is 5.8 km away, Newtown station is 5.2 kilometres away, since to get there by bus I have to circle around the university. The bus stop is uphill from me, and pushing myself uphill causes shoulder dislocations since my joints are lax. This means that I often rely on expensive taxis and Ubers to get around, but



Anita Cameron

they frequently refuse to take me at all, even though my wheelchair can be dismantled to fit into just about any vehicle. In March an Uber driver refused passage and informed me "I don't take disabled or animals".

Far from making progress, in some ways we are going backwards

The main station used by students to get to the University of Sydney is Redfern, which at present has twelve platforms and only one lift. That lift was installed in 2015 after many years of campaigning by disabled activists, including a petition with 10,000 signatures in 2012, organised by the Lift Redfern campaign. Redfern station sees at least 50,000 commuters every day, a figure that is expected to rise to 60,000 by 2020. There are at present no immediate plans to install more lifts.

A fifth of the general population is disabled. This figure rises with age and multiple marginalisation. A significant proportion of disabled people have issues accessing transport due to mobility impairment or sensory disability. Not all of these issues are due to the use of

mobility aids, either; in fact sometimes it is the opposite. Phoenix, a disabled person who lives in Newtown, says that they are frequently harassed by commuters for sitting in the priority seating areas. "People tend to just assume I'm just a lazy kid. I've been abused by old women, mostly, a lot on buses for sitting down... because I don't have any visible aids. It was way worse when I was a teenager but even now it's a real problem." In London they have recently introduced buttons reading "Please give me a seat" for people with a hidden disability, but this approach has been criticised because it means that equal access relies on abled people's goodwill (and disabled people's disclosure), rather than being structurally embedded into the transport system. Phoenix thinks that a potential solution would be to introduce more buses so that they don't have to run over-capacity in the first place. Another part of the solution is simply cultural: "I think it would help some people just to be reminded that not all disabilities are visible", they said.

I asked Matthew Bowden, Co-CEO of People with Disability Australia (PWDA), for a comment, and he told me "Accessibility and upgrades needs to be a much higher priority across the country to ensure greater compliance and to ensure the whole journey is accessible for people with disability. There are three key components to ensuring an accessible built environment – consistency, reliability and predictability. Access to public transport is essential for people with disability if they are to participate fully in the community, both in a social and economic sense. It is not good enough that nearly half of NSW stations are not accessible for people with disability – we want to see much stronger action from the NSW Government in making

sure all our public transport is accessible."

These issues are not insurmountable. The rate of station inaccessibility across the entire country is much lower than it is in NSW and Queensland; a recent ABC News report found that around 25% of train stations in Australia are inaccessible. All but one of Victoria's train stations are listed as technically accessible, though this does not preclude issues with noncompliant architecture and out of order lifts. Still, it is a vast improvement on the state of things in NSW.

In her 2011 speech for PWDA's 30th anniversary, Joan Hume stated that:

"The Disabilities Rights Movement in Australia was born from the passion, the anguish, the outrage, the despair and the explosion of frustration caused by centuries of exclusion, humiliation, prejudice, poverty, disempowerment, pity, condescension, charity, segregation, oppression and neglect... But there is so much more to be done. We are still striving for a more just and equal society. We still struggle against stigma and exclusion and poorer services in all aspects of our lives: whether it be in trying to get a job or merely wanting to sit next to our partner at the Opera House concert hall. But we are much stronger now, we are not invisible anymore and we now have avenues of complaint and redress which weren't available a generation ago."

Our buses & trains are only (partially) accessible because of the work of our activist forebears, who fought for a better future and instigated radical change.

The work isn't done yet.



ADAPT protestors in the 1980s

LOVECRY/BATTLESONG

by Robin M. Eames

for Laura Hershey & Stella Young

To the crips I love and who love me in return
from a distance or intimately close during
long nights where neither of us can sleep for pain
waiting for morning and the pain that morning brings
I am here for you.

To the crips who have been crips for longer
than I have been on this earth and who
welcomed me with open hearts and fire
of loving purpose in ancient battle
I am here for you.

To the crips who taught me power
comes from pride and pride comes from practicing
until you are proud (and that you don't get proud
by being shit: you get proud by practicing)
I am here for you.

To the crips who do not know that they are crips
but know only that they hurt that their bones ache
that their muscles are heavy and that their eyes sting
in sunlight after another unhelpful appointment
I am here for you.

To the crips institutionalised and imprisoned
whose first crime was living and continuing to live
abused and neglected in homes that are not homes
trapped not in their bodies but by bar and mortar
I am here for you.

To the crips who sleep overnight
in desk chairs and wheelchairs
in the offices of politicians bedecked with banners
reading FREE OUR PEOPLE
I am here for you.

