

Triple Jeopardy

Native Women With Disabilities

by Doreen Demas

Cet article démontre comment les femmes autochtones handicapées subissent une triple discrimination: premièrement à cause de leur culture, deuxièmement leur sexe et finalement, leur handicap. L'auteure examine les problèmes qui découlent de l'autonomie, de la juridiction et des services sociaux particuliers à la communauté autochtone.

People with disabilities are disadvantaged in the areas of education, access, transportation, housing, employment opportunities, recreation, cultural opportunities, etc. Women with disabilities speak of double jeopardy. I believe that Native women who have a disability are in a situation of triple jeopardy. You may be familiar with many of the concerns that Aboriginal people in Canada have—poor housing conditions, lack of adequate medical care, and substance abuse. When you add disability and being female to this, you have a situation of extreme disadvantage.

As an example, when it was time for me to start school, I had to leave my home in Manitoba to attend a special school for visually impaired children in Ontario. Not only did I have to leave my family, but I was in a different culture with its own language and norms. Like all the children there, I experienced the negative effects of being educated in a segregated institution, but for me there was the additional burden of being in a different culture. This is still happening today. There are many Native children from remote communities in the North who must come to the South for educational or rehabilitative services.

Who we are

Native people are not a homogeneous group. Just as you cannot talk about "the disabled" with any clarity, you must remember that Canada's Aboriginal population can be divided into the

It is estimated that in some Native communities, more than 40 per cent of the population lives with a disability of some kind.

In Northern Canada, otitis media is a persistent problem. In many communities this middle ear infection affects 80 per cent of the individuals at some time during their life. This infection is a major cause of hearing impairment.

Fully one-third of all deaths among Status Indians and Inuits are alcohol related, while over 60 per cent of the Native children in care arrive in that situation as a direct result of alcohol abuse.

The number of Native children who attend school until the end of secondary level is 20 per cent, compared with the national rate of 75 per cent.

Native unemployment is about 35 per cent of the working age population, and in some areas it reaches as high as 90 per cent.

following groupings—Status, Non-status, Treaty, Metis, and Inuit. Aboriginal people are urban and rural dwellers; some live on a reserve while others live off the reserve; and many still live in the North. This means that there are many varying circumstances and realities for Canada's Aboriginal population.

Self-government

Self-government is the number one priority for Aboriginal people. It is seen as the best way to improve their status in Canadian society. While Native persons with disabilities are in agreement with self-government, there is the concern that their needs as persons with disabilities may not be included in the process of self-government. I saw evidence of this when doing the interviews which comprise the Coalition of Provincial Organizations of the Handicapped (COPOH) report "Disabled Natives Speak Out."

Jurisdictional problems

It is often said that for disadvantaged groups, education is the key to escaping poverty, dependency on welfare, unemployment, etc. Natives with disabilities are being denied access to the services that would enable them to get the education that assists in obtaining employment. Employment is crucial if an individual is to have an independent and financially secure lifestyle. What is denying us that access?

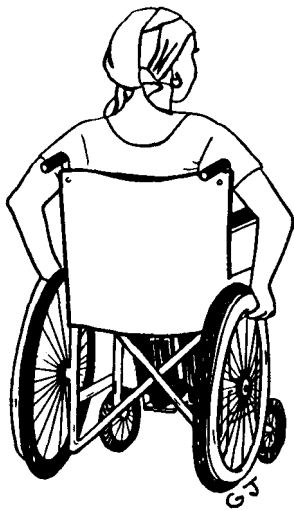
That access is being denied by jurisdictional quagmires. For those of us who have status or treaty rights, we have always been viewed by service agencies as being the responsibility of the federal government. This means that provincial rehabilitation resources that are available to other Canadians with disabilities are not always available to us. For example, in Manitoba, the Society for Manitobans with Disabilities, formerly the Society for Crippled Children and Adults, does not include people with

Status in their mandate. This makes it very difficult for Native people to get needed services.

