

Appendix 1 Personal Statements

(From 'Disabled We Stand' (1981) Sutherland, A. T., London: Souvenir Press).

MERRY CROSS

I was born without a left hip-joint, and with the femur very short in that leg. My parents were told that I would never walk, but with their encouragement I did. For a period of my life I was very physically active, wearing a caliper. Unfortunately, it emerged that the caliper had seriously damaged my back and I've been on crutches ever since. I'm an educational psychologist currently doing research. My parents always fought for my rights and I'm now carrying on the tradition - albeit in slightly different ways!

PADDY LADD

I was partially deaf from birth, with more hearing than I have now. A hearing aid gives me a precarious grip on the hearing world; it gives intonation patterns which can be linked to lipreading, which I do all the time, to give me a base for guessing what's said. A hearing aid sounds like listening to the world through a telephone.

I use sign language where possible; I spent a period as a social worker with deaf people, then co-founded the National Union of the Deaf, and was its secretary for two years. I have turned now to promoting the growth of British Sign Language as a vital step for deaf people's development, literacy and self-confidence.

DEREK McCARTHY

I was born three months premature, and was in an oxygen tent for over two months. At that time hospitals used more oxygen than they do today, which caused weakness in the retinas of my eyes. I am partially sighted. At the age of ten I had an accident that eventually led to the loss of the sight in my right eye; this put further pressure on my left eye. Because of this I am not meant to lift heavy weights, bend below the waist or do heavy work. I have been told that these could result in my going blind. I still continue doing them all as I could go blind at any time anyway.

EDWINA McCARTHY

I was born with cerebral palsy, which didn't show itself until I reached the age to start walking, talking, picking things up to play with. Of course my parents became worried when it started to show itself and took me to the family doctor. He sent them to the hospital, who told them that I would be severely handicapped.

I think I'd better explain what cerebral palsy means to me. My speech is not so clear as other people's. My hands don't coordinate, so if I want to make a phone call I have to think about getting the finger in the right hole to make the call. Also, because of my speech, some people will leave me out of conversation because they can't be bothered to listen, or if I start talking they may try and end my sentence for me.

I used to think I had a speech problem, but with the support of other people with disabilities, I have found a new awareness, and now I'm not so concerned about it. If people I'm talking to make it into a problem for themselves, that's their hang-up.

MICHELINS MASON

I was born with a condition called osteogenesis imperfecta. This results in bones which are brittle and which do not grow at a normal rate. During childhood I had over forty major fractures. Now, at the age of thirty, I am three feet tall, no longer have brittle bones, and walk with the aid of elbow-crutches.

I am a freelance human being, at present dividing most of my time between graphic illustrating, Re-evaluation Counselling, reading, writing and pondering over the difficulty of being a Christian/Marxist/Feminist all at the same time, whilst not being sure what any of those words mean. I am one of the initiators and leaders of the London Support Group, and of the Liberation Network of People with Disabilities.

CHRIS PEARSON

I was born in Dublin in 1944 and lived with my widowed mother, my two older brothers and a twin sister in a one-bedroom council flat by the docks. I have grand mal epilepsy. I was seventeen when I had my first attack, and for the following nine or ten years I strongly resented being branded as an epileptic and made every attempt to conceal this illness. Trying to conceal attacks which were occurring three or four times weekly wasn't easy. I kept changing jobs and doctors, and moved to new addresses three or four times a year. It wasn't till I was married with young children that I began to face the realisation that I had put my family through hell. I was still changing jobs and addresses until I found myself without a job and my family homeless. My wife stood by me throughout these years, and finally persuaded me to come out into the open. Reluctantly, I went into a hospital for a few weeks, and after two years of tests and medication was only having four or five attacks a year.

Now I get most of my attacks in my sleep and they are very mild. I have tried to talk and tell people about my epilepsy but still find that keeping it in the open is too much of a hazard and a strain. I have only one fear in life, and that is unemployment, which I believe I would find more of a problem than my epilepsy. But I have heard of others who claim to have a better life by being open about their epilepsy, so I do not have a closed mind on coming out.

ALLAN SUTHERLAND

I was diagnosed as epileptic at the age of four. My fits at that time were partial seizures - a twitching of my face and right shoulder, with a loss of concentration on what I was doing. These `twitches' continued throughout my childhood; as I had sensible parents who did not make a great fuss about them, they did not worry me, and had little effect on my life. When I was in my final year at university I had the first of many grand mal fits, in which I display such typical symptoms as losing consciousness, going into convulsions, biting my tongue, frothing at the mouth and coming round very confused afterwards. The convulsions have sometimes been severe enough to dislocate my shoulder; my right shoulder has become weakened to the point where it now dislocates almost every time I have a severe seizure. I have grand mal fits roughly once every two months, mild partial seizures more or less daily; if it weren't for the dislocated shoulders, I would regard my epilepsy as being adequately under control for my purposes.

I am a freelance writer and journalist. My previous work has included `Fall Down and Be Counted', a film script about being epileptic, and `Carry On Cripple', a National Film Theatre season of films about disability, which I organised with the independent filmmaker Steve Dwoskin.

