

STUDENT ESSAY

No Dignity on the Floor: A Human Rights Argument for Adult-Sized Changing Tables in Public Restrooms in the United States

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Abstract

Many individuals with disabilities utilize adult-sized changing tables to take care of their toileting needs with the help of a caregiver.¹ These tables are not explicitly required by the Americans with Disabilities Act (ADA), and no legal case in the United States has yet addressed whether the ADA requires public restrooms to have adult changing tables.² This paper draws on an analysis of op-eds and news articles published in the United States to explore how individuals with disabilities and their caregivers access public restrooms that do not provide adult-sized changing tables. These experiences demonstrate violations of the human rights to accessibility, integrity, and health as outlined in the Convention on the Rights of Persons with Disabilities. Utilizing a human rights analysis, I argue that adult-sized changing tables are inherently the same as toilets and that providing one but not the other in public facilities may constitute discrimination under the ADA. Finally, I briefly explore promising initiatives that would increase access to adult-sized changing tables in the United States.

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Introduction

Marginalized communities in the United States have long been excluded from public spaces through discriminatory bathroom legislation. During the civil rights movement and the women's rights movement, people fought for restroom access.³ In a similar vein, transgender people and people experiencing homelessness continue to be frequently excluded from public restrooms. As a result, their participation in domains such as employment, education, and health care are limited.⁴ Public restroom access is an issue of belonging, of dignity, and of human rights. In response to the case of *Grimm v. Gloucester County School Board*, in which transgender student Gavin Grimm sued his school for not letting him use the boys' bathroom, Fourth Circuit judge Andre Davis wrote that bathroom access is about "protecting the rights of transgender people in public spaces and not forcing them to exist on the margins." This case, he said, was about "governmental validation of the existence and experiences of transgender people, as well as the simple recognition of their humanity."⁵ Exclusion from restrooms can also have fatal consequences. Louie Rocha, of the San Francisco Bay Area, was a man experiencing homelessness who was struck and killed by a train while trying to reach the only public restroom he knew of.⁶

Similarly, prior to the enactment of the Americans with Disabilities Act (ADA) in 1990, many people with physical disabilities in the United States were not able to use public restrooms.⁷ As a result of the ADA, there have been improvements. However, 32 years after this legislation, many individuals with disabilities still cannot access public restrooms. Adult-sized changing tables, sometimes referred to as "universal changing tables," offer a clean surface that allows individuals to take care of their toileting needs with the help of a caregiver, while supporting their size and weight.⁸ Unlike the ubiquitous Koala Kare baby changing stations, these tables can support more than 50 pounds. Without them, individuals may end up being changed on restroom floors or in the backs of vehicles.⁹ Published research on adult-sized changing tables is limited,

and there are no published studies on this topic in the United States. The bulk of available information is in the form of op-eds written by caregivers or brief news stories covering a table's installation in an airport or other public facility.¹⁰

The size of the population that utilizes this accommodation is not negligible. One in four adults in the United States have some type of disability, with approximately 3.6% of them unable to complete self-care tasks such as dressing and bathing.¹¹ Additionally, over three million individuals under the age of 18 in the United States also have some type of disability, according to a census done in 2019.¹² Still, public restrooms that provide them the accommodations they need are few and far between. Only 17 of the nearly 5,000 public airports in the United States have an adult-sized changing table.¹³

In 2010, the ADA Standards for Accessible Design, which set requirements for all constructed or remodeled public and commercial facilities, were revised to require that public restrooms include grab bars and larger stalls.¹⁴ However, adult-sized changing tables are not mentioned in the standards. As of December 2022, only five states—Arizona, California, New Hampshire, Maryland, and Tennessee—in the United States have passed some type of legislation requiring a changing table and appropriate signage in certain public facilities.¹⁵ All five apply only to public restrooms that will be constructed or renovated in the future, and they vary in terms of specifications and required features. Several other states have introduced similar pieces of legislation that have either failed or are still under review.¹⁶ Additionally, the International Building Code, which lists specifications for construction, was recently amended to require all commercial places of amusement built after January 1, 2020, to include at least one adult-sized changing table.¹⁷