I have my own personal example in this area. I was told by one worker at the Canadian Institute for the Blind (CNIB) in response to my request for a closed circuit TV reader, which I needed for my education, that as a Native person with status that I was not eligible for VRDP allocated equipment, and that VRDP students had first priority to these devices. The worker told me that as a Native person I was not eligible for VRDP and as a status Indian I was the responsibility of Indian Affairs and it was to them that I should make the request. However, not more than two days prior to that I had been told by someone from the education department of Indian Affairs that there was no money in their budget for these devices and that I was registered with the CNIB and that I should make my request to CNIB. This is just one example of a situation where the lack of clarity and the bureaucratic-run-around prevents Natives with disabilities from getting adequate services.

Now that Native people have started to set up their own education services, the whole situation has become just that much more complex. Despite the fact that Indian Affairs has a policy on Native people with special needs, this policy is not clear or well understood by many of these organizations. As a consequence, they do not know how to access the funds that are theoretically available to meet the rehabilitation needs of Native persons with disabilities. So who is the loser in all this? It is ultimately the person with the disability, of course.

Just as there is a lack of clarity in the education area, there is a lack of clarity in the area of Medical Services. I have come across many situations where a person with a disability whose health is stabilized and who is eligible for assistance from other programs is rejected by those programs because those programs assume that Medical Services should be taking care of all their needs. We are running up against the domination of the medical model. This is something that non-Native people with disabilities were fighting in the early 70s when the consumer movement was born. Native people with disabilities are still fighting that battle. Often, these people end up going home to



Reprinted with permission from the IWTC.
Artist: Grace Jung

Non-Native disability organizations do not always have culturally appropriate programs. Native organizations have the programs, but often do not have an understanding of disability issues.

their reserve with nothing, because none of the programs would accept responsibility for them.

These are just a few examples of the bureaucratic problems which Native people with disabilities encounter when they attempt to access necessary services. Add to that coming from a different culture, speaking a different language, having to deal with non-Native bureaucrats, and you will get an idea of some of the obstacles encountered by Native people with disabilities and why I am talking to you about a situation of triple jeopardy.

Isolation

Recently, I attended a conference which focused on the concerns of parents of children with disabilities from the North.

There were a number of women at the conference who were single parents. These women felt that their needs, and the needs of their disabled children were not being met. For the most part, these women were living in poverty and it was difficult for them to meet the dietary needs of a child with a disability. At this conference, I heard many accounts from parents whose children were living in Southern institutions. These children have come from Northern isolated communities to Southern settings to get needed services which are unavailable in the North. I heard about how these children lose contact with their families and their communities. The length of time spent away from family and community can be months and even years. The only way for parents to see their children is to fly down. Flying from North to South is very expensive. It is impossible to make frequent trips. This is particularly true if you have a low income or are on social assistance. The end result is that you lose contact with your child. You have really no choice in that matter, because there are no services in your community. If the child is to get those services, she/he must come South.

Transitions

People can become disabled as children or it can happen later in life. If you have a disability as a child and you have to leave your community to get access to services or for education, the more time spent away from your community and family the more assimilated into white culture you become. Earlier I made a reference to going away to school. I spent six and a half years of my childhood away from my family and community, and during that time I lost most of my language, a lot of my cultural roots, and perhaps the most devastating to me was the loss of family contacts and bonds. While language and culture are important, these are something I think one can re-learn. But not growing up in a family atmosphere is not something that you can make up for in later years. Being assimilated into another culture makes you a stranger in your own culture, but it does not make you belong in the other, so in a sense you belong in neither culture. Ultimately, if you have different norms and values than that of your family, it makes it harder for you to

be part of your own family, so you tend to be isolated.

When you are disabled as an adult, you have to learn to adjust to your disability while simultaneously adjusting to white culture in order to receive services. If you need services to assist you with these adjustments, they are very difficult to find. There are very few service providers who have the necessary understanding of both the cultural factors and the disability factors to assist a person in coping with the transitions they are experiencing in their life.