MAGGIE WOOLLEY

There have been deaf people in my family for as far back as anyone can remember. We have a hereditary, progressive, incurable disability which effects the auditory nerve. I began to go deaf when I was an eighteen year old drama student, and experienced several years of isolation in which I felt I belonged to neither deaf nor hearing worlds. Able bodied professionals suggested hearing aids, lipreading classes and solitary hobbies, but the real breakthrough occurred when I first met people who had been born deaf who introduced me to the most revolutionary and inexpensive hearing aid ever invented - sign language. From that point onwards I became again the gregarious extrovert and creative person I had always been when I could hear. I am now severely deaf and divide my time between being a teacher of the deaf, acting and TV for deaf people. I live with my two daughters aged seven and three.

Appendix 2 Draft Liberation Policy of People with Disabilities

This is the second draft of a policy originally formulated by Micheline Mason, and may be taken to represent the general view of most or all of the people quoted in this book, and of the Liberation Network of People with Disabilities. Another document which may prove of interest, particularly to people concerned with the question of segregation through the use of residential institutions, is the Aims and Policy Statement of the Union of the Physically Impaired Against Segregation, which may be obtained from the General Secretary of the U.P.I.A.S.: Ken Davis, 32 Grove Road, Sutton-in-Ashfield, Notts, NG 17 4LR.

- 1 All human beings have an equal right to live, to eat adequately, to housing, to clean water, to a basic standard of health and hygiene, to privacy, to education, to work, to marry (or not), to have children (or not), to determine their own sexuality, to state their opinions, to participate fully in political decisions which affect their lives, to share fully in the social life of their community and to contribute to the well-being of others to the full extent of their capabilities.
- 2 At the present time only a few, a privileged section of the world's population, enjoy all these rights, whilst the majority of people are divided into groups which are comparatively underprivileged. The basis of the division is economic. Most of these groups are sub-divided (e.g. Women into black, brown, white, yellow, young, old, married, single, Jewish, gay, working-class etc.) until each group experiences itself as a powerless minority.
- 3 Whilst the basis of the division is economic, the power to sustain the situation is primarily of a psychological nature. Information is given by way of stereotyping, incorrect or biased histories, demonstrations of violence against minority groups (e.g. the Holocaust) and numerous other ways that persuade both the privileged and underprivileged that they *deserve* their position in society. It is the personal belief in that idea that allows each person and each group to accept their condition.
- 4 People with disabilities are one such group, but have two special features:
 - a) They are a group whose members embrace every other group.
 - b) The cause of the special title, unlike most other classifications (e.g. black) is often an additional drain on the resources of the individual, i.e. it is not inherently distressing to be black, whilst it may be to suffer from painful arthritis.

- 5 Taking our special features into account, a draft policy for liberation should include the following:

To reach out and make contact with our members in every group of society.

To learn to recognise the effects of society's conditioning on people with disabilities, and to create ways in which people's awareness can be heightened to a point where their self-image changes from a negative to a positive one, from weak to strong.

To recognise that the division of people with disabilities on the grounds of different disabilities (paralysed, deaf, people with visual handicaps, epileptic etc.) has been divisive, and one of the major factors in our slowness to join together to change our common difficulties.

To learn about each other's disabilities in order to be informed and able to support each other over genuine difficulties.

To seek to abolish all forms of segregation, particularly in educational settings and residential institutions.

To seek allies amongst able bodied people (i.e. people who will help us to fight for ourselves - not fight on our behalf).

To seek complete self-determination and control over our representation in the media (T.V., books, films, adverts etc.) and to have control over information put out about us.

To seek to unite organisations and institutions representing people with disabilities to fight for a common policy of liberation. (This does not mean distracting organisations from their original aims - e.g. medical research - if these aims are complementary to the movement.)

To work out a just economic policy taking into account that, within industrialised countries in particular, a disability can require extra income to allow the person to reach the same standard of living as able bodied people, whilst at the same time the competitive nature of earning money can exclude people with a certain degree of disability from making an equal contribution to work.

To inform as many people with disabilities as possible of their rights, in particular those included in the United Nations Declaration of Human Rights for Disabled Persons.

To encourage people with disabilities to organise themselves into active groups which will discuss the implications of achieving their rights at international, national and local levels, and will seek to change or influence conditions around them accordingly.

To make allies of, and be allies to, all other oppressed groups.

This policy is about you! If you have any comments, additions or alterations, or if you think the wording could be improved, or if you would like something

explained or made clearer, please write to Micheline Mason, Flat 4,188 Ramsden Road, Balham, London SW 12. Do not leave it to others. *What you have to say is important.* (Further copies of this policy, which is also available in Braille, may be obtained from this address.)

Appendix 3 The Manual Alphabet

This is the two-handed manual alphabet used in Great Britain and some other parts of the world. It is used by users of sign language to spell out names and words for which no equivalent sign exists, and can usefully be used by hearing people as a first stage in communication with prelingually deaf people. It also has particular value as an aid to communication when talking to someone who is relying on lipreading, and is used to reading fingerspelling; if one fingerspells the first letter of each word one speaks, the other person has to use much less guesswork.

Learning to fingerspell is simple; it takes about fifteen minutes to learn the alphabet, plus a little practice to build up speed. One useful form of practice is to go through a newspaper article fingerspelling the words.