

Viewpoint Interview, May 24, 1964

Don Lyon: My guest on Viewpoint tonight, Mrs. Naomi Chamberlain, has traveled all over the United States, as well as in a number of European countries, speaking and consulting on a problem that deserves far more consideration and attention than it receives from many of our architects or public officials. It is the problem of architectural barriers. Now Mrs. Chamberlain, as a member of the faculty in the Department of Preventive Medicine at the University of Rochester Medical School, and as the regional coordinator for the Rehabilitation Unit, you've certainly had plenty of opportunity to learn the scope of the problem. But first of all, what do you mean by the phrase "architectural barriers"?

Naomi Hooker Chamberlain: An architectural barrier is anything which keeps everyone from getting in and out of the building. For example, a long pair of steps may keep a person with a heart condition from being able to get into a building. A very narrow doorway can prevent someone who has to go through a wheelchair to get into the building. It's an actual barrier.

DL: So this concerns those people who may be physically impaired in some way or another.

NHC: Right.

DL: Now, my first impression and it's probably an incorrect one, is that this does not involve either very many people or very many buildings. But I gather this is an incorrect impression.

NHC: You are correct in that you are incorrect. It involves a tremendous number of people. For example, two million Americans have strokes every year. This is just one category. The number of people who have heart conditions. The number of arthritics. Plus, the huge toll it takes them by automobile accidents. And as for the buildings, well, it seems as though decorating with a pair of steps is as essential as a new bonnet to a lady. It is a tremendous problem and it individually affects and limits people's lives. It forces them really into second class citizenship.

DL: You mean, this applies to buildings like libraries, for example.

NHC: This applies to all buildings. It isn't just a matter of the fact that you can't go get a stamp when you want to or that you can't draw a book out or attend a concert or go to the art gallery. But it also means that a simple thing like deciding to celebrate your anniversary or your birthday at a restaurant may require days and days of planning while you decide "can you get in?" If you get in, will you be able to sit up at the table, will you have to ask someone for help to carry you in? It affects every part of one's living. It also affects one's vocational potential. We have had patients who were skilled in a particular job. In this instance, a woman who was skilled in being a telephone receptionist. And was offered a job, liked the job, liked the potential boss, but there was no way for her to get in this particular factory except to crawl up the steps. And this was entirely too much of an emotional problem for both the boss and the other employees. So as a result, she had to take a job at a much lower level. There are people who, we know of three cases where women have been literally

trapped on fourth floors because they could not get up and down the steps because of their physical condition. In this case, it was arthritis and as a result, became so depressed that they have had to receive psychiatric treatment. We know of other instances where more rent has to be paid so that a couple can live on a first floor and as a result they cannot do many of the other things that they would truly like to do, like still participate in civic affairs and we lose a tremendous number of contributions from our citizens just by doorways and steps.

DL: Doorways too narrow?

NHC: Doorways too narrow, steps too high, bathroom facilities impossible to get into.

DL: Now, what is being done in the Rochester area about this?

NHC: Well, I think this particular project is quite typical of the way Rochesterians go at things. From not being aware of the problem in general and going fairly merrily on our way as Rochesterians. With the project, we not only get architects and contractors calling saying, "Say, I have a contract to build such and such a thing, would you like to come meddle?" But we also have people in the community say, "Oh, have you been up on such and such road? They're digging out there." And most of the time I have no idea what they're digging for, but we investigate.

DL: Well now this implies that you start at a very early stage in the building with the architects and with the designers.

NHC: Oh, we try.

DL: Now what do you recommend? What are some of your specific recommendations?

NHC: Our recommendations are, first of all, that the architects use, and the contractors and builders, everyone, use the American Standards Association requirements concerning doorways, which would be a doorway preferably 32 inches wide, and that the building have one accessible entrance. So you see, this doesn't...

DL: When you say accessible entrance, what do you mean, a ramp?

NHC: This means ground level.

DL: Oh, I see.

NHC: It means ground level. And doors that are not too heavy to open. An architect could decorate a building with a beautiful array of steps and still make one side ground level accessible entrance, which would then open the building to every citizen.

DL: What are you doing about school buildings? I don't think this would be particularly important in high schools or even elementary schools?

NHC: There is great concern there. And the State Department of Education has issued a booklet with school buildings, plans drawn up for school buildings that are accessible. The Department of Education itself is concerned about this problem, so that the new buildings will be accessible.

DL: I suppose even a little thing like a water fountain becomes a real problem for a person with some degree of physical impairment?