To the crips that have houses but not homes
or homes but not houses or neither home nor house
forced to live on the kindness and sideways glances
of strangers on public transport
I am here for you.

To the crips whose lands have been stolen
whose waters have been stolen
whose children have been stolen and whose lives
continue to be stolen
I am here for you.

To the crips who dislocate their hips
doing full service sex work to pay for medical bills
incurred from dislocating their hips
while doing full service sex work
I am here for you.

To the crips fighting to love each other
and to have their love recognised on equal terms
with all who are in love without penalty or price
or public stigma or getting bashed on street corners
I am here for you.

To the crips fighting to love themselves
after being unloved by those who should have loved them
or after being hurt by those who professed their love
but only when it was convenient
I am here for you.

To the crips who are drowning
in cold oceans seeking refuge or drowning
on dry land as their lungs fill with fluid
while emergency registrars do not watch
I am here for you.

To the crips who are burning
who have burnt out and from the ashes
are rising again charcoaled and brittle
and bold and battle-hardened
I am here for you.

To the crips who died
after living and loving and fighting
and then falling
to be remembered with love and fight
I am here for you.

To the crips who aren't dead yet
living and fighting and fighting to live
and loving each other and fighting
for each other
I am here for you.

To the young crips, the old crips, the
queer crips, the trans crips, the brown crips,
the black crips, the proud crips, the tired crips,
the warrior crips, the poet crips, the dead and alive crips,
I think of you
I love and fight for you
I am here for you.

P O E T R Y

i. veteran

I am a veteran stuck
in the no-man's-land
of is it still happening?
I fall asleep to the
gunfire sounds of head
against headboard.
Sometimes, when I am
walking to Woolworths,
I step on a land mine
– *is it still happening?* –
and sometimes the
trigger pulls itself.

ii. TSD.

What's in a name?
They don't let you write
Rape Victim
on your disability services application
so I use the word
even though there's nothing
post
about my trauma.

iii. Progress

Last night I slept without
the light on
and some-
how
I
feel both
twelve and
twenty-one; con-
quered and conqueror.

by Alisha Brown

word limits ***by Rose Reedy***

My words were bright, as bright as light.
My words had never failed me.
And then I learnt to read and write, to tell the
meaning from the sight.
My words, they liked to trick me.

As others raced ahead I knew that I could
not shine just as bright.
My words began to leave me.

The years went on. Words hid from me.
I tricked my way so they could
maybe see me—
until one day: an overwhelming sight.
My words they swayed, they crunched and
shook with fright.
A kind soul thought my words weren't right.

Through colour and sound, I found my words.
Like threading thick string through laces.
My dear old friends waiting for kind and warm embraces.

And sometimes now, when it gets dark, I start
to see the flicker fade.
I remember that my words and me
were creatively, stunningly made.

P O E T R Y

How privatising public facilities affects people with disabilities: is ableism coming to a facility near you?

Michelle Young has some concerns about the outsourcing of public spaces and services

All across Australia, public infrastructures are being privatised, largely without public consultation.

It comes as no surprise that the ongoing privatisation and deregulation of community services and assets is harming society, particularly the most vulnerable. One need look no further than water mismanagement in the Darling River, electricity prices rising 183% in ten years, and shonky bank practices being investigated by the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry. But it's not only banks and utilities infrastructures that are being harmed by privatisation. Many other public facilities on the local level are being sold off to private companies.

facilities in order to make a profit. This has recently included sites like the Australian Technology Park in Redfern. Hospital, healthcare, and disability sector resources have been increasingly privatised in recent decades. Many of the industries undergoing privatisation are already poorly regulated, which means that increasing commercial control of our community assets presents real risks to the public.

The danger here is that outsourcing the management of public facilities in a bid to maximize profits leads to inadequate provision of services. When companies cut corners on safety to get a better return for their investors, disabled people are at the pointy end of this profit-driven equation. Without sufficient regulatory controls, independent oversight or practical compliance measures to protect the rights of people with disabilities, disabled people are often the first to suffer from inadequate provision of public services.

Disabled people are the canary in the coal mine. According to the Australian Human Rights Commission, around 6.8 million Australians (40 per cent) aged 18 years and over report having a disability or long-term health condition. Considering that a huge proportion of the population will experience disability at some point in their lives, it becomes imperative that practical safeguards are in place to protect human rights.

Studies have shown that measures introduced to accommodate the needs of disabled people in public facilities often have flow on benefits for able-bodied customers: this is known as the "curb cut effect". When curb cuts are installed to allow wheelchair users and those using mobility aids to access the pavement, this also benefits people riding bikes, parents with prams, people with wheeled luggage, and other groups. When spaces are created to be accessible to as many people as possible, it benefits everyone – not just disabled people.

