"Managing Access at the Museum:
Disability & Institutional Boundaries"

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My earliest exposure to accessibility at the Museum was talking with a woman named Marion who used a scooter to get around. She went to the museum and tried to ascend the grand stair hallway in the center of the building using a stair glide. There were several tricks to this. First, a security guard had to come and operate the device for her, since disabled visitors were not directly given the key as they paid admission. When she was actually on the stair glide, she found the experience disorienting, rounding corners at too fast a pace and looking down a long drop. It also blocked other traffic up or down that side of the stair hall, and Marion was conscious that she was holding other people up. In listening to her speak about this experience, I thought about all those museums trying to accommodate disabled visitors by installing stair glides and other apparatus. What would they think if they heard Marion's terrifying and embarrassing story about visiting a museum? Had other visitors had similar experiences? What was the effectiveness of the stair glide from the museum's point of view? It was not long before I had my own chance to investigate similar questions at the same museum.

What I found was that there were indeed larger forces coordinating museum visitors' experiences with the building, the artifacts, and each other. For instance, Marion could not have known that the stair hall was protected by a city "Heritage Easement

Agreement" with special zoning codes that prevented the installation of elevators or escalators or any other feature that would change the historic building—a fact I found out later in a conversation with Anne, a project manager at the Museum.[1] This was just one of the texts that intervened to either produce or complicate accessible solutions for its disabled visitors. I became curious about the way museums plan for accessibility and think about disability. How is visitor access weighed against museum architecture, artifact preservation, and organizational policy? What shape does accessibility take within a museum as an institution? While many authors of accessibility studies have stated that accessibility is more than physical accommodation, few show how the distinction is achieved in practice.[2] In studying these relations, I wanted to both embody and institutionalize accessibility, to discover its context in the human realm and as organizational practice.

The Canadian museum that I allude to in my above example was undergoing an accessibility initiative as part of a high profile, multi-million dollar building re-design. From fall of 2003 to spring of 2004, I worked with a small committee for accessibility at this museum and became familiar with personnel who were valuable to this study. Throughout this paper, I will refer to this institution simply as the Museum. My role was that of a volunteer researcher of accessibility practices, which gave me access to the expertise of a number of staff members, volunteers, and museum advisors, as well as key institutional documents in the planning process. With a "foot in the door," I was better able to perceive the nature of accessibility as it was carried out in everyday museum work and among museum visitors. This study became the subject of my master's thesis, from which this paper is derived.[3]

In studying the many facets of the accessibility initiative at the Museum, I used a form of social science research known as Institutional Ethnography (IE). Institutional Ethnography grounds itself in the standpoint of people who are located in an institutional site. It then uses interviews to draw out the particular nature of their experiences while coming to understand the generalizing nature of the institution in which they are implicated.[4] That is, it starts with a local action or experience and studies how it gets tied in to "extended institutional relations," connecting the work of people in multiple sites.[5] The mechanism by which institutions often accomplish such a concerting of local actions or experiences is text. Institutional policies, forms, procedures, and records structure individual experiences and coordinate action. Researchers have applied this method to study institutional settings as varied as nursing homes, schools, community-based health care, and municipal governments, but no IE study has explored the relations between disability and museums.[6] I use this method to examine the work processes of museum visitors—what I call the "work of leisure"—while also studying the managerial shaping of accessibility.

The seven respondents interviewed for this study came from a diversity of museum experience and disability advocacy. Two participants were external to the Museum in that they were advocates for people with disabilities who were invited to consult on accessibility during a series of community feedback meetings. The rest of the respondents were more or less attached to the institution as board members, exhibit designers, project managers, consultants, and volunteer coordinators. In interviews, I asked respondents both about their particular work within the museum's access initiative and about experiences they have had as museum visitors, whether at the Museum or some other cultural institution. Most of the interviews were audio-taped and then transcribed. For those I did not audio-tape, I wrote synopses of our conversations according to my notes. Both transcripts and synopses were checked with participants for accuracy. To protect their confidentiality (and to satisfy the ethics obligations of my university and the institution), pseudonyms are used and job responsibilities will be mentioned where appropriate. Just as important as the interviews was observation of Museum staff and disability advocates during meetings and presentations associated with the initiative.

