

Places of Public Accommodation and Public Buildings - Single-Occupancy Public Restrooms - Availability (The Accessible to All Act)

Submitted by:

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In support of the Bill.

Good afternoon,

My name is Silvie Gallardo, and I submit this statement in support of SB401, a Bill to require gender-inclusive signage for single-occupancy bathrooms. First, I would like to say thank you to all who have devoted so much effort and time to advocating for this Bill and who are responsible for it making to this point which is for the benefit of all. My thanks and appreciation as well for all of the members of this Assembly who have sponsored this Bill.

My family and I live in Bethesda, Maryland. My son, Max, is 8 years old; he will be nine in June. He is funny, smart, kind, a great musician, and has a very sensitive soul. Max is also, like many, many other kids in this State, on the autism spectrum. He has what would have been called Asperger's, before the Autism Spectrum Disorder was recategorized. With this syndrome come a set of challenges and issues which are varied in complexity and in severity.

Just from looking at him, you would never guess that my son has any sort of issue impeding his free and comfortable use of public facilities. However, Max does have anxiety issues when doing things in the public setting that most people not on the spectrum never have to think about. Max feels anxiety, which goes through the roof, when in new situations and places. Public restrooms are a particular challenge. We are not alone in this issue, many families with children with ASD experience these same difficulties just like Max and we do.

When I have to take Max someplace or on errands with me, I have to always do a mental calculus of which places have a family bathroom, or a gender-neutral bathroom. If I cannot come up with an itinerary where I know we'll be near a "safe" place, I either keep him at home or have to ask my husband to do the running around. There are errands I simply won't attempt to do when Max is with me because I know that there are no bathrooms where I can go in too. The times there has been an emergency, and I have just taken him into the woman's bathroom with me, I have gotten the odd look or two, because he's no longer that little of a boy. Or, when I have dashed into a man's restroom with him, gentlemen are quite surprised to see me come out. At times I feel great sadness that my boy is not enjoying the world as much as he could, just because of a bathroom sign.

Single-gender, single occupancy bathrooms are one of those things a lot of people don't have to think about as a challenge, at all, but we do, because for Max using bathrooms in public

places, when we are not accompanied by his father and he has to do it alone, are a difficult thing. Children on the spectrum have motor control issues, both major and minor. Some bathroom doors are heavy, locks are sometimes hard to engage, the hand dryers – though a good thing for water conservation, are so loud that Max gets scared, but when he’s reassured by the presence of a family member, the use of a public bathroom becomes easier and something that he can handle well. Eventually, I am certain that Max will be able to go to a public restroom alone, but this process of learning cannot happen if he doesn’t get the support he needs now and up and until he is proficient at navigating these bathrooms. So, right now and for some years to come, he needs to be accompanied by someone else.

What this Bill would mean is that I, or his sister or sitters, could always accompany him and assist him in going to the bathroom. We are not asking you to provide bathroom help on the public’s dime - I am only requesting that you permit me to help him, that you let his older sister or his grandmother, help him. We have every confidence that Max will get better and better at navigating this challenging world. He has a great school support system, he has us, but now he needs you to remove a barrier that has no real reason to be there.

Many times, a legislator’s job is complicated more than normal when a segment of their constituency feels something is taken from them. This Bill takes nothing away from anyone and instead empowers many to live their lives with less obstacles. I urge you to support this Bill and make into law.

Thank you for your time and consideration.

Respectfully,

Silvie Gallardo

5 things parents of special needs kids want you to know about public restrooms

June 21, 2016, 1:30 PM EDT / Source: TODAY Contributor

By Allison Slater Tate

North Carolina's newly passed House Bill #2 (HB2) – the so-called "bathroom law" which prohibits anyone over the age of 7 from using a public restroom for a gender they weren't anatomically born into – might have unintended consequences for families with older special-needs children.

