

NED: Hi, I'm Ned Calonge – I'm President and CEO of The Colorado Trust. We believe that all Coloradans should have fair and equal opportunities to live healthy, productive lives regardless of race, ethnicity, income, where we live, or other differences that affect opportunity. Much of what we learn about today focuses on disability justice. Our speaker Lydia X. Z. Brown will provide an in-depth explanation about what this term means. It is an issue clearly related to health equity, which is at the heart of the vision for The Colorado Trust.

My staff came across a striking passage on this topic from the Stanford Encyclopedia of Philosophy that I wanted to share. “Disability is of particular interest for justice because of the way in which it juxtaposes two basic and powerful senses of injustice. First, the treatment of some people as moral, social or political inferiors on the basis of irrelevant characteristics. Second, the creation, perpetuation or simple failure to correct dis – sorry – disparities between individuals in income, wealth, health and other aspects of well-being on the basis of morally irrelevant factors.”

It's this latter sense of injustice that is so applicable to health equity, as is the need to correct disparities to improve the health and well-being of people with disabilities. Studies have found that Americans with disabilities are far more likely to encounter difficulties

in accessing health care services because of practical barriers that include everything from transportation to communication challenges. People with disabilities are also more likely to earn lower wages and are at increased risk for living in poverty. These are just a few statistics from a long list and yet so many lives are expected – or are affected – more than 40 million Americans live with a disability of some type.

Our society has much room for improvement, and Lydia is going to explore not just how we can think differently about disability as a term and a concept, but what we can do to assure justice in systems that have long been oppressive and inequitable. Remember too that improvements in health and well-being of our disabled community residents improve the health and well-being of our communities as well, this is not a zero-sum game. A few final notes before I bring up our speaker. We will email you an evaluation survey after today's presentation. Please keep an eye out for it, we read all survey responses and they help us plan and improve our events in the future.

Materials will be posted on our website after the presentation today, including the slide deck and a complete video from today's event. Please note the video may take a couple of weeks for us to finalize and post and will also be available with Spanish subtitles. We tend to get the written materials up on the web sooner.

HEALTH EQUITY LEARNING SERIES 2016-17 GRANTEES

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| • Aurora Mental Health Center | • Northwest Colorado Health |
| • Bright Futures | • Poudre Valley Health System Foundation (Vida Sana) |
| • Central Colorado Area Health Education Center | • Pueblo Triple Aim Corporation |
| • Colorado Cross-Disability Coalition | • Rural Communities Resource Center |
| • Colorado Latino Leadership, Advocacy and Research Organization | • Southeast Mental Health Services |
| • Cultivando | • The Civic Canopy |
| • Eagle County Health and Human Services | • The Gay, Lesbian, Bisexual, and Transgender Community Center of Colorado |
| • El Centro AMISTAD | • Tri-County Health Network |
| • El Paso County Public Health | • Warm Cookies of the Revolution |
| • Hispanic Affairs Project | • Western Colorado Area Health Education Center |



Dedicated to Achieving Health Equity for All Coloradans

I also want to recognize our 20 grantees for the 2016/2017 Health Equity Learning Series. These organizations will soon host viewings of today's events across – in communities across Colorado. The presentation viewings will be accompanied by professionally facilitated discussions. If you'd like to find a viewing event near you please visit the Health Equity Learning Series page on our website for links to our grantees' websites and contact information. The events will begin taking place around the state in a few weeks.

HEALTH EQUITY LEARNING SERIES



Lydia X. Z. Brown
(they/them)

- Activist, writer and speaker
- Past President, TASH New England
- Chairperson, Massachusetts Developmental Disabilities Council
- Board member, Autism Women's Network



Dedicated to Achieving Health Equity for All Coloradans

Now it's my extreme pleasure to introduce you to Lydia X. Z. Brown. Lydia's a genderqueer and transracially and transnationally adopted East Asian autistic activist, writer and speaker. Their work is largely focused on violence against multiply-marginalized disabled people, especially by way of institutionalization, incarceration, and policing. They have worked to advance transformative change to organizing, writing legislation, conducting workshops, testifying at hearings, and as they put it, disrupting institutional complacency everywhere. Lydia is co-president [sic: Past President] of TASH New England, chairperson of the Massachusetts Developmental Disabilities Council, and a board member of the Autism Women's Network. They are also the lead editor of *All the Weight of Our Dreams*, an anthology of writings and artwork by autistic people of color.

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Currently they are a visiting lecturer at the Tufts University Experimental College. Lydia is a past Law Fellow at the National LGBTQ Task Force and a past Disability Policy Fellow at the Institute for Educational Leadership. Additionally they worked - uh - for the Autism Self Advocacy Network for several years, most recently as part of the national public policy team.

Lydia has received numerous awards including from the White House as Champion of Change for disability rights. Please help me in welcoming Lydia X. Z. Brown to the stage.

LYDIA: Good morning!

AUDIENCE: Good morning!

LYDIA: I am so glad to have made it to Denver, Colorado after yesterday's travel nightmare in which the TSA took all of my shit and held it for a very long time and made me miss my flight, which is not my favorite way to travel. I – uh – have had some interesting travel stories over the years, was just telling Ned about a few of them, but we won't have time to talk about those – if you ever want to hear about the worst things that can happen to you when you least expect them in airports, come find me afterward. I will regale you with stories of why every airline sucks. Before we get started, I like to take a moment in any workshop or presentation that I am leading to ask ourselves to center where we are in our own bodies, to take a moment of grounding.

ACCESS NOTE

Please use this space as you need or prefer.

Sit in chairs or on the floor, pace, lie on the floor, rock, flap, spin, move around, step in and out of the room.

