

accessing HOME



TRANSCRIPT, PODCAST EPISODE 4: UNCOVERING OUR HIDDEN BIASES

[Music: "Lemon and Melon," a 99 bpm instrumental track with cello and electric guitar fades in]

Meagan Miller: There are barriers you can see. But then there's the ones you can't see. The ones that hide in our assumptions about what accessibility means—and who it's really for.

In this episode, we're digging into those hidden barriers. The ones that come from the things we don't question—the beliefs and ideas about disability that shape everything around us, from the design of our homes to the policies that govern them. And we'll ask: How do these barriers show up in community housing, and beyond?

What would it take to shift these beliefs?

And could community housing be the starting point for a larger cultural change?

I'm Meagan Miller

Zachary Weeks: I'm Zachary Weeks

Meagan Miller: And this is

Together: Accessing Home

[Music: fades out]

Carey Taschuk: Somebody could say, "Oh, yeah, we're barrier free." Oh, okay, that's great. "Oh, your washrooms are on the second floor?" Oh, okay. Or, "Oh yeah, it's only just one step up." I think people need to be open to realizing that when they come up with plans without consultation, there will always be a "Oh, welcome to our grand opening, we are going to fix that in three weeks. And then it will be ok." Like, accessibility doesn't need to be an afterthought. It can just be an accepted part of the building plan.

Meagan Miller: This is Carey Taschuk.

Carey Taschuk: I live in Edmonton in the Artspace Housing Cooperative. And I have been living with MS for 19 years. And moving to Artspace was a consideration based on what my disease is and the likely path that my disease will take.

My last residence was a beautiful two bedroom, two bathroom. I needed to stop living there because I needed to walk up four steps from the sidewalk to get into the building and then walk up another three steps to get on the main level of the building. And how my MS had massively affected my walk and my mobility, like, I do not need an obstacle course every day.

Meagan Miller: Carey has lived in Artspace for over nine years and during this time, he's been in two different units. He moved into his current place back in 2023 and, so far, it's been a good fit.

Carey Taschuk: Yeah, this was a newly renovated unit that I moved into. I have a barrier free shower. It's just got a little tiny rubber dam that I step over. And other members who have them, their commode chairs can easily go over without tipping or capsizing or whatever. My kitchen is- all the counter heights are 30 inches and there's space. I do not use a chair at this time. I get around mostly with walker and/or cane, but I have seating. I've got an office chair in my kitchen so I can sit and watch dishes and I can cook.

[Music: "Home Home at Last", a romantic guitar track, fades in]

Everything in my place is at a workable, functable level.

Meagan Miller: As you might recall, Artspace was designed with accessibility in mind. A third of the units are adapted for wheelchair users. And while the building isn't perfect, one of the reasons many residents have been satisfied is that the co-op management is open to feedback. They actively listen to members and use that input to make improvements. A great example of this is when Carey did a walkthrough of his new unit.

Carey Taschuk: And walking through with the property management, I said, "So my old kitchen had this. And this doesn't have built in pantry space". This is new storage, but it's on top of the wall oven. And I can get to it. I shouldn't get to it because I don't do so well on ladders.

[Music: fades out]

But keeping in mind many people who live here are coupled and the co-op does have a program called SAIL which is an acronym for a Support for Artspace Independent Living. So there are healthcare aides that provide services like cooking, toileting, housekeeping, the healthcare aid type things. So a very tall seven foot, off the ceiling shelf would be great for someone to put the thing that I don't use, except for once a year and then say, "Oh, can you get that down? Thank you."

There's another unit that is just about finished its renovation. And from our walkthrough here, they took some ideas down and implemented in that floor plan, which is just a different kitchen layout. And for the member that's moving in, she uses a power chair, and it will just be even better for her.

Meagan Miller: We've discussed how the flexibility of community housing to meet residents' needs often hinges on funding, and Artspace is no exception.

Carey Taschuk: Oh, yeah. There's beautiful, amazing things that are happening and we need to of course be realistic and say "Hmm, so our nonprofit organization that runs the coop is going to keep that in mind. We're going to see what we can do."

[Music: "Throughput", a track that features electric guitars and rhodes, fades in]

Meagan Miller: But funding isn't the only factor. At Artspace, accessibility is a core value—but that's the exception, not the rule. Even in community housing.

At this point, I think it's important to step back and consider how society understands disability. 'Cause that affects our approach to accessibility.