NHC: It certainly does. If a water cooler is hung, then it means that a person in a wheelchair could get to it. It can be very annoying not to be able to make a phone call when you want to, or get a drink of water when you want to. And for example, many of the public phone booths, you need to be a thin, malnourished midget to get at. There are a couple of drive-up phones in Rochester and I'm sure we'll have more.

DL: Now, what groups are working with you, other than the architects? Are there any volunteer organizations who have kind of chimed in, and are helping you?

NHC: Oh yes, the Junior Chamber of Commerce, the [JNCs?]. Right now, the Junior League of Rochester is involved in helping to, and will publish, they are actually sponsoring the publication of a directory which will be distributed, which will note the accessible entrances and accessible buildings.

DL: When you say directory, what do you mean?

NHC: Well, this means that, for example, if you were coming to Rochester, let's say, for Lilac Week and you have a heart condition. It's difficult for you to get up and down the steps. You could pick up this directory at the Chamber of Commerce or you might have written ahead of time and we would have mailed it to you, and you could look in there and say "Ah ha! Well such and such a motel is, it's ground level. This is a convenient place to stay. I can get in this entrance of such and such building, and you might have a much happier time. There are about 10 directories of this sort now in the United States. There's one for Washington. There's one in Michigan, one for Boston and one for New York, and some of the Midwestern cities.

DL: When will the Rochester directory be out, any idea?

NHC: Mid-Summer.

DL: And this is a directory of buildings.

NHC: That's right. It will also include some helpful hints of services that are available for persons who are handicapped.

DL: What do you mean by service?

NHC: Well, one of the interesting things that we found out, that there were a great many more things available than we ourselves were aware of. For example, I don't know how many people are happy to go to the Internal Revenue Office, but we found much to our delight that a severely physically handicapped person who actually cannot make out his return, can call the local office and receive help. Now, they

cannot do this for the average person, but for a person whose hands are so [involved?], and they actually cannot do it. This is a service that they will offer. There is that mobile dental kit in town. There is this arrangement for picking up library books for persons, there are all kinds. There is a drive-in church.

DL: Now this brings up the point. Suppose a member of our audience is not aware of some of these services or some of these buildings. Is there any central source to whom that person can turn either by phone or by letter and get information such as this?

NHC: Well, at the present time we have been doing some of this. And of course, the information service at the Council of Social Agencies does a great deal of dissemination of information of this kind. But for an individual question, I think probably we could handle it until the directory comes out.

DL: By "we" you mean the rehabilitation unit...

NHC: ...unit at the Department of Preventive Medicine. Yes.

DL: Now, in your consulting work in European countries, have you gained the impression that we are in this country either behind or ahead of them in trying to do something about this problem?

NHC: Well, I think it's a sort of a two-sided answer in that in the countries in Europe in which I've been, the push seems to be at the level of, for example, the schools of architecture to have this put into the curricula. But in terms of actual citizen involvement, I think we're far ahead. Of course, we're such great joiners, you know. It works to our advantage.

DL: Do you think the day is foreseeable when just as a matter of course, every public building will consider this problem in its design stages?

NHC: I do like to think so. And I would say that from some of the experiences we've had in Rochester that I have a reason to be optimistic about, certainly, our community. We've had an interesting idea proposed by a gentleman who works in a local bank, who is an officer, rather, at a local bank who suggested, "Well, you know, if you sell me on this idea, when people are borrowing money, maybe I could put in a word." And I think that's a most crucial time to put it that.

DL: Well, if we start all the way back, as you suggested, in the schools of architecture, is this one possible source?

NHC: I think it is.

DL: What are others that might be most helpful?

NHC: Contractors. Because sometimes between the drawing board and the actual production of the building, there is a change. So there has to be a constantly watched process to inform, but to inform as many citizens as possible, makes it possible for everybody to serve as a member of this committee.

Because if people are aware of it, then they will ask. When their club or their organization is going to build something, they will say, "well, what about a ground level entrance? What about a wide doorway? What about a bathroom facility that everybody can get into?"

DL: Do you notify all of the Golden Age clubs, for example, of the services available or will you when the directory is out?

NHC: We will. We will. And one thing about the Architectural Barriers Project is that it certainly will eventually affect every single one of us. Because your only other choice is to die.

DL: Thank you, Mrs. Chamberlain. Our guest on Viewpoint tonight has been Mrs. Naomi Chamberlain, a member of the faculty in the Department of Preventive Medicine at the University of Rochester Medical Center and regional coordinator for the Rehabilitation Unit.