We learn from a very young age that there is only one appropriate or correct way to show that we are paying attention, or being respectful, and that is to sit straight up, shoulders back, face looking forward, eyes on the speaker or on the screen, feet flat on the floor and your hands neatly in your lap or on the table. And that if you do not do this, then you are inattentive, disrespectful, rude, inappropriate or disruptive. This is bullshit. I encourage you to make use of this space in whatever ways feel more comfortable for you and for your body. There are some inherent limitations to this; we cannot get rid of all of this furniture, we probably should not set the building on fire – I would recommend against it very strongly. I'm not a lawyer, this is not legal advice, but arson is generally bad, plus the event center would probably be upset with us a smidgen.

But, to the extent that it is possible, please feel free to move around in the space, to not feel that you have to remain seated. Feel free to use additional chairs to prop up against, to slouch, to look away, to pace around, to move in or out of the space, and to claim this space as one that we deserve to occupy, that we deserve to exist in as we are.

As part of this grounding I ask us to take a moment, to think about where we are right now, what it is that your body is feeling at this moment – exhaustion, hunger, excitement, worry, you're wondering what the hell I'm going to be talking about and why I am telling you about my travel horrors. Whatever it is that you are feeling to let yourself get in touch with what your body is telling you, and to do this with me for just a moment.

[Moment of silence]

Thank you.

CONTENT/TW

I will talk about trauma, abuse, violence, and murder of disabled people, as well as forced treatment and institutions, and other acts of violence, including sexual violence.

Please feel free to step out of the room at any time if you need to.

The second note that I like to give before we get started is to give a heads up that over the course of the next part of this discussion I have about – uh – I believe an hour and half total with you... we will be talking about – delving into some potentially dark and heavy topics and that I do not know every single one of you, I don't know where each one of you comes from. I don't know your story, your personal histories, identities, or experiences.

And so for some of you, you may carry some trauma with you; for some of you, you may not. We will be talking quite a bit about violence in the health care and related systems, we may be talking a bit about sexual violence. And so if you need to take a break by stepping in or out of this space, please feel free to do that.

Unless you run out the door screaming slurs at me and throwing rotten fruit at me, I will probably not be offended... probably. So I want to give that note to make sure that you explicitly know that. In this conversation – and I like to think of it as a conversation even though I'm speaking to you from a platform – that it is important to me that you feel as much as possible that you are allowed to have feelings, that you are allowed to bring your whole self into the space.

Very often I'm in conference spaces, trainings or workshops where the people who are present feel that there is this implicit pressure to check your body at the door. That you are not allowed to be tired in the space. That you are not allowed to have anxiety. That you are not allowed to have emotional reactions, especially if you are younger, if you are gendered as a woman, if you are queer or trans, if you are Black, Indigenous or otherwise a person of color, if you are disabled – that you cannot show an emotional reaction to anything. That you cannot feel things. And that's also bullshit. We are allowed to

feel things, and we ought to be able to bring our whole selves with us to whatever space we are in.

Part of the practice of disability justice – which is what my work is rooted in – is honoring the whole body of the person. That means not just honoring the whole body of someone that you are theoretically working with or working for, but it also means honoring the whole body of yours. Of the people that are around you in all parts of your life. Of the people who you meet only momentarily. Of the people who you might at first have some dismissive, some condescending thought, that you didn't even realize was there, you didn't have a moment to process it. It means to honor the whole humanity of every person. That is the core of what disability justice means. It's not some fancy theory, it is a practice and a framework for the work that you do, but also for the kind of life you live and the kind of community that you build.



BEYOND SERVICE PROVISION & DISPARATE OUTCOMES

DISABILITY JUSTICE INFORMING COMMUNITIES OF PRACTICE

LYDIA X. Z. BROWN
@AutisticHoya

Health Equity Learning Series
The Colorado Trust
28 February 2017

And so – oh good I'm tracking this correctly – I want to get started by talking about a couple of stories. I like to start with stories because they remind us of the humanity of what we're here to talk about. It's very easy to think about anything to do with politics, justice, as it affects me in the particular ways, I am impacted or marginalized – then it affects other people – here are some statistics. There's a statistic that autistic people on average die 30 years younger than non-autistic people. There's a statistic that disabled people are – are legally permitted to be paid \$0.22 per hour or less. Here's a bunch of statistics, but to forget that for every statistic there is a human behind it. And I want to start with the story of Melissa Stoddard. Melissa Taylor Stoddard is 13 years old, autistic student, biracial, generally racialized as Black, living variously at different points in North Carolina and in Florida, with her father and with her stepmother.

And over the course of several years in both North Carolina and in Florida, child services and school districts received multiple reports of abuse and neglect coming out of her stepmother's home. These reports were largely substantiated as being likely to be true. Some of you may know or may suspect if you do not personally – if you do not personally know – that Child and Adult Protective Services are often largely useless, and feckless – I believe that is the correct term. And in this case, instead of claiming, ‘Ah there’s not really abuse, I don’t think something’s happening,’ they said, ‘Yeah there's definitely some abuse going on,’ but nothing happened. The reports began to accumulate, and in December of 2012, Melissa was found dead about a mile away from her stepmother's house. She joins over 400 disabled people who’ve been murdered by their family members or their caregivers in the past several decades, that we know about.

Tomorrow is March 1st, which is the annual “National Day of Mourning” for disabled people who were killed by family or caregivers, and every year at the vigils which are held across the country – there's probably one happening here in Denver tomorrow evening – the disabled activists and those trying to practice allyship join and read a list of the names of the dead. Melissa's name is one on this list. But when disabled activists speak about this constant – this constant onslaught of violence from the people that are often presumed benevolent, helpful, well-intentioned, the ones who are the voices for

the voiceless – you can see my eye roll – Melissa's is not the story that is usually told. Melissa's face is not shown. Melissa's name is only spoken but once a year in this list, except for in spaces that are led by and centering those of us who are disabled people of color. The stories that we tell, whose stories they are, to whom we tell them, and how we tell them, reveal quite a lot about whose lives and bodies and minds we believe are valuable and worthy and desirable, and whose lives and bodies and minds we do not believe are valuable and worthy and desirable.