Inadequate provision of services arising from privatisation often creates problems of unresolved discrimination and social inclusion issues, particularly for people living with disabilities. Pursuing instances of disability discrimination is difficult. Often the victim is forced to fund their own court case to obtain justice, and evidence suggests that discrimination cases involving disability are the least likely to succeed. This is unsurprising given that the Disability Discrimination Act is perhaps the weakest of Australia's antidiscrimination laws. Unlike other antidiscrimination legislation, the DDA has a clause for "unjustifiable hardship": meaning that if someone providing a public

service can argue that making that service accessible to disabled people is "unjustifiably hard", discrimination is considered permissible.

Attempts to mediate disability discrimination through the commission are being hampered by companies not understanding their responsibilities under human rights law nor seeking legal advice as to what the law requires regarding discrimination towards people with disabilities. Additionally, once council facilities become managed by private companies then jurisdiction regarding protection of clients' rights becomes confusing as no regulatory body will take responsibility for compliance of mixed private/public facilities. Yet there seems to be no adverse legal consequences for companies who fail to take steps to understand the law. This augurs badly for disabled people's rights to safely access public facilities managed by private companies.

As community assets increasingly become monetised for private profit, the management agreements in place between councils and private companies are often cloaked in secrecy, protected by commercial in-confidence provisions. At a recent Walkley Awards forum, investigative journalists warned of declining rights to access Freedom of Information from government bodies and failing standards of compliance in states such as Victoria (with the jury still out for NSW).

Public spaces should be for everyone, including disabled people. Until there are clear and effective processes for maintaining the accessibility of public facilities and safeguarding the rights of disabled clients, the management of public facilities should never be outsourced.

Disabled people are at the pointy end of this profit-driven equation

Public spaces should be for everyone, including disabled people

The State Government has plans to privatise bus services in the inner west, but previous instances of transport privatisation have led to stop closures and cancelled routes. Even council managed parks, pools, and recreation facilities are becoming increasingly privatised. Public sector cuts are leading to councils selling publicly owned land and

SRC REPORTS

President

Imogen Grant

This week is the beginning of SRC online election campaigning. And although it is sad to see my term taper off, it is a joy to see a heavily contested election along with one of the most active student bodies. The SRC is the most critical organisations on campus and we exist to fight for your rights on and off campus. We do so by defending students individually - through our free casework and legal service - and collectively - through defending public education, lobbying and resourcing student activist collectives. The SRC is run by students for students, and whoever wins will have

significant influence over the organisation. Over the next few weeks, I encourage you to read the policies of the candidates, visit their Facebook pages, and chat to their campaigners. Polling days will be 18, 19 & 20 September.

This week is also important for workers in Australia. On Wednesday 3:30-4:30pm there will be a rally at Martin Place to fight for equal pay for early childhood educators & to ensure that this along with quality early learning are prominent election issues.

The current Government has slashed funding, and have failed to commit to equal pay for educators. With diploma-level or university-level training the wage is only \$23 per hour, about half the national average wage - childhood educators are the working poor. 97 per cent of childhood educators are women and society undervalues these skills be-

cause they are seen as "soft," just an extension of the unpaid work performed by mothers at home.

Educators know that there's no professional sector without professional pay. They've walked off the job. They've lobbied politicians. They've even chained themselves to buildings to be heard. Let's join childhood educators as they rally on September 5 and in their struggle for equal pay! The SRC will be hosting a contingent to this event, see the original event here: <https://www.facebook.com/events/271296700128298/>

And on Thursday there will be a right to strike rally at 10am Belmore Park. Unions are uniting and striking on September 6 to fight the Morrison Government's rule for the rich. The CFMEU, MUA, ETU, AMWU, and others will be downing tools and mobilising to demand an end to the ABCC, to fight for the right

to strike, to demand improvements on working wages and against growing inequality. Unions NSW and the NTEU state division have endorsed this rally and some staff from USyd will be mobilising in support. The MUA are mobilising behind the slogan 'Fight For The Right To Strike'. There is a student contingent to the event here: <https://www.facebook.com/events/306922883370857/> & an NTEU event here: <https://www.facebook.com/events/313894122705602/>.

Feel free to email me at president@src.usyd.edu.au if you have any concerns or wish to get involved with the SRC. If you are experiencing any academic, personal or legal issues and wish to seek the advice of an SRC caseworker or solicitor, contact us at 9660 5222 or help@src.usyd.edu.au.