Non-Native disability organizations do not always have culturally appropriate programs to help people who are Native. Native organizations do have these programs, but they often do not have the understanding of disability issues.

We need to aim some of our attention at Native women's organizations, so that they become sensitive to the issues and concerns of their Native sisters who have disabilities.

Conditions on reserves

I have met a number of Native women and men with spinal cord injuries at 1010, which is a housing project in Winnipeg for disabled people. These women and men were preparing for a life in Winnipeg, because there are no options at home on their reserves. There are no accommodations on their reserves to assist them to live in that setting with their disability—ramps into buildings, modified living units that are accessible, accessible transportation, etc. The condition of existing facilities on reserves can make independent living difficult. For example, gravel roads that are poorly maintained are difficult to travel on when using a wheelchair. These individuals had no choice but to live in the city.

People who live in isolated communities in the North get into the community either by winter road or by air. During spring when the ice is breaking up there is total isolation, because the winter roads are not usable and you can't fly in. So you are stuck either in or out. That makes it difficult for a person with a disability. It doesn't make it easy for you to live in your community. Situations such as this also force people into urban settings.

Substance abuse

It is well known that the high rate of substance abuse leads to disabilities. For example, children born with fetal alcohol syndrome can have learning disabilities. People become disabled in accidents that are brought on by substance abuse. Furthermore, drug dependency does not end with disablement. Many treatment facilities are inaccessible. This is particularly true when it comes to women's treatment facilities. We need to work to see that these facilities become accessible and have programs which are culturally appropriate for Native women with disabilities.

Substance abuse is a contributor to domestic violence. There are many Native women who are survivors of violence. As the Disabled Women's Network (DAWN) report indicates, violence can lead to disability. Shelters for abused women need to be made aware of the needs of Native women with disabilities. Non-Native shelters for abused women need to be encouraged to have culturally appropriate programs for Native women with disabilities.

Medical conditions

Native people are susceptible to certain kinds of diseases and medical conditions such as diabetes which can cause loss of limbs, blindness, etc. These medical conditions are exacerbated and triggered by poor living conditions on reserves—i.e. malnutrition, poor housing, etc. Many reserves still have poorly constructed houses which lack plumbing, water systems, and adequate heating systems. These living conditions make it difficult for a person with a disability to live independently, and it is particularly difficult for women who are raising children. You can imagine how difficult it is for a Native woman who is a wheelchair user to raise her children in a house which does not have indoor plumbing.

Inadequate health services on reserves compound the problem. There are examples of people who are more disabled than they need to be because they were treated by people who were poorly trained, under qualified, etc. in limited facilities with poor diagnostic equipment.

It would seem to me that clarity of jurisdiction, clear lines of responsibility, and a better internal understanding of the

lines of responsibility would improve the situation immensely. Some recommendations are as follows:

Clarify methods for accessing services and make this information well known at the individual level. If people understand better how to access services, it is easier for consumers to get the services that they are looking for.

Decentralize services. Services should be available on reserves so the people living there would not have to leave their community.

Improve access on reserves. For example, schools could be made accessible. Make access to people with disabilities a priority everywhere—including on reserves.

Develop information programs, so that the people who need this information can get access to it. Native organizations need to have an understanding of their funding process so they can get the funds to provide the services they require.

We must do public education with Native women's organizations, so they become aware of the issues and concerns of Native women with disabilities. We must also encourage non-Native women's organizations to provide culturally appropriate programs which meet the needs of Native women with disabilities.

A version of this article was presented at a conference held by COPOH in Toronto in 1989.

Doreen Demas has been active in the disability consumer movement for the last ten years. More recently, she has been involved in the Aboriginal disability self-help movement, both nationally and regionally. She is currently Executive Director of the newly-formed Manitoba Aboriginal Network on Disability. Her personal experience as a Dakota woman with a visual impairment has helped shape her skills and abilities as an activist in both the Aboriginal and disability communities.