Take another story, the second story I want to share with you, is about a young man named Kayden Clark. Kayden, for the interpreter, is spelled K-A-Y-D-E-N. Kayden Clark was a white man, transgender – trans man – also autistic, also had psychiatric disabilities...and when he approached his therapist, his health care providers, and asked them to start gender affirming therapy so he could begin hormone replacement therapy and potentially other gender affirming medical treatment, he was told, 'Well you can't start this, you can't medically transition until you cure your autism. When you cure your autism then we can talk about gender transitioning.' He developed severe anxiety and severe depression from his gender dysphoria – being unable to access gender affirming care. Autism of course cannot be cured, and for those of you who may know, maybe some of you do not, in the autistic community we roundly reject the notion of

cure. He entered a mental health crisis. Some genius called the police. The police came to his front door – this happened last year – and while he was suicidal because he was unable to live as authentically as he wished to be, the police shot and killed him, because the clear way to prevent someone from committing suicide is to do it for them. If you don't laugh, you'll just cry.

When Kayden Clark was first killed, nearly every article about his death referred to him by his dead name, and with the pronouns 'she' and 'her.' Did not identify him by the name he had chosen for himself, that those who loved him and knew him called him by, did not refer to him as a 'he' and as a 'him,' a trend that is startlingly – to those who are not from our community – common. That even in death, how we tell stories reveals what we believe about who is valuable and worthy and desirable. I tell these stories because they help us set the foundation for tackling this complex topic of what is disability, who are disabled people, and why is disability justice an imperative to social justice, to liberation, to revolutionary work, and why might this be relevant to those of us who, through whatever it is our professional work might be, are attempting to create an equitable and a just world.



When we think about disability, in society, we have many ways available to us to begin understanding what it means. How many of you have at any point heard someone who was pregnant – or their partner if they had one – say that all they wanted to have was a healthy baby? How many of you – that’s many hands in the room, that’s almost everybody – has heard somebody say that. How many of you have thought at some point, ‘Well, at least you know, my mind is still working and I’ve got a functioning brain right now’? And how many of you in the past several months, the past year, have heard somebody say, ‘Well Trump is just crazy, he has some kind of a mental illness.’ ‘White supremacy is a mental illness that’s what it is, it’s a mental illness, it’s a disease in the United States’? How many of you heard some variation on this? And that’s about half of the room – about half of the room has raised your hands.



When we think about disability, we have different social narratives available to us that blur and blend into one another, whether it is treating disabled people solely as individuals apart from social context – a disabled person is a source of inspiration, a heartwarming meme on your Instagram feed or your Facebook homepage, that this double amputee went to some contest, now you have no excuse to not do anything ever. Or, as the prop of somebody else's story – ‘Look what this fifth-grader did for classmate with autism.’ Translation: the fifth-grader did not call the autistic classmate a ‘retard.’ ‘Not calling him a ‘retard’ earned the other non-disabled kid five gold stars and a cookie.’ This is supposed to be heartwarming and inspirational.



To treat disabled people as charity, as helpless objects and subjects of charity, to use our existence as a moral yardstick for non-disabled people. 'I am a good person because I donate \$100 every year to 'X' charity that helps paralyzed children.' 'I am a good person because at some point I made sure that I held the doors open for someone in a wheelchair.' 'I'm a very good person because I showed a blind person where to cross the street.' That disabled people are treated as projects. This is a common experience for those of us in the room who experience any kind of marginalization. We know what that's like, to treat someone as a project, to be on the receiving end of that. We know that this person's patronizing tone – they mean well, but they think that because you are X, Y or Z marginal identity, that they need your help. They need your saving. They need to be

rescued. I encounter this quite frequently in what we refer to as ‘the helping professions.’

In the helping professions where – ‘well we’re trying to help, in fact we want a world that's just, we want a world where there's no sexual violence, we want a world in which every child actually gets a meaningful education from teachers who care and are trained and skilled’ – and that’s great – and then it gets implemented as a, ‘Hi, I am this white person coming into a Brown country and I know what all the answers are to your problems.’

We’re treated as projects – not as people. As ideas and concepts – not as living human beings. To treat disabled people within a morality model – that it’s because of laziness – if we tried harder we wouldn't have problems. If we’re complaining it's because we need to make a change – ‘The only disability in life is a bad attitude.’ ‘Did you know that if you smile enough stairs magically become ramps?’ ‘Did you know that if you just have a positive enough attitude, suddenly – suddenly this printed menu becomes braille?’ ‘Just have a better attitude, you wouldn't have a disability.’

That disabled people are treated within this medicalizing framework. That whatever we are is a collection of symptoms. A brain or body in need of fixing, of therapy, of intervention, by medical or psychiatric professionals. That disability is something to be

remediated, rehabilitated, reduced, eliminated, cured and prevented. That question – that question I asked you – have you ever heard some say, ‘All I want is a healthy baby’? It presumes that there is a particular standard of health. That disability is the opposite of health, and that disability has to be undesirable.

Disabled activists have long pushed for a social model – it’s one of the words that’s on the screen here – that understands disability not as a medical issue but as a social one. ‘If you got rid of bad attitudes about disabled people, if you got rid of prejudice and stigma about mental illness, about chronic illness, about physical disability, then suddenly disability wouldn’t exist. That disability is a social construct.’ And this framework has been very powerful in shifting disabled activism to talk about culture and pride and community, but its failure is that it doesn’t actually practice disability justice. The social model in its purest form fails to honor the lived realities of actual disabled people.