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) offers a framework for protecting the human rights of persons with disabilities and ensuring their ability to fully participate in society.¹⁸ The treaty emphasizes that limitations for people with disabilities are the result

of systemic ableism and barriers within the environment rather than the result of the disabilities themselves.¹⁹ Under the CRPD, member states are responsible for protecting disabled persons from discrimination, ensuring their “inherent dignity.”²⁰ When states ratify the CRPD, they may also ratify the optional protocol, which provides for an overseeing Committee on the Rights of Persons with Disabilities. The committee consists of a group of experts who examine cases alleging violations of the CRPD and offer recommendations.²¹ As of December 1, 2022, the convention had been ratified by 185 member states.²² Notably, the United States is not one of them, though the CRPD is based largely on the ADA.²³ Then president Barack Obama signed the treaty in 2009, but the treaty failed to receive a two-thirds majority in the Senate in 2012 and has not been voted on since. Still, the CRPD provides a useful human rights framework for understanding experiences in the United States where adult-sized changing tables are not provided to the individuals who need them and their caregivers. Pertinent cases that have been brought before the Committee on the Rights of Persons with Disabilities also provide parallels for a human rights-based analysis of these experiences.

Research findings

No peer-reviewed published studies have examined experiences related to adult-sized changing tables for individuals with disabilities in the United States. However, many caregivers and family members have detailed their loved ones’ struggle to use public restrooms. To understand how individuals with disabilities and their caregivers experience public restrooms when there are no adult-sized changing tables, I performed a literature review using Google. The search terms that I used were “adult changing tables” and “adult sized changing tables,” and my search was limited to articles published in the United States prior to December 1, 2022. Articles were included if they mentioned a personal experience related to toileting in public restrooms and were written by or directly quoted an individual with a

disability, their parent, or an unrelated caregiver.

My search identified a total of 19 op-eds and news articles. The average age of individuals who utilized an adult-sized changing table was 14.3 years old, ranging from 3 to 22. Types of disabilities were cerebral palsy (6), genetic/chromosomal syndrome (3), seizure disorder (1), Rett syndrome (1), Guillain-Barré syndrome (1), spina bifida (1), and unspecified (7), including several individuals with multiple disabilities. Only one article directly quoted the individual with the disability, while the rest were from the perspective of a caregiver. Themes that emerged were threats to safety and privacy, planning outings around accessible restrooms, and loss of sanitary conditions.

Themes

Three articles detailed a time in which a caregiver was forced to change their loved one in an unsafe position, which led to injury or risk of injury. One mother stated, “it sounds awful, but I’ve had him laid across a windowsill in a disability toilet before because the floor space wasn’t enough.”²⁴ Another realized that her daughter needed a stronger table when she put the then five-year-old on a baby changing station and “saw it start to buckle underneath her weight.”²⁵

Nine articles mentioned a loss of privacy. A parent said that the wheelchair-accessible stalls were not large enough to change her son. Without a family restroom, she had to “lift her 73-pound son from his chair, lay him on the floor of a women’s restroom, and then diaper him out in the open.”²⁶ An already public situation is worsened when the parent or caregiver is of a different gender. A father described that if there is no unisex restroom, he must bring his daughter into the men’s restroom: “There is no privacy and dignity at all. It is very exposed.”²⁷ One mother who often has to bring her son into the restroom to change him remarked, “it’s not suitable for an 11-year-old boy to go to [the] women’s restroom.” She has received “concerned looks from strangers” when this happens, and she added that “privacy is the huge issue.”²⁸

In one particularly heartbreaking account, a

mother described the humiliation and psychological distress that her teenage daughter experienced when some of her peers were in the bathroom when she was being changed:

[One time] *I had to take her into the shower stall and pull the curtain behind us [to change her] and when we opened the curtain and stepped out, there were some of her peers from high school standing there. Her face just dropped, and she hung her head and the rest of the night she sat there she was humiliated ... She knew exactly what they had witnessed, and what was going on embarrassed her and that was hard. I've cried a lot of tears, a lot of tears during the process of just being humiliated for her.*²⁹