The snap-shots of my larger study presented here speak to three main themes that highlight accessibility in relation to institutional boundaries, in a physical as well as intellectual and organizational sense. These segments will be presented as ‘exhibits,’ appropriate to a museum’s institutional context, but also conveying a sense of evidentiary collection, as in a court case.

Exhibit A: **Finding Inroads**

In much accessibility literature there is a tendency to favor discussion of the accessibility of individual spaces over accessible connections between spaces. Thus, a publication for museums to help them comply with the Americans with Disabilities Act (ADA) gives an account of a visitor’s arrival at a museum. Indexed under the heading “The Museum Experience” and subtitle “Arrival,” it runs as follows:

> *Visitors arrive at the museum singly or in groups, such as a class of school children or a university study group. They use personal cars or vans, public busses, taxis or a subway system. All visitors, including visitors with disabilities, must be able to move about the site with safety and ease.*[7]

To contrast with the passage above, in which no negotiation is involved and entry sounds assured, I heard stories like this from Chris, an advisor to the Museum’s accessibility initiative who is visually impaired. He described his work finding the entrance to the Museum when he was invited to participate in an advisory panel for the new building:

> *See, the first time I came I met someone in the subway, and that was a university student. He was coming out. He could see when I first got off the train I didn't know which way to go, because it had been my first time at that station. So he said, "Do you want to walk with me?" So I walked with him up and outside and he said, "Where are you going from here?" And I said I'm just going to the museum, to the staff entrance, and he said, "Well, I'll walk with you…" I felt I wanted to find the staff entrance, so I just said to the fellow when I was going up the street, "Just to the south of the museum there's supposed to be some steps"…and so I found that that way. And then when I went the second time, then I found that on my own.*

This anecdote suggests that museum-going is not a passive experience, nor is it isolated among individuals. It is a very active process of learning, working, patience, and communication that comes naturally to some: "You just have to try to discover and remember things." Moreover, Chris's story is just about getting into the building. Once inside, other environments must be negotiated, including elaborate circulation routes and exhibition spaces.

Other respondents talked about the work it took to visit a museum--supposedly a leisure activity. Carolyn, a board member at the Museum, said, "I, as a disabled person need to know where is the parking, where are the ramps…You've got to do the research, you've got to make the support plans, and then you've got to plan for contingencies." Carolyn easily recited a checklist of features she needed to research before visiting a museum: parking areas, the route from the parking area to the building, the location and accessibility of washrooms, stairs, schedules for transportation and/or meeting others, money (for transit, entrance fees, food, emergencies), and last of all, energy. Another respondent, Louise, the mother of a young woman with a disability who volunteers at the Museum, cited the "tremendous amount of planning and homework" that went into visiting the Parliament building in Ottawa. "Research" and "homework" are not limited to museums alone, but include all kinds of planning around inaccessible spaces: "Everything requires planning somehow for people with disabilities."

For some potential visitors, the act of research is cut short because of an assumption that the museum is naturally inaccessible to them. Chris encounters the Museum as a chiefly visual experience: "This would be something that most people in the visually impaired community have no clue about, that it exists at all, just because they've put aside all thoughts of visiting the Museum." An inaccessible experience is expected, and precludes visitation—there can be no assumed narrative of "arrival." But the very reason for not visiting points to what sets the museum apart from any other building that might be inaccessible. Chris's comment that the experience of a museum is almost entirely visual references the nature of the museum's interior rather than only the act of arrival. The defining characteristic of museums is that they house and display objects for public enjoyment and education. These objects are, in the words of John, an exhibit designer at the Museum, "mute," enclosed in glass cases or behind ropes with no way to announce themselves to Chris, or the larger community to which he refers. In the absence of audio-guided tours, personal tours, or talking computer displays, there is very little that the Museum does to communicate with people with visual impairments.[8]

For those visitors with mobility impairments who travel on public transportation, their visit could be equally as arduous but in a different way. Conversation about transit took up a quantitatively large portion of interviews. Discussion often strayed away from the building or galleries to the parking, street, or subway system:

> *Not even just here, but other things in my life, things like the subway—I had no idea before! Most subways you can't access if you're in a wheelchair because very few of them have elevators and the ones that do, like this one here…it's out of service half the time.*

> *We've learned through bad experience that three-quarters of the elevators with the [city transit system] don't work at any one time.*

Louise's daughter, Julie, is a volunteer teacher at the Museum and is often invited to Museum volunteer activities. These events are typically held between 4:30 and 6 PM: "You just can't get [accessible transit] to go downtown during rush hour…that time is impossible."[9]

Trying to contain a discussion about accessibility within the bounds of the museum alone did not accord with actual experiences of visiting a museum. It became clear that, in the experience of many respondents, an accessible museum visit is necessarily tied to an accessible transit *to* the museum. Quantitative studies undertaken by the Smithsonian Institution also support the significance of transportation as a factor in museum visiting for people with physical disabilities.[10] This furthers the suggestion that a museum visit actually starts, as an experience, before arrival in the museum. In some cases, museums have no control or can do very little for their as-yet-unarrived visitors, but in some situations, they can. In the case of Julie wanting to attend a museum event, a number of factors conspired to produce "inaccessibility:" downtown traffic at rush hour, the Museum's scheduling of an event during rush hour, and an accessible transit system unprepared to cope with traffic. What these responses have in common is the way they point to “accessibility gray zones,” transition areas where accessibility is shared between institutions like cities, museums, and transit systems. It is also in these spaces in which *in*accessibility is acutely felt by museum visitors.

These transition areas are not without their own rules and institutional trappings, however. Parking spaces must comply with certain city ordinances, for example. Nor are these areas responsibility-free zones for institutions. It is more a matter of how creative and far-sighted institutions are in pursuing both the letter and the spirit of accessibility legislation. Aside from my conversations with staff and advisors, so much talk was generated at Museum access committee meetings about getting to and into the building that new solutions with city transit authorities were quickly pursued. Anne worked with the city and transit authority to add extra van parking at the new front entrance to the museum, and to build a new elevator at the subway stop just outside. The Museum could not ignore the complicated issue of arrival. In seeking a solution to an access problem that exists outside the Museum’s walls, the institution was listening to and acting upon personal experiences of museum going among its advisors.

Exhibit B: Policing Policy

No matter how influential or important individuals are to the work of accessibility, the Museum is also an institution that operates through texts that coordinate the activities of individuals in multiple sites.[11] The Museum’s access initiative had three main goals: 1) to research accessibility practices, 2) to make important changes to complement the opening of the new building, and 3) to write a set of management practices for accessibility, a document that would organize the work of managers and their departments. Much of this activity was grounded in a policy text written years earlier that structured the initiative's work at the Museum, and to which the team constantly referred in writing the management practices on accessibility. There were a number of groups involved in this work, including two senior staff working groups and an "expert panel" of disability advocates. The core group that met most regularly to discuss accessibility research and changes consisted of board member Carolyn, myself, Anne, the project architect, and Sandy, a policy consultant. We convened many times to discuss blueprints and design mock-ups, to share information about accessibility in many areas of museum work, and to set priorities for the management practices. Our discussions often encompassed wider issues of accessibility, as well: each had his or her own language for disability, while some conversations about museum access problems branched into conversations about social problems for people with disabilities. What follows is an attempt to map the institutional terrain of the access conversation at the Museum.

There was a distinct process for creating management practices already in place at the Museum. Within the institution's organizational structure, the Board of Trustees was responsible for and accountable to museum policies stemming from their mission, vision, and values—also set by the Board. Several years before our initiative began, the Board created 18 such policies. In our research, we found one policy that pertained, or could pertain to accessibility, and this was called the "Public Access Policy."[12] We quickly took the "Public Access Policy" as the central text in which to ground management practices for accessibility.