For those of us like me who live with anxiety, no amount of flexibility or understanding in magically erasing all stigma, actually deleted the underlying anxiety. My anxiety might be significantly reduced if I knew for a fact that nobody was actually ableist anymore, but it’s still there. For people who live with chronic pain – again no amount of flexibility or accommodation or understanding will magically eliminate the pain, although it may make getting through the world

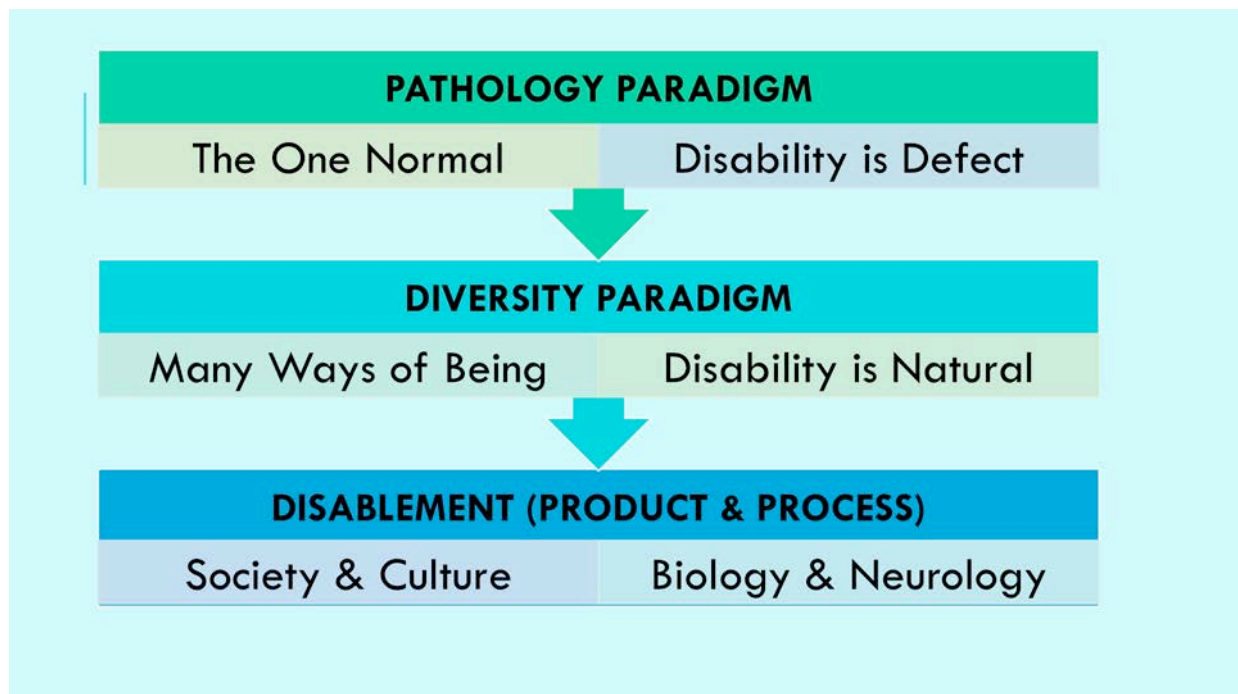
significantly easier, when you're not worrying about the precarity of your health care or your housing or your employment, because of your chronic pain.

In the diversity model of disability – which has been increasingly articulated – is attempts to bridge between the dehumanizing, objectifying narratives that society tells us we should have about disabled people, with the power and the potential of the social model. And to be really clear, when I say disability – sorry – when I say diversity, I don't mean, 'Here is our college, we are very diverse, look at our brochure with two Black students, one Asian student, and one flamboyantly gay white guy, and 13 other white faces that are at least presenting as gender conforming... and maybe there is one white woman in a wheelchair – we are very diverse!' 'Our Board of Directors also has a gay guy did you know?'