And while there are many frameworks for disability, there are two that stand out: the medical model and the social model.

Zachary Weeks: Just to clarify, the medical model focuses on the fact that, "oh, you're disabled, you need to adapt to the world." There's an issue with you, and it's your job to fix it, whether it's through physiotherapy or surgery or, you know, just- "too bad, too sad."

Social model of disability is one that I follow in that, it's not what's

wrong with you, it's what's wrong with the environment. What's wrong with society. So we need to adapt these areas to help you thrive.

Meagan Miller: This distinction between the medical and social models isn't just theoretical—it has real, everyday consequences.

[Music: fades out]

Because when we view disability through the medical model—as a personal problem to be fixed or overcome—disabled people are treated as the problem. They're blamed for not being able to navigate a world that was never built with them in mind. And that leads to pity, exclusion, or pressure to "overcome." But the social model flips that script.

Instead of asking, "What's wrong with you?," it asks:
"Why aren't buildings accessible?"
"Why don't workplaces offer flexible schedules?"
"Who decided what counts as "normal" anyway?"

And that systems approach helps reveal something deeper.

[Music: "Trapped in the Stairwell", a playful instrumental track that features acoustic guitar and bass fades in]

Because these barriers aren't random. They're shaped by the ideology of *ableism*—the assumption that disabled people are inherently less valuable, less capable, and less deserving of respect than non-disabled people.

Zachary Weeks: It is very deeply rooted in our society. There's also something called internalized ableism, in which, you know, for example, I dealt with for a long time and still do because of what society impressed upon me at a young age. That, you know, I would never be able to get married, I would never be able to get a job. I would never be able to have sex, never be able to- right all these, never, never, never.

[Music: fades out]

Or even just, yeah, apologizing for needing to use a washroom with a caregiver. "Oh, I need to go pee. Sorry." Why are you saying sorry? Like we all take a whiz. It's no big deal, right? But it's so ingrained in one's mind, that they are an inconvenience. That they are a burden to society. Maybe it's just because I'm

Canadian, we apologize for everything. But, if you're told something, sooner or later, you're gonna believe it. You know, I grew up in a time when it was like physiotherapy and surgeries. We're going to make you walk by doing this surgery and that surgery. But they were selling me goods and services that wasn't true, damnit.

[Music: "Throughput" fades in]

But it was a valiant try. And while those certainly have a place in today's world, because medical advancements are awesome and I'm all for it. And I wouldn't be here without it. You know, we need to get away from what's wrong with that person. And what's wrong with the world.

Meagan Miller: Ableism reinforces rigid ideas about how our bodies and minds should function—and in turn, creates stigma not just towards disability, but also towards the tools and aids associated with it. Here's Carey again.

Carey Taschuk: Nine years ago, 10 years ago, I met with a PT and an OT, And I'd been walking with a cane. I was very much a splayed tripod as I navigated. I would get tired after walking a block and would need to sit. And at the clinic, she said "what other equipment have you tried?" and I'm like "none" and she's like, "I've got some walkers here." And just knowing that I could stand more straight and I could correct my gait.

[Music: fades out]

So my feet were shoulder width apart rather than as stretched out as I'd been before. I'm just like, sign me up. This conserves my energy, gives me a place to sit if I need, I've got a carrying basket. My dad, eighty-four years old, had hip replacement surgery. I do not think he did the PT that was necessary. And his alignment of his hip is at such an angle that when he walks I noticed he drags that foot. He's still active. But I know that if he had a walker, it would help straighten things out and make things easier and smooth. They've got a ramp at their house anyway.

Meagan Miller: Accessibility aids exist to help people live more independently—yet they're often avoided or seen as a last resort. Not because they don't help, but because they make disability visible. And because disability is so often framed as something negative or undesirable. Anything that signals disability takes on that same stigma.

[Music: "Circle Gerano", an ambient track, fades in]

Many people would rather struggle silently than face the social cost associated with disability.

Zachary Weeks: Yeah, the micro-ableism that comes with it, whether it's the eye rolls of you know, "Oh, you need an elevator. Let me get up and show you where the elevator is." Like, I don't mean to be a pain in the ass, but you're also being a little bit of a turkey. It's not like I wanted to go out of my way to get you off your chair so you can show me, or have you think about where the elevator is. Or, or, the sighs. Or the, you know. And it does a number on one's mental health. I'd venture to guess that 90% of people with disabilities have mental health struggles. And how could we not?