She wrote in the op-ed that this type of public humiliation continued whenever she had to recount these personal experiences for stakeholders with the hopes of making a change for her daughter. This is not a unique experience: members of marginalized communities are often expected to recount their trauma for the purposes of research or advocacy, without receiving any compensation or immediate benefits.³⁰

Nine articles mentioned changing a loved one on the floor at least once. Descriptors for the public restroom floor during these experiences were “dirty,” “unsanitary,” “gross,” “nasty,” “inhumane,” “dehumanizing,” “humiliating,” “degrading,” “deplorable,” “undignified,” and “public.” Many described using some type of blanket, towel, or other cloth garment, with one parent stating, “I will bring a plastic store throwaway tablecloth ... and lay the tablecloth down on a dirty gross floor and lay her down.”³¹ One woman pointed out the irony of expecting someone to lay their child on the floor when “a lot of people don’t even like walking on public restroom floors.”³² Another pointed out the ubiquitous purse hooks that are on stall doors, meaning that “we don’t even put our purses on the bathroom floor.”³³

Seven articles described changing an individual in a vehicle or parking lot, a situation that also lacks privacy, safety, and sanitation. One person explained, “what we do is we move the front

seats forward, we move the middle seats back, and we have to, unfortunately, a lot of times, lie [him] across the car.”³⁴ Another described “stares and scoffs from strangers” when changing their loved one in the car.³⁵ Others added that “freezing winters” make an already uncomfortable process nearly impossible.³⁶ One woman concluded, “no one should have to go to their car to change a loved one or be naked in a parking lot in a building that receives federal funds.”³⁷

Thirteen caregivers stated that the presence of an accessible bathroom influenced whether they would go out in public, though all alluded to anxiety and stress caused by a lack of accessible restrooms. Phrases such as “[we] plan outings around him needing a change” and “whether or not a place has a table to change ... often decides where the family goes” were common.³⁸ One woman recalled having to abandon her cart of groceries in the supermarket because there was no place for her 22 year old son to go.³⁹ Restrooms with adult changing tables, however, provide the “freedom to stay all day.”⁴⁰

The following excerpt conveys how limited individuals are in leaving the home when there are no adult-sized changing tables. A caregiver describes how a 20-year-old man with cerebral palsy had to risk sitting in a dirty diaper to travel in a car for more than three hours:

*Before leaving in the morning, his mom and I changed his diaper and secured his wheelchair in their accessible van. While buckling him in, she joked that she hoped he wouldn't have to “go” anytime soon because we wouldn't be able to change him until we got to the hotel. It was a three-and-a-half-hour drive, and we wouldn't be able to check into our hotel room until late that afternoon. The lack of fully accessible public restrooms equipped with adult changing tables left this mother no choice but risk making her child travel all day in a dirty diaper—stripping him of his right to sanitary conditions.*⁴¹

All articles advocated for more public restrooms to provide adult-sized changing tables, with accommodations ranging from a US\$300 “inexpensive and inclusive bench” to a US\$7,000 adult changing

table that could hold up to 400 pounds.

Analysis under the Convention on the Rights of Persons with Disabilities

The CRPD offers a human rights lens for viewing these experiences.

Article 9: Accessibility

Article 9 of the CRPD, on accessibility, says that state parties have the responsibility to ensure that individuals with disabilities have access “on an equal basis with others ... to the physical environment, to transportation ... and must eliminate barriers related to roads, transportation and other indoor and outdoor facilities.”⁴² *F v. Austria*, which was heard by the Committee on the Rights of Persons with Disabilities in 2015, relied on this article. In that case, the committee found that the absence of an audio system in the tram system caused the plaintiff, who was visually impaired, to be denied access to “facilities and services open to the public on an equal basis with others.”⁴³

Many individuals who utilize changing tables are severely limited in the distance and time they can travel. One caregiver wrote, “We currently probably only drive maybe 30 minutes ... and it’s just not worth going sometimes.”⁴⁴ There have been several efforts in the United States to install adult-sized changing tables at highway rest stops in order to increase the distance from home that individuals with disabilities are able to travel. For example, in the state of Iowa, a bill was introduced in March 2020 that proposed “the installation and maintenance of adult changing stations at highway rest areas” but did not pass.⁴⁵ Without changing tables in highway rest areas, many individuals will not have the ability to utilize highway and transportation infrastructure on an equal basis with others.