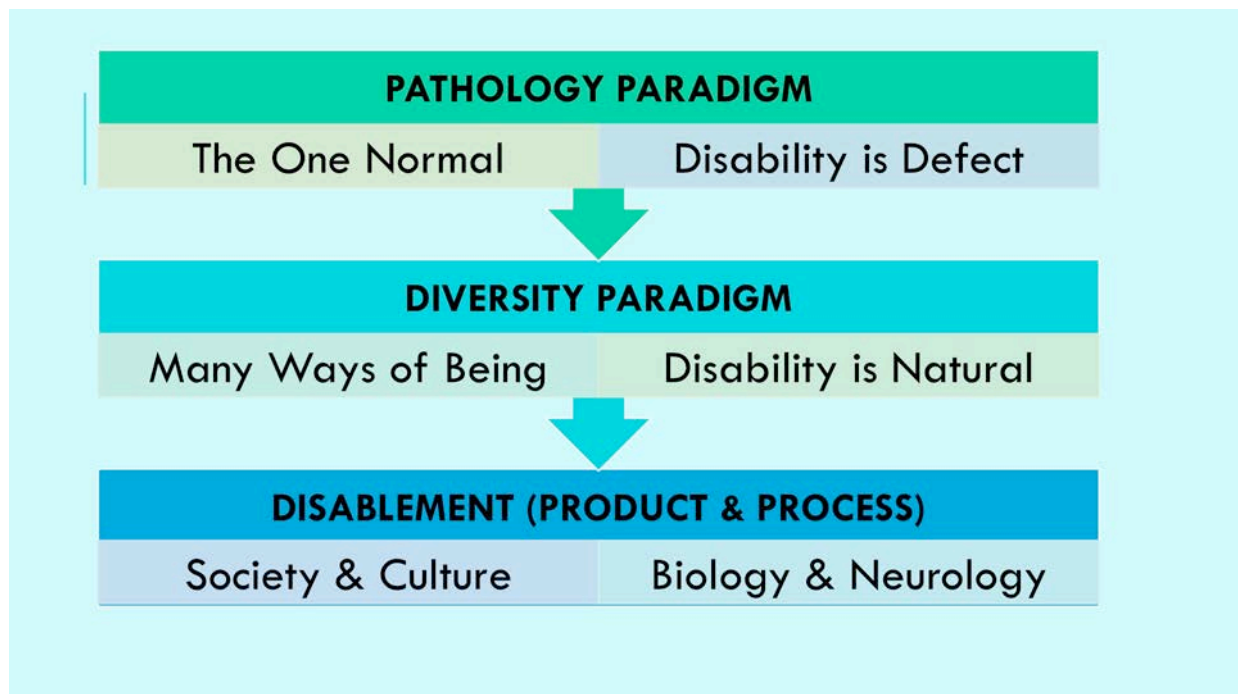
WAYS OF THINKING ABOUT DISABILITY



That is not the kind of diversity that I mean, when I say diversity I mean very specifically and explicitly the reality. That people inhabit different kinds of bodies and minds. That people's bodies have different functionality, that people's bodies and minds have different capacity, and that people's bodies and minds are not always existing in some static state of being.



To understand disability with a social context, we have to understand what the pathology paradigm is. The pathology paradigm tells us that there is one normative or normal human being. In our social context in 2017 the United States, we understand that that is a white cisgender man, heterosexual, of at least some level of formal education or the ability to fake it, a full-time job, of Christian background, whether or not he's particularly religious himself, and walking, sighted, hearing, neurotypical, of average stature, of average proportions, and roughly symmetrical in his face. And that if you deviate from any of these norms, that there is something fundamentally wrong with you and you will be forced or required to assimilate. And that if you cannot, you will be met with violence throughout your life. We understand that. We understand that those of



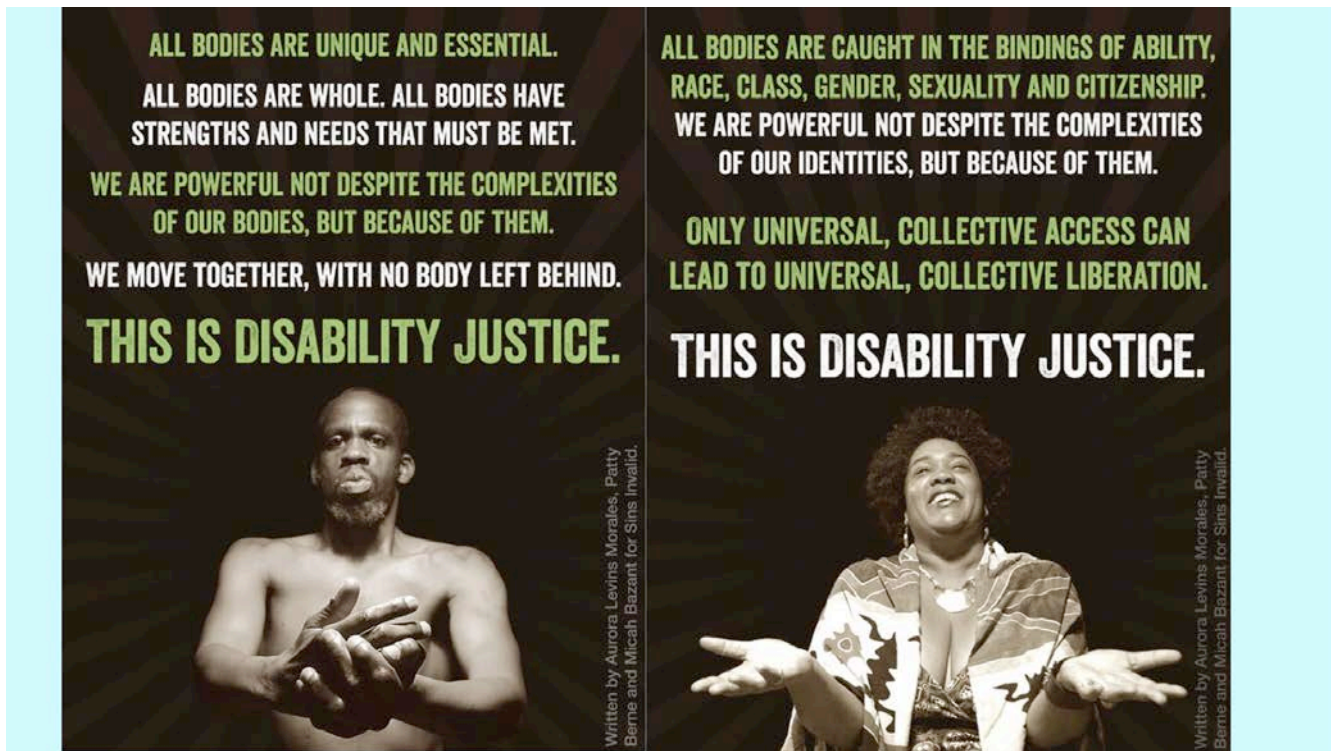
us in the room who identify as any kind of marginalized, who've lived with that experience from the day you were born or the day you acquired a particular experience, we know that. We know that for those of us who are people of color, we learn that we have to act white and sound white and write like a white person and dress like a white person or some invisible stereotype of whiteness, in order to be treated as credible or worthy of respect. That's my history, as an East Asian, light-skinned, that I am told I have to identify myself with whiteness as much as possible. In how I present, in how I act, in who I associate with, or else I'll be lumped in with *them*, meaning, other people of color – Black and Brown people of color. This is what the pathology paradigm tells us, that we have to throw everybody else

under the bus because it is our duty morally, politically, and socially, to conform to the standards of the imagined normal.