Students' Representative Council,
University of Sydney
Annual Elections

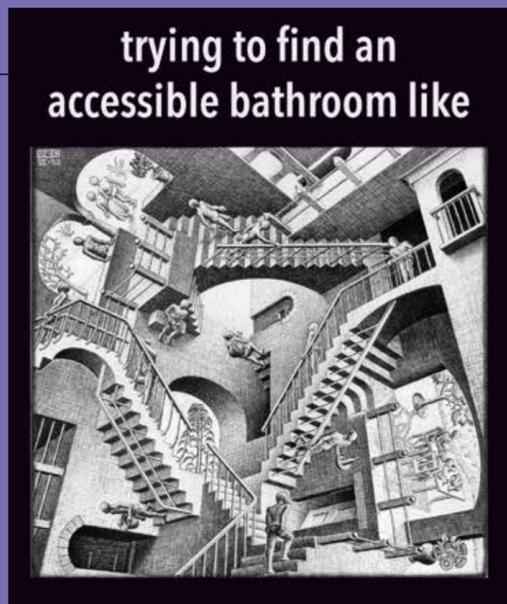
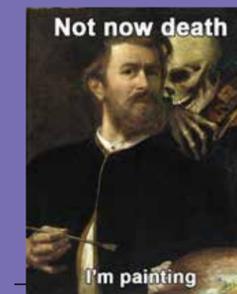
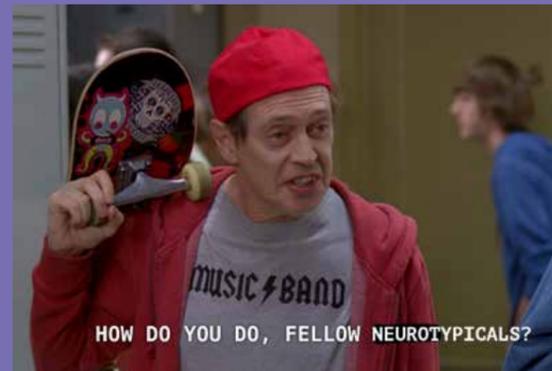
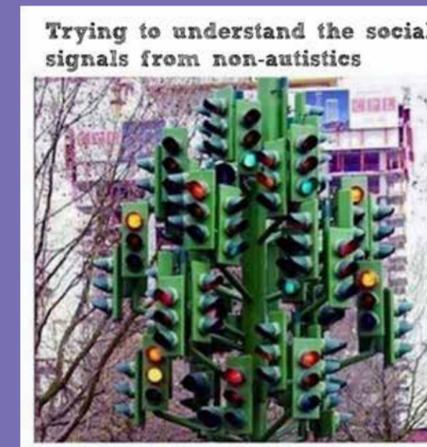
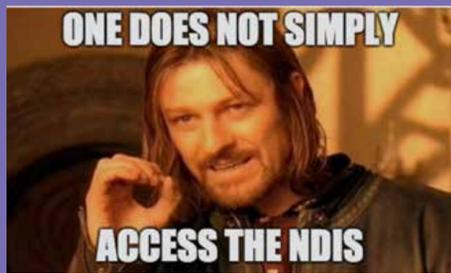
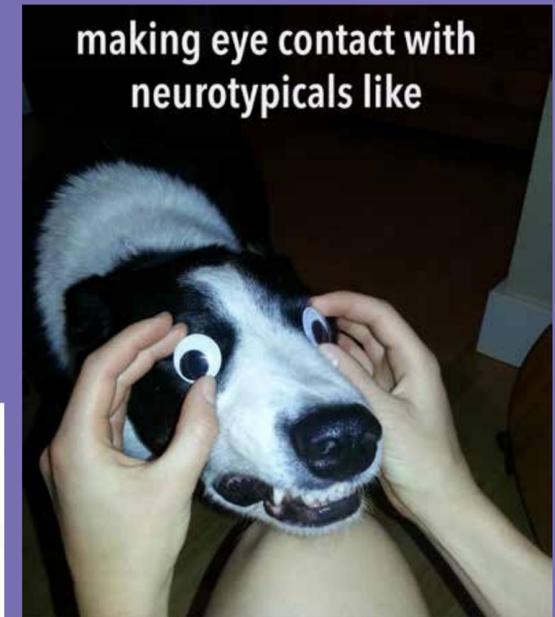
**IT'S TIME TO
VOTE!
IN THE SRC ELECTIONS**

2018 Polling Booth Times and Places

POLLING LOCATION	WED 19TH SEPT 2018	THURS 20TH SEPT 2018	PRE-POLLING
Fisher	8:45 - 5.15	8:45 - 5.15	Pre-polling will also be held outside the Jane Foss Russell Building, on Tuesday 18th September from 10am-3pm.
Jane Foss Russell	8:45 - 5.15	8:45 - 5.15	
Manning	10:45 - 3.15	10:45 - 3.15	
PNR Building	11:45 - 2.15	No polling	
Cumberland	9:45 - 2.15	9:45 - 2.15	
Conservatorium	9:45 - 2.15	No polling	
SCA	No polling	9:45 - 2.15	



SICK MEMES



ADAPT

&

RESIST!