Article 17: Integrity of the person

Article 17 of the CRPD, titled “Protecting the Integrity of the Person,” states that persons with disabilities have a “right to respect for his or her physical and mental integrity on an equal basis with others.”⁴⁶ *Mr. X v. Argentina*, brought before the

Committee on the Rights of Persons with Disabilities in 2014, cited this article.⁴⁷ The plaintiff in this case was recovering from a stroke while in prison and, because of the size and layout of his cell, had to rely on staff in order to use the toilet. Further, though a call button to the nurse was installed, the calls often went unanswered for long periods of time. The committee found that this “constitute[d] both an affront to his dignity and inhuman treatment.” The committee concluded that the state party was obligated to provide accommodations that ensure Mr. X’s “access to prison facilities and services on an equal basis with other prisoners.” It noted that the absence of such accommodations may lead to “physical and psychological suffering of an extent that would constitute cruel, inhuman or degrading treatment or that would undermine their physical and mental integrity.”⁴⁸

The consequences in this case are similar to those that occur due to the absence of adult changing tables. Both the plaintiff in *Mr. X v. Argentina* and many of the individuals in the op-eds experienced psychosocial and physical suffering as a result of the lack of restroom accommodations. Without an accessible toilet in his cell, the plaintiff in this case had to sit in his waste for a prolonged period of time on multiple occasions. This dehumanizing and inhumane experience was also reported in the op-eds. Sitting in one’s waste strips individuals of their integrity and has been used as a torture method in Guantánamo and Abu Ghraib, with detainees forced to wear the same diaper for three to four days and “lie in their own excrement.”⁴⁹

Article 25: The right to health

This article states that “persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.”⁵⁰ Under this right, state parties must provide persons with disabilities with equal access to health services, public health programming, and health insurance, and must prevent the denial of health care based on disability.

H.M. v. Sweden was brought before the Committee on the Rights of Persons with Disabilities in 2011.⁵¹ The plaintiff had a chronic connective tissue

disorder that caused her to be unable to stand, and transport to and from the hospital for rehabilitation services led to injury. According to specialists, hydrotherapy was the only way to prevent progression of her condition and alleviate her pain. However, the housing committee and county council denied her request for permission to build a pool on her property because the community development plan prohibited construction on certain parts of the land. The Committee on the Rights of Persons with Disabilities found that the state had not fulfilled its duty under article 25, among others. It concluded that the state party had the obligation to ensure that the plaintiff could access rehabilitation resources in order to reach “the highest attainable standard of health” and recommended that the state party reconsider the permit.

The committee’s interpretation of article 25 in this case shows that ensuring the right to health does not occur solely by ensuring access to health services but rather requires making accommodations outside of the health care system to minimize health risk and adverse events. Sitting in waste or being changed on the floor or in other unsafe positions has several health risks. Dirty diapers may cause skin infections and exacerbate ulcerations.⁵² Holding one’s bladder or bowel movements can also lead to side effects such as urinary tract infections, constipation, and anal fissures.⁵³ Poor sanitation as a result of someone being changed on the floor also has implications for community health. When one group of people does not have adequate access to restrooms, the entire community suffers the consequences.

Analysis under the US Americans with Disabilities Act

Individuals cannot participate in society when they do not have a dignified way to use the restroom. These experiences beg the question, *Are adult-sized changing tables and toilets inherently the same?* Throughout the op-eds, “adult sized changing table,” “accessible bathroom,” and “toileting” are used interchangeably. Changing tables and toilets serve similar functions—they both allow individuals to

have a dignified way to relieve themselves and clean up afterwards. Both require privacy and safety to adequately serve their function. Finally, both result in similar consequences when they are inaccessible; one either compromises their own physical health and dignity, or they compromise their ability to stay out in public.

While the answer to this question may seem clear-cut, or even trivial, I argue that it has implications for interpreting Title II of the ADA, which protects the right of persons with disabilities to participate in or benefit from a public entity.⁵⁴ If adult-sized changing tables and toilets are the same, then any public facility that offers a restroom without offering an adult-sized changing table is not providing restrooms equitably, which may constitute discrimination under Title II of the ADA.