For disabled people that means compliance training from a young age, being taught that to flap is a sign outwardly of being autistic and while this is not hurting anybody, because it's really only associated with autistic people, we have to stop doing it, it's a symptom. We medicalize it. It is a symptom. 'You cannot flap your hands, we will work on coming up with a treatment plan to prevent you from doing it.' You have cerebral palsy, you are born and you are able to walk some of the time but it's very painful and very slow, but you are dissuaded from using a scooter or a wheelchair because it's still, 'Well, walk more, you'll get better at it, and it looks more normal.' Walk more. This is what the pathology paradigm does.

To understand disability and social context, what it means not just as a political identity or as a concept, we have to understand what I sometimes refer to as disablement. To be clear I don't use this term in everyday language because I'm not an obnoxious prick, but to understand conceptually, disablement refers to a process and to the product of that process, disablement means how biological and neurological realities, the fact that my brain as an autistic and otherwise neurodivergent person, functions differently from those in the room who are not autistic, interacts with social and cultural values about whose lives and bodies and minds are valuable and worthy and

desirable and whose lives and bodies and minds are not. This process and what it produces, the category of disability, is disablement.



Disability justice integrates an understanding of disability as a social force, as a political force that is salient in people's lives whether or not they personally claim 'disabled' as an identity, with an understanding of oppression. With an understanding of oppression as an intersectional lived reality. The term intersectionality, first coined by the Black scholar activist Kimberlé Crenshaw, to describe her experiences as a Black woman, as separate from either those of white women or of Black men and not simply understandable by adding one plus one, but by creating a new and specific experience with oppression, has often been used and deployed to talk about what it

means when any systems of oppression collide. Of what it means to acknowledge privilege and oppression in the same sentence.

DEFINING ABLEISM

An entire system of thinking and doing that hurts disabled people.

Ableism is a form of structural oppression.

For disabled people, the oppression that we live with is ableism, an entire way of thinking and doing that harms people who are considered disabled, by the full spectrum of what that might mean, by any words you've heard used to describe disability or types of disability or categories of disability.

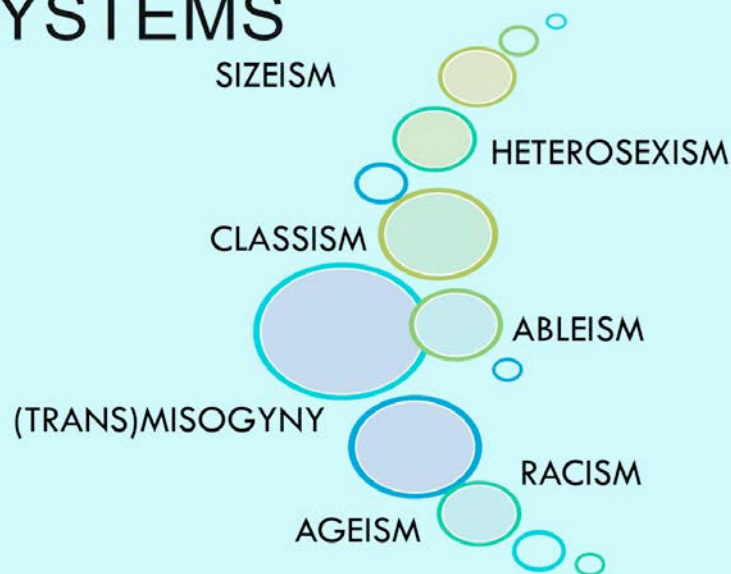
UNDERSTANDING OPPRESSION

Systematic disenfranchisement of a particular group as a result of the power belonging to a privileged group.

Oppression = prejudice + systems of power

And that ableism itself is a system of power relations – that is what oppression means in this context – it is a system of power relations where the people whose bodies are considered more or less healthy or functional – not needing help, not really needing services, because we're going to talk about people as independent – have systematic social, political, and economic power as compared to people whose bodies and brains are labeled deviant, disordered, defective, or diseased.