TODAY Parents asked some of those families what they wish the public knew about the challenges they face in public restrooms in light of this national debate. Here are some of their answers:

1. Sometimes, disabilities are invisible.

Melissa Sharp, a mother of four in Roseville, California, is usually comfortable with Owen, her 12-year-old son who has autism, using a public restroom on his own. But in some situations, she is too uneasy to let him go alone if there isn't a male family member to accompany him or a family or single restroom available. In these cases, she takes him into the women's restroom with her.

Owen is perfectly capable of attending to his needs in a restroom alone, but he is "oblivious to his surroundings all of the time," Sharp told TODAY Parents. "Owen is literally the real life embodiment of [Buddy the Elf](#): He is naive and innocent and only ever sees the good in everyone," Sharp said. "He would be such an easy target."

2. "Family" or "companion" restrooms are often occupied, and not necessarily by those with special needs.

Wendy and Matt Greenawalt of Laurel, Maryland, must sometimes travel great distances with their daughter Nora, 9, who has Down syndrome as well as extensive medical complications. Nora uses a wheelchair and cannot be left unattended.



Nora Greenawalt, age 9. Wendy Greenawalt

Wendy Greenawalt told TODAY Parents that restrooms marked "family" or "companion" are usually the most useful restrooms to someone with a disability, but they still are difficult to use because of high demand from non-disabled users.

"In those large restrooms I've seen everything from people changing for work to moms monitoring the restroom use of their fully capable, ambulatory, older children," said Greenawalt. "I've more than one time encountered a companion restroom being used for a lengthy period of time for a mom to nurse her baby. I've had people cut in front of me, bang on the door because I was taking too long."

3. Many stalls just aren't big enough.

The slightly larger handicapped stall with grab bars found in most public places, Greenawalt said, is totally unusable to her family. Nora's wheelchair is larger because it is tilted, and it doesn't fit in these stalls. "In fact, I don't know that anyone in a mobility device could truly use one of these with any semblance of privacy," said Greenawalt.

Last week, while on vacation in Northern California, Vera Hough of Little Silver, New Jersey, posted this picture of Thomas, her 7-year-old son who uses a wheelchair, in a too-small public handicapped stall.

4. They are almost certainly more uncomfortable than you are.

Tikvah Scheit, a Seattle, Washington, mother of three children, two of whom have autism, said she sometimes receives looks when she brings her 13-year-old son Kieran into the women's restroom with her. "At no time whatsoever could my son safely go to the men's room by himself," Scheit told TODAY Parents. "He picks up trash off the floor and puts things in his mouth. He doesn't understand that he needs to wait to take his clothes off after the door is shut, and if he were in trouble, he wouldn't have the words to tell someone that he needed help."



Tikvah Scheit's son, Kieran, age 13. Tikvah Scheit

Though her son doesn't notice who is in the bathroom with him, she worries about his future, especially in a climate where women are being made to feel afraid of public restrooms. "What happens when my son is an adult?" she asked. "Unless something drastically changes, this isn't going to be something that I can just stop doing."

5. You can make a difference.

For caregivers of children with special needs, the simple task of using a public restroom can be an enormous challenge, but you can help. "I've had kind people allow us to cut in line when the handicapped stall is free and heard many teaching their children what the handicapped symbol means and why they can use the 'small' stall," said Greenawalt.



Nora Greenawalt at Walt Disney World. Wendy Greenawalt

"One simple action can make a world of difference: Choose compassion," said Scheit.

Each of the parents expressed worries about HB2's potential ramifications on their families. "If I were to take my son to the store and not be able to have him use a bathroom when he needed to simply because he is a male coming into a woman's bathroom, it would be a massive incident for us," said Scheit.

Greenawalt agreed. "Losing the freedom for Nora to enter the men's room, such as in North Carolina, where we actually used to live, would be detrimental to our ability to take her to do fun things and participate in our family life," she said.