To receive compensatory damages under Title II of the ADA, a plaintiff must demonstrate proof of intentional discrimination. The two standards for demonstrating intentional discrimination in a court of law are “deliberate indifference” and “discriminatory animus.”⁵⁵ The deliberate indifference standard consists of failing to act despite the knowledge that a federally protected right may be harmed or violated, and it has been adopted by most US circuit courts.⁵⁶ The deliberate indifference standard was applied to the subject of changing table safety in *Miles v. Cushing*.⁵⁷ In this case, a student with cerebral palsy fell from a changing table while being changed on two separate occasions. Concerns had been brought up to the school regarding the safety of the changing tables multiple times over several years but had gone unaddressed. The court ruled that deliberate indifference as opposed to animus could be applied to prove discrimination in public school services in this case. Similarly, the absence of adult-sized changing tables in public restrooms despite detrimental effects to health, safety, and well-being in public restrooms may be seen as the result of thoughtlessness and indifference.

With the understanding that adult-sized changing tables are as much a part of accessible toileting as grab bars and toilet stalls that can accommodate wheelchairs, amending or revising the ADA Standards for Accessible Design to require adult-sized

changing tables in public spaces seems like a necessary step to ensure equal access to public entities for many persons with physical disabilities. These requirements are authored by the United States Access Board, a committee of 12 representatives from federal agencies and 13 individuals appointed by the president who establish criteria for accessibility under the ADA.⁵⁸ To my knowledge, there have not been any legal cases within the United States that have argued for adult-sized changing tables in public restrooms under the ADA. The process of amending a federal document of this magnitude is a process with complexities and challenges beyond the scope of this essay and should be further researched. Additionally, individuals who would utilize these tables and their caregivers should be consulted, with their experiences, needs, and values informing any legislative effort.

Promising initiatives

Several existing and potential smaller-scale initiatives show promise at the local and state levels. Advocacy organizations composed of individuals who utilize adult-sized changing tables and their loved ones and caregivers are bringing awareness to this issue. Their efforts have resulted in the installation of changing tables in airports, hospitals, and commercial facilities, and they are largely responsible for introducing pertinent legislation at the state level. Some of these organizations are the Changing Spaces Campaign and Universal Changing Places.

Online maps that show the locations of accessible changing tables are another promising initiative. Signage that points out the nearest accessible restrooms are required by the ADA.⁵⁹ Many op-eds discussed that not knowing if there was going to be an adult-sized changing table makes it nearly impossible to go anywhere and greatly affects planning. In the digital space, Universal Changing Places has worked to develop a map with the locations of adult-sized changing tables in the United States, though this map is admittedly non-comprehensive. These resources provide caregivers with information that allows them to plan

their days ahead.⁶⁰

Additionally, a tax credit may be an effective means to incentivize public spaces to install adult-sized changing tables in their restrooms and should be further explored. The Disabled Access Credit and the Architectural Barrier Removal Tax Deduction are two existing policies that allow businesses a credit for the removal of barriers related to architecture and transportation and could be adapted for the purpose of accessible restrooms.⁶¹

Conclusion

This essay has analyzed how individuals with disabilities and their caregivers in the United States access public restrooms without adult-sized changing tables and has argued that both the CRPD and ADA provide a framework for ensuring that all persons are able to utilize public restrooms safely and with dignity.

A limitation of this study is that the individuals written about in the op-eds were 22 years old and younger. Individuals of all ages may need adult-sized changing tables, and the experiences of older individuals were not captured in the op-eds. Another limitation is that only 1 of the 19 op-eds directly quoted an individual with a disability who utilized an adult-sized changing table. The rest of the op-eds shared the perspective of a parent or caregiver. Thus, the results of this examination may not accurately reflect the experiences of persons with disabilities. Additionally, this research examines experiences only within the United States, though efforts to increase adult-sized changing tables have occurred in other countries, including the UK, New Zealand, and Australia.⁶²

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Disclaimer

The author is a non-disabled cisgender white woman.

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