ABLEISM WORKS ACROSS SYSTEMS



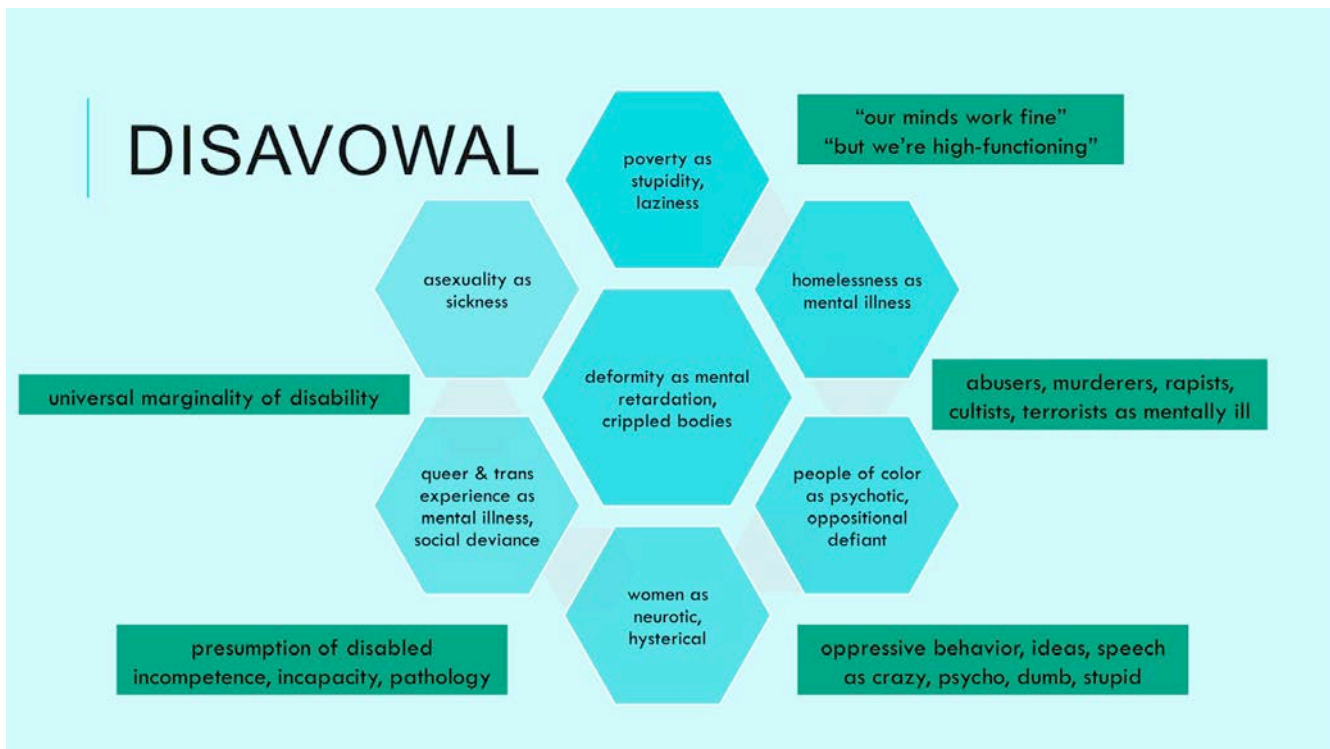
And that oppression does not operate in a vacuum... that all systems of oppression are both necessary for and dependent upon all other systems of oppression. Now some of you may have seen stickers or t-shirts that have this very trite message on them that say, 'Different difference, same struggle.' How many of you seen some variation on that message? Some people, a few hands. Those of you who haven't, you've been spared. This message, meant to convey an idea that people ought to be in solidarity with communities and struggles that they don't personally experience, misses the mark. 'Same struggle, different difference,' implies that all forms of

oppression and all struggles or resistance against it are identical – that's not true. Even within a form of oppression it's not the same thing.

The oppression of ableism that I experience, as a mostly mentally disabled person, is not the same type of ableism – although there are common characteristics – as someone with mainly a physical disability. And someone who has both, experiences a particular compound of ableism. That the racism I experience as a light-skinned East Asian is qualitatively different from, and not identical to, anti-Black racism or to anti-Indigenous racism or to anti-Latinx racism. They're not identical. There are commonalities and patterns to types of oppression both within a particular system and between them, but all forms of oppression are necessary for and dependent on one another. You cannot have white supremacy without ableism.

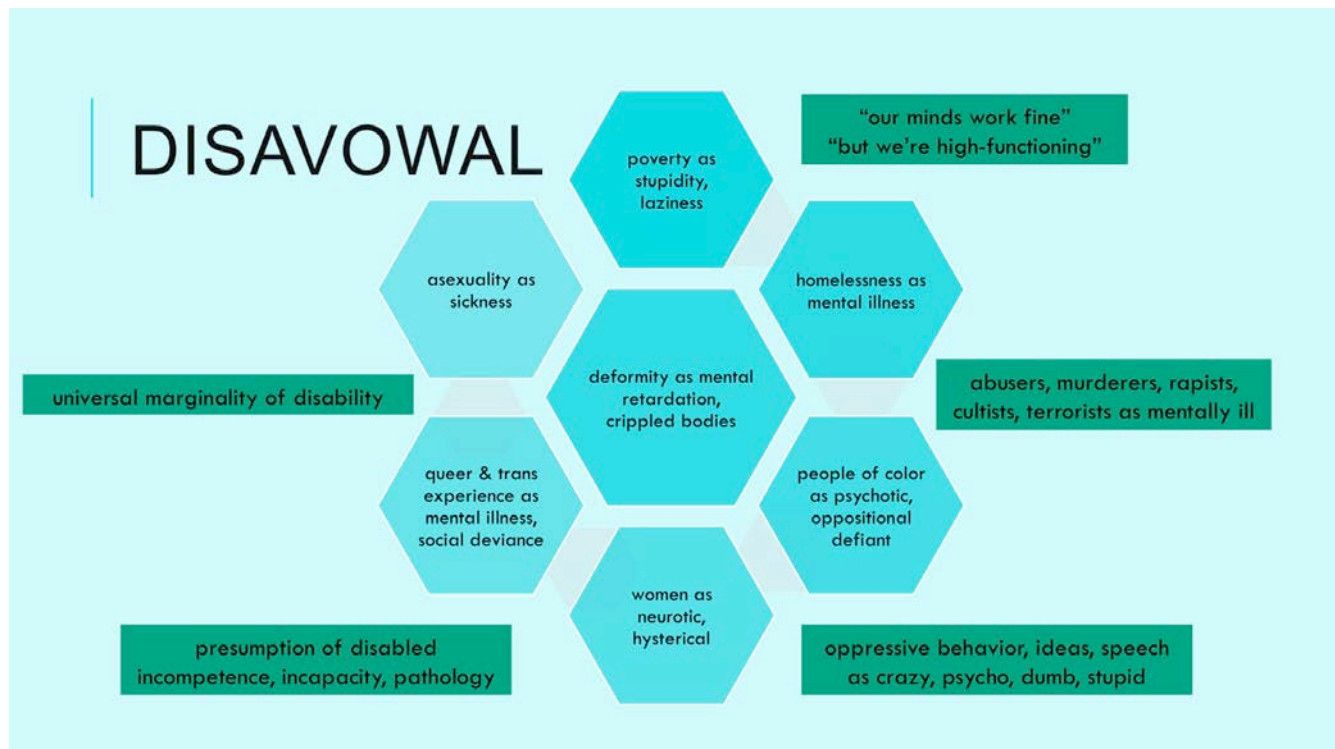
Eugenics – which was considered mainstream science in the United States until we exported it to Nazi Germany, and then we only stopped using the word because we had a disfavorable association with it – for good reason, of course – eugenics was the science of creating the perfect 'white,' 'abled' race. This was the science of eugenics. You cannot have white supremacy without ableism. Enslaved and stolen Africans who escaped from slavery were labeled with drapetomania... called a mental illness. People who digressed