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Motor control problems may be core issue for people with autism

Jennifer Huber

December 28, 2016

[\[http://scopeblog.stanford.edu/wp-content/uploads/2016/12/401059295_6be75f0970_o.jpg\]](http://scopeblog.stanford.edu/wp-content/uploads/2016/12/401059295_6be75f0970_o.jpg) If you've ever had an MRI scan, you know that it can be hard to lie still in the noisy, claustrophobic scanner. People often move involuntarily, requiring scientists to correct or eliminate the imaging data during movement.

 [401059295_6be75f0970_o](#)

Recently, a collaboration of Rutgers University and Columbia University researchers used this seemingly unhelpful data to further their understanding of a neurodevelopmental disease.

"We asked ourselves, 'What could these involuntary movements, which researchers usually consider a nuisance, tell us about autism?'" Elizabeth Torres [\[http://psych.rutgers.edu/faculty-profiles-a-contacts/107-elizabeth-torres\]](http://psych.rutgers.edu/faculty-profiles-a-contacts/107-elizabeth-torres), PhD, an associate professor of cognitive psychology at Rutgers, said in a [news release \[http://news.rutgers.edu/news/neuromotor-problems-core-autism-study-says/20161211#.WFdAQalrK7Y\]](http://news.rutgers.edu/news/neuromotor-problems-core-autism-study-says/20161211#.WFdAQalrK7Y).

The neuroscientists analyzed [functional magnetic resonance imaging \[http://fmri.ucsd.edu/Research/whatisfmri.html\]](http://fmri.ucsd.edu/Research/whatisfmri.html) (fMRI) data from 1048 participants, aged 6 to 50 years old, including individuals with autism spectrum disorders and healthy controls. The data was publicly available primarily through the [Autism Brain Imaging Data Exchange \[http://fcon_1000.projects.nitrc.org/indi/abide/\]](http://fcon_1000.projects.nitrc.org/indi/abide/) databases.

The researchers determined that people with autism had more problems controlling their head movements than healthy controls. They also found that motor control problems were exacerbated with the presence of secondary neuropsychiatric diagnoses, lower verbal and performance intelligence and autism severity, as reported in a [recent paper \[http://www.nature.com/articles/srep37422\]](http://www.nature.com/articles/srep37422) in *Scientific Reports*.

"For the first time, we can demonstrate unambiguously that motor issues are core issues that need to be included in the diagnosis criteria for autism," Torres said in the release.

In addition, they found that **psychotropic medications** [<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3004683/>], commonly used to treat people on the autism spectrum, were associated with lower levels of motor control. These medications include anti-convulsants and anti-depressants. Autistic people who were taking more than one psychotropic medication moved the most during the fMRIs, and their movement worsened over the scanning session.

The researchers conclude in their paper, "Nevertheless, it remains to be demonstrated if changes in head micro-movements directly capture targeted changes in symptomology brought about by a specific medication." Their findings are also complicated by the simultaneous presence of autism and other diseases, such as attention deficit hyperactivity disorder. So more research is needed.

Previously: [Tracking autism: a social neuroscientist's hunt for autism biomarkers](http://scopeblog.stanford.edu/2016/05/19/tracking-autism-a-social-neuroscientists-hunt-for-autism-biomarkers/) [<http://scopeblog.stanford.edu/2016/05/19/tracking-autism-a-social-neuroscientists-hunt-for-autism-biomarkers/>], [New Stanford research offers hope for faster autism diagnosis](http://scopeblog.stanford.edu/2016/02/23/new-stanford-research-offers-hope-for-faster-autism-diagnosis/) [<http://scopeblog.stanford.edu/2016/02/23/new-stanford-research-offers-hope-for-faster-autism-diagnosis/>] and [On genetics, immunology and autism: A Q&A with Stanford's Theo Palmer](http://scopeblog.stanford.edu/2016/10/11/on-genetics-immunology-and-autism-a-qa-with-stanfords-theo-palmer) [<http://scopeblog.stanford.edu/2016/10/11/on-genetics-immunology-and-autism-a-qa-with-stanfords-theo-palmer>]
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