The policy addressed more than access for people with disabilities. Its conception of "access" is very broad, governing access to the building, the collections and information resources, the intellectual property of the museum, as well as barrier-free access to all public areas. It states, "The Museum will minimize economic, social, geographic, physical and cultural barriers." This language about removing "barriers," in particular, accorded with a broader discourse of accessibility with which the access committee wanted to align itself and is a common goal in planning accessibility.[13] The commitment to minimize barriers was the first indication that this policy had some connection with accessibility. This bears repeating: senior managers *chose* this policy, as it was, to be the guiding text for the access initiative and development of management practices on accessibility. As I will show below, not everyone thought this choice was self-evident.

The policy sets aside three separate areas for access: intellectual access, physical access, and the use of public space. Because the section dealing with intellectual access was principally concerned with collections and copyrights, it was mainly the section on physical access that pertained to what the committee thought of as "accessibility," and is worth quoting in full:

> *The Museum will foster physical access to the museum's public areas by*
> - *Ensuring that standards and provisions regarding the health and safety of all visitors to the Museum's public areas are at least equal to those provided for its employees and volunteers.*
> - *Providing barrier-free access to all visitors to the public areas, to the best of its ability, within available resources.*

Staff described the ways that Museum policies are distinct from management practices:

> *The policy guideline is sort of an overriding policy statement that basically guides your actions. The practices are much more of the on-the-ground ways that we will do business. So the guideline is more of the "this is why we're doing it," "this is what we want to do," and the practices are how we are going to do it.*
>
> *The "Public Access Policy" is the broad statement of philosophy…the practices that we're working on now will be the management practices…so we'll build steps into, say, the exhibit planning process that will say one of the things you have to do is consider how you're dealing with access for people who are disabled.*

The policy is thus intended to be a "broad statement of philosophy," which may be why the intent to "minimize economic, social, geographic, physical and cultural barriers" sounds ambitious. There are, however, limiting factors built into this "philosophy." For example, "physical access" is mentioned as pertaining to "public areas," which may or may not guarantee the physical accessibility of non-public areas within the policy. As was the case throughout the Museum's access initiative, the focus is on access for visitors, not employees. And the caveat, "to the best of its ability, within available resources," provides some leeway in making management decisions. This all made for a potentially slippery text through which to conceive accessibility at the Museum.

Another unique element about the "Public Access Policy" is that after it was written, practices were not immediately developed for it (with the exception of guidelines on the use of public space). According to Sandy, other practices, such as collections practices, were either developed while writing a collections policy or shortly thereafter. The absence of practices to complement the policy had a dual effect on staff engagement with public access. While one respondent commented, "The policy process that we went through three or four years ago is still having meaning…the policies have led to changes with management practice," another senior staff person said of the "Public Access Policy," "We don't do anything for the policy," while another was unaware of the policy and made note to look it up. Policies are available in three ways: on the Museum's website, on its intranet (which is not available outside the institution), and in print in a large policy binder given to staff members. The lack of practices to complement this policy seems to have been the leading cause of unawareness of the policy itself, despite the sources at-hand.

While some respondents reported not doing anything for the policy, all of them reported on many activities concerning accessibility within their own departments or areas of expertise. Madeleine, a volunteer coordinator, spoke at length of the "on the spot" accessibility her volunteers negotiated on a tour-by-tour, day-by-day basis; how they preferred escalators over elevators because they were both accessible for people with physical disabilities and allowed tour guides to see and manage a group better; how the volunteers were very engaged in promoting and ensuring the accessibility of the new building. John incorporated accessible design and multi-sensory components into many exhibits; he has conducted studies on Braille labels and the readability of exhibition text; he keeps abreast of professional trends in accessibility and regarded it as a major interest. Staff stories about accessibility and accommodations were always behind every policy discussion. From these examples, it is clear that "not doing anything" for the "Public Access Policy" does not mean not doing anything for accessibility. The actions of staff members were simply not always directed by the policy, but rather by knowledge they had gained through trial and error, through professional standards, and especially through experience interacting with disabled visitors or acquaintances. The policy represented a different way of knowing accessibility for them.[14]