Meagan Miller: Let's be real—if this were just about a few rude people, it'd be easier to fix. But these aren't isolated incidents. They're part of something much bigger. Because ableism doesn't just live in individual attitudes. It's built into systems.

It shows up in how spaces are designed, how policies are written, and who gets considered, and who doesn't. And the hardest part is that it's often invisible to the people who aren't affected by it. Because ableism is subtle. It's normalized.

Sometimes it shows up as paternalism—assuming disabled people can't do things for themselves. Sometimes it's condescension wrapped in praise, like calling someone "inspirational" for doing something ordinary, an everyday task. And sometimes, it's outright exclusion. But no matter what form it takes, the impact is the same: it limits people's autonomy, dignity, and participation.

Ian Young: You know, I've had perfect strangers say things to me. Like one bus driver yelled at me, saying "You should be going off the bus backwards." I said, "And you are a cerebellar injury expert form...?" And, I'm just surprised at some people. I was listening to my airpods once, and this woman said, "You shouldn't be listening to music if you are disabled, if you are walking with your walker." And I said, "Where do you teach physiotherapy?" My occupational therapist says that if you walk and talk to music, you will walk faster. It will help your gait. So there.

But, uh, our neighbour here. He went out on one of the nice days. He used a wheelchair. He said that somebody purposely drove by

and splashed him with a puddle and they were all laughing at him.

Let's hope that the minority. I believe that's the minority.

[Music: fades out]

Meagan Miller: This is Ian Young.

Ian Young: I'm a 61 year old man living here in Edmonton. I became permanently disabled at the age of 41. And that was kind of an epiphany for me to see the life people have to live with disabled—the choices they have to make just to survive. I really don't think it's right that in a very rich province, and in a very wonderful country, how people just slip through the cracks and everything seems to be very tedious and really not fair. So I've always been raised to speak the truth and be outspoken.

Meagan Miller: Ian has a rare disability affecting his cerebellum — the part of the brain responsible for balance, coordination, and some cognitive and emotional functions.

Ian Young: It's close to multiple sclerosis. And I had suffered seven strokes. Don't ask me how a stroke feels because I don't know. I'd just lose different abilities every day. So I was bedridden for over a year without being able to talk, walk, speak, I even had to have a feeding tube installed. And then, because of the province of Alberta, one day, they just came in and loaded me up and everything. Didn't even let my family know and all the nurses were in shock. I was being taken to a long term care geriatric dementia ward.

[Music: "Circle Gerano", an alternative minimalist version, fades in]

Which bankrupted me because it was private and I had to pay for it. I was physically and mentally abused there. When I was released from there and got into Glenrose hospital. They diagnosed me with PTSD from that experience.

Meagan Miller: What Ian experienced—being removed from medical care and forced into an abusive institution—isn't just a personal tragedy. It's part of a long, well-documented history of systemic ableism. And here in Alberta, that history includes a particularly dark chapter: eugenics programs, forced sterilizations, and policies built on the belief that some lives are less valuable than others.

And the history isn't over. Even today, many disabled people are still funneled into underfunded, unsafe facilities—just like Ian was.

But, despite the trauma he endured, Ian found a way to reclaim his life and his voice. He became a disability advocate with the Council of Canadians with Disabilities. Started writing for his community paper. And about 18 years ago, he moved into Artspace Co-op.

Ian Young: I am not in an accessible suite. 'Cause I just had to move in here fast. When they asked me if I want an accessible suite, I said, "No, I'll leave that for the people that need it." Because I do everything standing up. I may need it one day, but at the present time I don't and there's people that do.

Meagan Miller: While his unit isn't ideal for his mobility needs, Ian doesn't care. Because accessibility isn't just about the building for him. It's also about autonomy, dignity, and community.

Ian Young: A lot of supportive living places too won't let you decorate like I have my place here. But cooperatives are great, 'cause everybody can participate. We all make decisions on our own. And that does come down to accessibility.

[Music: fades out]

When I first moved in here, one of the first things I observed was the garbage recycling room did not have a power button to get in. And I was like a new member and I said in a meeting, "excuse me, ahhhh." And our president at the time came to me and said "I never noticed that." I said, "How many things do you never notice until it happens to you, till you need it?" He goes, "That's a brilliant idea!" And I remember one girl in the elevator said to me, "hmm big mouth, you're going to give a lot of people nothing to complain about!"

