

one momentarily discomfited becomes painful when we see a severe loss. Joan, who has an undiagnosed chronic illness, "I think people are terrified of ill people and that is the supreme bar to accessibility: if you see the other person as your own vision of mortality." Susan, who is wheelchair bound because of a spinal cord injury, "When people encounter a disabled person and they feel uncomfortable, they need to look at themselves and ask why they feel that way." Rene, who is also spinal-cord-injured, "I think that people should think in terms that the person whose sight offends them could someday be them. There is a spinal cord injury every five minutes." Nancy A F Langer, who has written an excellent article on sex and disability ("Different Abilities, the Same Queer Pleasures," *Gay Community News*, December 1983), addresses her article "to the temporarily abled."

Others hold back because they don't know what to talk about or whether they should help. As far as what to talk about, you should talk about whatever you would with any stranger or person you are just getting to know, things like work, special interests, or recent activities. Rene: "It's annoying when people make my wheel chair the center of the conversation. I realize that they often don't know what else to talk about, but the wheelchair is not the sum total of my personality. I really hate it when people over explain things, like when someone tried to explain to me how to use the elevator." Susan: "When people ask me what it's like to be handicapped I feel as strange as if someone asked me what it's like to be gay. It's nothing until you make it something. I dislike it when people tell me how pleased they are for me that I can work and go to school. You know that they are thinking that you shouldn't be able to do that."

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You may have to adjust the manner in which you speak because of special conditions. If you see hearing impaired people signing in the bars, you might enjoy talking to them with pencil and paper, if you don't know ASL (American Sign Language). Be aware that since ASL is their native tongue, their written English may seem substandard. This is because ASL has its own word order and tense structure, and they may use this in their

notes. This difference in communication, like a foreigner's accent, is sometimes mistaken for lack of intelligence, even mental retardation. Whether you are signing or not, it is important to maintain eye contact, as this demonstrates concentration and interest. Try to resist cruising for the time being and let your face be more expressive of your feelings, since your tone of voice will not serve. These are some of the pointers Hank mentioned in our conversation. "I would like to add that it is heartening that so many gays are learning sign language, and I hope that eventually this will mean more accessibility for deaf gays. At square dancing, for example, quite a few know enough signs to help the deaf men with their calls."

Never approach from behind and tap them on the shoulder. If they are speaking to someone else, stand quietly beside the group and wait for them to notice you. Hearing impaired people have developed more acute peripheral vision. If the person is alone, simply get his attention visually. Let your attitude (quite prevalent in gay culture) be one of sharing, not condescension. Ed, "I think I have plenty of patience for the rest of the world. A while ago someone who I was seeing broke up with me, telling me I had no patience in communicating because I'd been trying to teach him sign language, and he wasn't taking it all in easily. And when he said that, I looked at him and asked if he realized how hard it was for me to read his lips, and I wasn't complaining yet. He was speechless. I knew that because his mouth didn't open again for a while."

If you plan to speak for a while to someone who is wheelchair bound, sit down or crouch so that you are at their eye level. Don't stand far away. We all have an acculturated sense of personal space that makes us stand back

course, tell that you are addressing them simply by the conventional method of seeing if you are looking at them. Touch them lightly on the shoulder or arm. If, for instance, you see a visually impaired person waiting for a bus or if that person seems lost, simply ask if you can help them in any way. At bus stops that serve several different lines, let them know when their bus comes, or if you have to leave before their particular bus arrives, help them find someone who might tell them. When leading them, let that person take your arm slightly above the elbow, allowing their grasp to be as firm as mutually comfortable. Walk slightly ahead of the person, so that the motion of your body will tell them that stairs, curbs, or obstacles are there. Pause at curbs or steps. This calls them to attention.

This brings up the question of whether it is appropriate to lend assistance. "You should never hesitate to ask someone if they want help," Susan commented, "but be sure of where you are coming from." Some people act like the proverbial boy scout forcing the senior to cross the street. You're not trying for a merit badge. "I was trying to get my switch on to get off an elevator and the person behind me pushed me out without asking. Another time I was struggling to get my coat on and a person, not realizing what I was doing, 'helped' me take it off. Patronizing bothers me, that adding a little extra. A patronizing smile makes me think that the person is feeling sorry for me. Some people will look at you and say, 'Can I give you a hand?' and it's clear that they feel that here is another human being who needs help. And when another disabled person looks at you with that connecting smile, it's like two Americans meeting in a foreign land."

"When I was first disabled (ten years ago) I felt that I didn't have the right to have accessibility, because of the way that I had thought of disabled people. There is lack of transportation, there is physical inaccessibility which to me means that they don't want me there to begin with. They can make all the ramps in the world, but there are other barriers. This administration makes you feel like they are doing us a big favor by giving us lifts on buses. This is our right. I don't mean to be unappreciative, but I shouldn't have to kiss someone's foot for it."

"When organizers say that they can't afford to have an event accessible or have an interpreter, they are showing their priorities. They say no one will use these services anyway, and I answer that it takes a long time for disabled people to get used to having an event be accessible. They are afraid of being treated weirdly, so they stay away. I was asked once concerning a coming event, 'What night do the disabled people want to come?' I can't speak for some woman coming down from Seattle, who pops into town and says, 'Wow, here's an event I want to go to.' I opened *Just Out* once, and saw that Judy's was wheelchair accessible, and I felt

so warm and wonderful. Some organizers say that there will be people there that can carry me up the few steps that are a barrier, and it reminds me of when I was young and saw a woman in a parking lot being carried to her wheelchair so she could go into the bank and transact her business. I remember thinking, 'Why doesn't her friend go in and do her business for her?' I didn't understand then about independence." Rene: "The next Lesbian Forum is having a branch of the Oregon Coalition Against Domestic and Sexual Violence hold a meeting at a wheelchair inaccessible location. When I called they said, 'Oh, are you going to come?' OK, we'll change the place. It shouldn't matter who's coming, it should be a priority to have that and an interpreter."

We have at times denied the physically challenged access to our conversation, our help, our buildings, and not least of all the possibility of a sexual relationship. Nancy A F Langer in the article we have mentioned on sex and disability states, "It is possible for the spinal cord injured male to have erections and ejaculate without experiencing any physical sensation. It is also possible for the male or female that stimulation of erogenous zones can bring about pleasure and what has been called 'phantom orgasm.' More to the point, emotional intimacy, giving pleasure to a partner and experiencing the body as a source of pleasure are not only possible, they are essential to rehabilitation. It has been observed that spinal-cord-injured patients are often more concerned about regaining sexual functioning than about walking again." It goes without saying that impairment of sight or hearing leaves a person's sexuality intact.

"The biggest drag about sex and disability," observes Rene, "is there is no chance for spontaneity. The person has to be able to get you in and out of their bed. There is a considerable amount of planning which sometimes takes the excitement out of it. Because my lover Jen has diabetes and cystic fibrosis, she has high-peak days and low-peak days, and when I'm feeling sexually active, she may not." Judith, who has cerebral palsy, relates, "My lover has diabetes. We make jokes together like, 'You think we're going to have an active night tonight? I'll take more or less insulin according to how much we're going to do.' And I have to live up to what I've said or she'll have to get up and do push-ups or she could go into a coma." "Caretakers infantilize the disabled in order to cope with their own fears of disability," theorizes John Oswalt of Disability Consultants in Boston. "Viewing the disabled as infants brings into high gear all the taboos this society holds about children and sexuality. Thus the attitude toward the disabled, which is like that held regarding children: you are an asexual being, you have no sexual rights." Let us come to recognize all our members as fellow creatures and overcome the most tragic handicap: prejudice.

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