In various planning meetings, there were some who felt that the policy was ambiguous in its approach to accessibility. While it was important for the Board and museum management that the policy be written and construed broadly, there was something missing specifically about accessibility for people with disabilities. That is, in the quest to provide broad philosophy, the idea of "public access," while not unimportant, may mask any policy commitment to disability advocacy specifically. This is significant from a staff point of view, since many said in interviews that it was only because of personal exposure to disability advocates that they gained an interest in building awareness of accessibility.[15] To compare Louise's words with the wording from the policy, a statement such as providing "barrier-free access to all visitors to the public areas, to the best of its ability, within available resources" suggests a limited view of access and sends the message, "Well, we'll do what we can for people who are marginalized but only within our budget constraints and only within our limitations and convenience." Louise further stated that the perception that this type of access creates is that the institution thinks it is "doing a charitable thing." Charity is extremely controversial in word and deed from a disability standpoint. Thomson notes that pity and charity, and systemic access and accommodation are opposite responses to disability and bodily difference.[16] Access promises equality while charity reinforces ideas of deviance, inadequacy and inequality. The perception of access as a charitable handout creates an easy policy for many disabled people to reject. The question arose, why not advocate for a new Board policy on accessibility if the "Public Access Policy" is seen by some as inadequate? Everyone was suspicious of its broad scope but limiting language; disability advocates such as Louise and myself felt that it fell short of the spirit of accessibility; staff either complained that it did not address their working realities or else were unaware of its existence in the first place. So why rely on such a policy to structure another document? Why not change it?

Several answers emerged in conversations with senior staff members. One such reason: hope. Sandy felt that the policy need not be changed, that it did not constitute a "barrier" in itself: "You really only need to change the policy if the policy is impeding you from doing what you want to do, and there's nothing here that prohibits us from universal access." Anne cited another reason, that of the weight and authority of a Board decision. She affirmed, in an unequivocal tone of voice, "The Board policy has been set." A third reason, voiced by Carolyn, was the opportunity to save the access initiative valuable time. In order to change Board policies, a lengthy process involving the whole Board has to take place, while writing management practices requires only the approval of the Chief Operations Officer. Many motivations and perspectives were at work in the way staff approached the "Public Access Policy," such as the view that it does not strongly argue for disabled access but that it does speak to a broader commitment to access, and the desire to re-think the policy or else to stand by it.

The policy represented a kind of institutional interruption, advancing a concept of access that did not accord with staff member and advocate experience. Looking back on visitors' experiences in exhibit A, many of which reach beyond the Museum itself, it is obvious that the policy is site-specific. As a promise from the Board, its influence does not extend beyond the museum walls. Attitudinal barriers and assumptions, while a concern among disabled visitors, are also not within the realm of the policy, which is more focused on access as a process of physical modifications than a range of responses to disability. While everyone was suspicious of the policy, they stood by it in the hope that practices could flesh it out, or because Board policy was not to be challenged and was too laborious a process to undergo.

How does the Museum's "Public Access Policy" compare with other museum policies that deal with accessibility? Some museum policies advocate for disability more or less strongly. In guidelines set out by the Museums & Galleries Commission in the U.K., disability is up-front: "These Guidelines use the social definition of disability: that society disables people by putting barriers in their way."[17] What is interesting about this guideline is that it ascribes a social agent to the creation of barriers, which positions access as a social response that can take a variety of shapes. It is also interesting that this organization's guidelines are on *disability*, not *accessibility*. Access follows from the social model of disability, but starts with/in disability itself. While this is only one example among several,[18] it throws into relief some key policy distinctions. The Museum's policy never uses the word "disability." Public access *is* the right of all the Museum's visitors, but the invisibility of disability as a catalyst for access is also a concern. Moreover, a masking of disability in the textual, policy sense spilled over into the way "community consultation" was conducted within the Museum's access initiative…

Exhibit C: Consultation

"Community consultations" with particular sets of stakeholders are quite common in museum work. The Museum's access initiative included a consultation component involving members of prominent disability advocacy organizations throughout the province. These sessions included a general discussion and invitations to comment on a short presentation about the new museum building. In limiting consultation to these general areas of the Museum experience, the Museum was policing its own boundaries. Outside advocates were not invited to consult on drafts of the management practice, nor to examine and comment on blueprints and drawings for the new building and exhibits, as Carolyn and I were often permitted to do. In one meeting with disability advocates and museum managers, I observed the differences in priorities and language at both ends of the table:

> *I sensed a little frustration from the "community" side of things. Jim…was adamant about certain washroom features, and Carolyn later described him as being "angry about his disability." Anne said it was important to work with angry people, too, since inaccessible museums will also make one angry unless we do something about it. Jim raised the issue of attitudes at the very end of the session and noted that some of us were guarded in our language. He spoke of a government publication that gives proper terminology for working with disabled individuals. Tina, Amber and Chris also cited the CSA (Canadian Standards Association) standards for accessibility, which seem to be at the end of a revision stage and soon to be published. So the community had quite a few texts that they brought up to help the Museum's process.* (Journal entry, April 2004).

There were many approaches to disability and access raised in that meeting, and the community relied on all of them: emotional responses, attitudes, language, and national standards as well as the building codes with which Museum staff were chiefly concerned in designing the new building. Listening to the museum personnel, they heard a different language for disability and different standards by which to measure levels of access. They came armed with texts that worked for them and that they wanted the Museum to use in its consideration of accessibility, just as the Museum presented them with what it knew about accessibility through its staff, resources, and legislation. I was intrigued by the different levels of knowledge about disability and accessibility among disability advocates and museum personnel, and these multiple understandings made definitions and descriptions of accessibility difficult to pin down in discussions. I listened intently during meetings as words like “disability,” “barrier” and “physical access” were debated from every angle of museum experience. In order to arrive at a practice, staff scrutinized definitions. For instance, Carolyn felt that “universal access” was an acceptable and admirable goal for the management practices, while project managers feared it promised more than it would deliver, which would adversely affect the Museum’s reputation. Front-line staff noted that unless the Museum lowered its admission rates, economic access to the institution could hardly be called “universal.”

There was a wide gap between the high value the Museum placed on consultation with disability advocates and the way it opened doors and stretched institutional boundaries to create *access* for the advocates. Definitions played an important role in defending institutional boundaries. When the shape of consultations was still being discussed by the museum, senior managers said they preferred the idea of a “group of advisors” rather than an “advisory group,” and hoped to consult with a number of individuals separately, rather than a group of advocates all at once. Meanwhile, Anne reserved the right to group identity specifically for museum managers: “There are a lot of senior management meetings, a lot of meetings where everybody gets together and shares information…my sense of it is, yes, you have experts, but they all meet together and talk. So on something like this that would be museum-wide, they really would expect to direct their staff and be a part of helping the whole museum achieve the policies that have been set out." So "achieving policy" is something that should be done within a network of museum experts, but not with a group of disabled people.

I heard a different view from Chris: "This is what I think everybody has to think about as an advocate in a disability community: you don't just advocate for your own disability, you advocate for everybody who has to use the system… There was a suggestion [by Museum staff] that there would be individual meetings with individual disability groups, and myself and another gentleman there, and then the rest joined in and said, 'No, this doesn't make sense. We need to share our experiences so that we understand each other's problems and come up with the most effective solution." Only after this protest did the Museum change its consultation to include advocates from a range of disability organizations.

A broader discourse governed the Museum's initial desire to deal with advocates for specific disabilities. Medical ideas of disability often arose to influence staff attitudes and ultimately institutional policy with regard to access. In the above examples, Chris feared that Museum staff wanted only a quick "fix" from people who belonged to one medical category or another. A medical vocabulary of disability came from other sources, as well. In one frustrated exchange, Carolyn and I were struggling to structure a document on accessibility practices for museum staff. Because many recommendations crossed institutional categories and job responsibilities, we chose not to structure the document according to work areas. Tim, a project manager came along and offered some other suggestions:

> *Tim also suggested maybe designing the best practices according to disability. It was also clear that he and Carolyn had specific categories of disability in mind:*

> *visually and hearing impaired, mobility impairments, and a few cognitive disabilities like dyslexia. I asked what about the lots of other "disabilities," bi polar disorder, etc., as an attempt to figure out where we would stop with such categories and what are the criteria for inclusion. Carolyn said disabilities that were not related to hearing, visual or mobility could be under the heading "hidden" disabilities. I also said the word "impairment," since it sounded to me like Tim was suggesting we organize the document according to individual impairments. Carolyn was horrified by the word, said it sounded really ugly: "I prefer the word 'challenges.'"* (Journal entry, February 2004).