Meagan Miller: The beauty of co-ops is how they're community-driven. Members directly impact decisions. But as Ian points out, it's not just about having a seat at the table. It's also about who's listening and how they view the world.

Ian Young: We have a new office manager and people don't like her. "Oh, she's nosey!" I adore her. I had carpeting in here for 17 years. And carpet's not good for people on wheels. It's like walking in quicksand. She came to deliver me something and said, "You have carpet?" I said, "I was trying for 17 years to get rid of it." She

was downstairs, an hour later, “Next Wednesday they’re going to be here, blah, blah, blah!” And one weekend it’s just all done.

Meagan Miller: That’s awesome! Yeah, again, people who care.

Ian Young: People who care and people who listen. That’s why I believe in meetings. Board meetings. So a bunch of us are on the same page and we educate each other. And that can be about anything: accessibility, planning, anything. But, ah, you’ll notice if you came in the front. Across the street, we own those townhouses too. Well, they just put in a very up to standard ramp. Before it was awful. It was very steep.

[Music: “Throughput” fades in]

One person who lived here said, “Well, why bother? People in wheelchairs don’t go down to the houses anyway.” I said, “Are you ever. How dare you say something like that! You know probably why they didn’t? Because they couldn’t!” But you live here, you see people in wheelchairs. Ugh! You got the disability, not me. Because disability can be a way of thinking too.

Meagan Miller: I don’t want to oversimplify things by claiming that community housing—like cooperatives—is the answer to ableism. It’s obviously not. Ableism can show up anywhere, even in spaces designed with accessibility in mind. But what co-ops often do well is put decision-making in the hands of the people who actually live there. And that matters. Because when it comes to accessibility, the people who know best are those who experience barriers every day. And they need to be part of shaping the systems and spaces that are meant to support them.

That’s the principle behind “Nothing About Us Without Us”—a core idea in disability justice. Decisions about disabled people’s lives and access must include disabled people. Otherwise, those decisions miss the mark.

Ian Young: Everybody has a different accessibility, you have to be in a modern medium.

[Music: fades out]

And the best way to make a difference is by talking to the people that are affected by it. I’m not saying pave over the oceans and the roadways. Let me go shopping. Let me get on a bus. Let me do things that are my human right. So if I can get from my place

to your place without any roadblocks, then I call that accessible.

Meagan Miller: This isn't just about checking boxes or meeting building codes. Compliance is the baseline. But accessibility is a moving target—it evolves. That's why we can't settle for the minimum. We need to design with a mindset of continuous improvement.

Zachary Weeks: Yeah, it's always going to be a work in progress, very similar to every other thing. We don't design buildings the way we did in the 60s or whatever. You know, there's better safety involved. There's higher safety requirements. Same thing with accessibility. It's on a continual growth curve, hypothetically. And so, we need to not just meet the mark. We need to excel so that we don't have to meet the mark again in another five years. You know, build it for 10 years, 20 years. And again, we're not all rolling around in the same Fords back in 1905 that Henry Ford said, "Okay, that's it. We're not, we're not working on this car anymore."

Meagan Miller: You got the one color black, you're good

[Music: "Trapped in the Stairwell" fades in]

Zachary Weeks: Yeah, and four wheels. Maybe a steering wheel. Yeah, we need to mindfully work to always elevate our game. And now I sound like a hockey player. But we need to strive for better always, yeah.

Meagan Miller: But what's wild is that we *do* strive for better. Just unevenly. Because when it comes to things like airbags in cars or central heating in homes, no one argues that they're too expensive to justify. Their value of these innovations are assumed, so they're built in from the start.

But when it comes to accessibility, suddenly it's treated as optional. So instead of being part of the central design, it's an add-on. And when access is an afterthought, it sends a quiet but powerful message that some people matter more than others.

Zachary Weeks: And that's where I think we need to actually get away from the accessible housing terminology. You think of the wealthy, right? Which is neither you nor I. They always want luxury, right? "Oh, I want a walk-in shower." Well, let's bake a roll-in shower into housing. "No, that's not wheelchair accessible shower. That's just a walk-in shower: barrier free." You know, so we need to flip the script on how we describe these things. 'Cause, even when, if we look at our seniors population, for example. They are very

stubborn folks, very prideful—which is great. And a lot of seniors say, “Oh, I don’t need the accessible suite. Keep that for little Zachary. That needs his wheelchair accessible suite.” It’s like, it’s there for you too, right? Having designated wheelchair accessible housing is great, but I think we need to get rid of the label and just get away from these unintentional biases. We need to essentially make accessibility mainstream. Right? Everybody wearing glasses—both you and I are wearing glasses. Technically, that’s a disability. But we don’t think of wearing glasses as a disability.