This exchange highlighted not only the individual words we had taken up from within our academic, personal or managerial backgrounds, but also the ease with which medical categories came to mind as a way to impose a structure on accessibility. The categories of disability that Tim proposed would have allowed staff to find information about accessibility only by first assuming a disabled body. I worried that the best practice information, guided by medical terminology and categories, would therefore become an access prescription for individuals, a book of symptoms and cures, rather than a system of access for an institution. After some more consultation with Carolyn and advocates like Chris, we decided to structure the document with more diverse categories, including a section on language and legislation, as well as a section with technical information for exhibit planners. But the urge to treat accessibility individually, informed by entrenched medical discourses about disability, was all too handy for the Museum's policy and consultation initiatives.

Conclusion

All three of the above "exhibits" are connected by institutional boundaries: physical boundaries of the museum space, policy and procedural boundaries that hedge conceptions of accessibility, and boundaries of expertise that attempt to block disabled group identities from forming. By the time I left the Museum, "accessibility" had already come up against these boundaries, stretching some, yielding to others. Most especially, the institution eschewed the politics of disability by dropping it from its policy language and preventing group advocacy. The staff and advisors involved in the Museum's access initiative provided a wealth of experience and creativity in solving access problems. What they often found themselves battling was not the inaccessible features of exhibits or programs, but the boundaries within and around the institution itself, manifest in policies, procedures, language and daily work. Building a more accessible building in the future will be as much about *how* advocates are involved--the access they are given--and what risks the Museum is willing to take as it will be about staff training and management practices following this new initiative.

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[1] Interview with Anne, 3/25/04. All interviews are cited in the bibliography.

[2] See Falconer, 1999; Foster, 1997; Kaushik, 1999; Kenney, 1980; Lebovich, 1993; Rolland, 2003.

[3] Rodgers, 2004.

[4] DeVault & McCoy, 2002; McCoy, 1995; Mykhalovskiy & McCoy, 2002; Smith, 1990, 2002.

[5] DeVault & McCoy, 2002: 766.

[6] Diamond, 1992; Jackson, 1995; Mykhalovskiy & McCoy, 2002; Turner, 2002.

[7] Salmen, (Ed.), 1998: 54.

[8] Heatherington, 2000: 445. Advertisements in professional museum publications are starting to market accessible communication devices for use in exhibits, indicating perhaps a new level of acceptance or interest in accessible communications. Check recent issues of *Museum News* for such ads. I am grateful to John at the Museum for pointing out this development to me.

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[9] Freund's study of built spaces and the organization of urban traffic suggests that most North American cities are "auto-centered," favouring drivers over pedestrians and wheelchairs, and mobility over accessibility (2001: 697).

[10] Smithsonian Institution, 1977: 92, 153.

[11] DeVault & McCoy, 2002.

[12] The Museum, 2001.

[13] Removing barriers and using barrier-free design have a long history in North American legislation after the disability civil rights movement began. The most influential of such language comes from the U.S. Architectural Barriers Act of 1968, which was used to form the minimum federal accessibility standards for the country. See Salmen, (Ed.), 1998: 8. The Uniform Federal Accessibility Standards are available online at <www.access-board.gov/ufas/ufas-html/ufas.htm> (Accessed 6/12/04). In Canada, the Building Code Act of 1992 and the Ontarians with Disabilities Act of 2001 both create standards and priorities for eliminating barriers in public buildings for people with disabilities, and this section of the Museum's policy may address either or both pieces of legislation.

[14] I borrow the idea that institutional texts, of which the Museum's policy is an example, can "activate a different way of knowing" from the institutional ethnography work of Susan Turner (2002, 2004).

[15] See part I of my larger paper, "Personifying the Issues," Rodgers, 2004.

[16] Thomson, 1997: 23.

[17] 1994: 326.

[18] See also Smithsonian Institution, 1994.

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