Meagan Miller: We need to reframe accessibility as something universal. Not a special accommodation, but the standard. Because when environments work for everyone, that’s not just inclusion. That’s good design.

[Music: “Throughput” fades in]

Meagan Miller: I wish there were one simple fix to all of this. But there isn’t. Education matters. Awareness matters. But ableism isn’t just about ignorance. Because even when we see the barriers, nothing changes. And that’s because these systems were never neutral. They were built to favor certain bodies and minds, and to exclude others.

Capitalism rewards economic productivity above almost everything. And that productivity depends on a very narrow idea of the “ideal” worker: Someone who can work long hours, at a consistent pace, without breaks or accommodations. Someone who’s seen as able-bodied—physically and mentally. And anyone who doesn’t fit that mold is considered disruptive and costly. So, they are excluded from paid employment and positioned as dependent.

And the thing is, once you’re labeled ‘dependent,’ the system decides you’re only worth the bare minimum—if that.

Not long ago, the Government of Alberta announced it would claw back the new Canadian Disability Benefit, or CDB. The CDB is a \$200 monthly payment from the federal government, meant to support Canadians with disabilities. But instead of letting recipients keep that additional help, Alberta reduced AISH by the same amount—\$200—effectively cancelling out the benefit. So Albertans on AISH aren’t receiving more. They’re being *denied* the new support.

And what's especially frustrating is that Alberta hasn't clawed back *other* federal benefits. So this move feels targeted. It feels like another way disabled people are being singled out and treated unfairly.

And that \$200 might not sound life-changing to some. But for people living on AISH, which already falls below the poverty line, it could have made a real difference. It could have helped someone cover rent. Stay housed. Live with just a little more stability and dignity.

[Music: fades out]

And this is about money. But it's also not about money. It's about who our systems value and who they punish.

Zachary Weeks: And so we need to have open and honest, and quite frankly—it's going to be uncomfortable—conversations about all things. Whether it's about racism or homophobia or ableism, and, yeah, there are tons of microaggressions. Especially with—well, when you look at disability, for example. Always having to be polite—don't talk about the person's disability. N, I—like, it's who I am. And it's almost like an injustice to not bring it forward, in a way, right? Like, because you're not, you're not fully accepting a person for who they are, right? And where they've come from, and their history and their knowledge, challenges and everything that go along with it. So yeah, the stigma still exists that, you know, we are to be pitied, we are less than, we are not able to. But screw that noise. Some of the smartest people in the world were the most disabled, if you check yourself. Stephen Hawking. I mean, that guy was a badass! Smartest guy in the world. I will say. You know, I'll end with: While we've had a very honest and, quite frankly, parts of it depressing, conversation. I want to remind people that I still believe in the human race as being well intentioned.

[Music: "Mangion", a light and ethereal track, fades in]

I think the intentions are there. We just need to help educate each other on how to help each other and take care of each other.

Meagan Miller: True accessibility isn't about goodwill, or tweaking designs. It's about dismantling the barriers and backing people up with resources. Making sure disabled people have the income and support they need to live with dignity. And, if there's one thing to take away from all of this, I think Ian says it best:

Ian Young: Housing, of course, is an issue. And they always talk about affordable housing. But they leave out the other word: accessible, affordable housing. Because a big, huge percentage of disabled people live in poverty. But, ah, housing is a human right. Listen to us. Listen to the experts. And, yeah. Use the two double words: accessible, affordable

Meagan Miller: Changing minds is important. But shifting social norms. That's slow, generational work. And the truth is, we can't afford to wait for that kind of change. People need accessible homes now, and they need homes they can actually afford.

Community housing is one of the most promising solutions we have. But it can't carry the weight alone. Widespread change is needed. And that's where legislation comes in.

[Music: fades out]

Policy can't replace community-driven solutions, but it can create the framework and support needed to make accessibility the norm. So, next time.

[Music: "Hard Living", a bluesy instrumental track with a steady rhythm fades in]

We'll explore how we can set new standards and make sure accessibility is treated as a right, not a privilege.

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I'm Meagan Miller

Zachary Weeks: I'm Zachary Weeks

Meagan Miller: Thanks for listening

[Music: fades out]