from sexual norms because they were queer, because they were not simply in a monogamous, heterosexual marriage, because they decided to own their sexuality and their body – usually women – would be labeled hysterical, mentally ill, and locked in the same asylums as the people who were straight up considered ‘mentally not there.’ You cannot have any form of oppression without any other form of oppression. Ableism does not work without racism, of valuing the white body as the normal one, as the children that are the best ones in school. Gifted and talented programs, i.e. ‘how to separate the white children from their peers of color,’ are one example of ableism in the service of white supremacy.



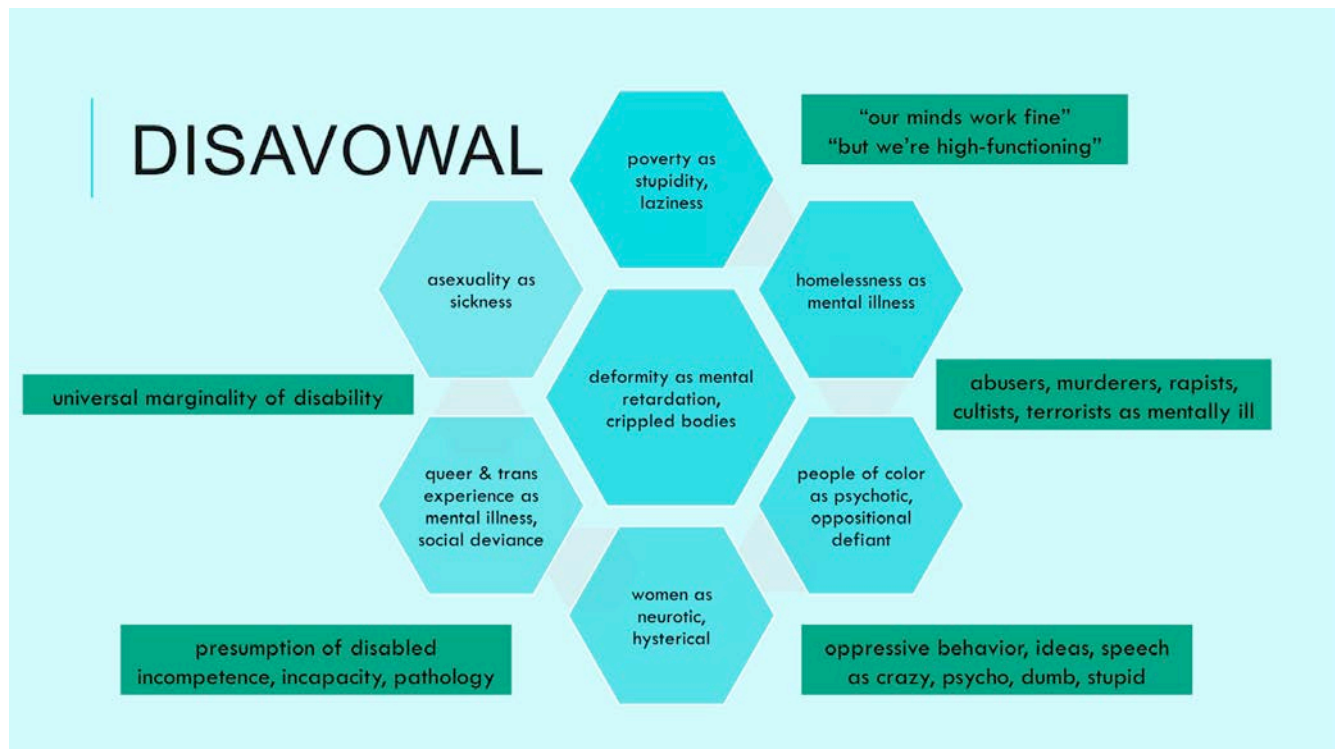
We learn the art of disavowal from a very young age, whether it's in service provision work or whether it's in movement building and community organizing work. That in order to gain rights or equity or health or justice, we have to do so at the expense of somebody else. That in order to say, 'Well we need this grant money...' – we can't talk about the realities of what happens when someone doesn't occupy one convenient category. I'm sorry I don't check off just one box, I check off lots of boxes, and I also have experiences that your boxes don't explain. Your boxes are wrong. Your box says 'male,' 'female,' 'transgender.' That's not correct. That is incorrect. But, if I want this

service, I have to either deny my identity, or I have to risk the confrontation that will happen if I attempt a conversation about it.



We learn that in order to lay claim to our own humanity, we have to do so at somebody else's expense. In queer and trans organizing spaces, where we've long fought against having queer or trans people pathologized, labeled mentally ill so they can go through conversion therapy – so they can be forced through unregulated and abusive programs, will often say, 'Oh well, you know there's nothing wrong with being queer or trans. We're not mentally ill. There's nothing wrong with us.' And the first part of that statement, while technically true, that queerness and transness is not the same thing as mental illness or psychiatric disability, the second part of that statement says,

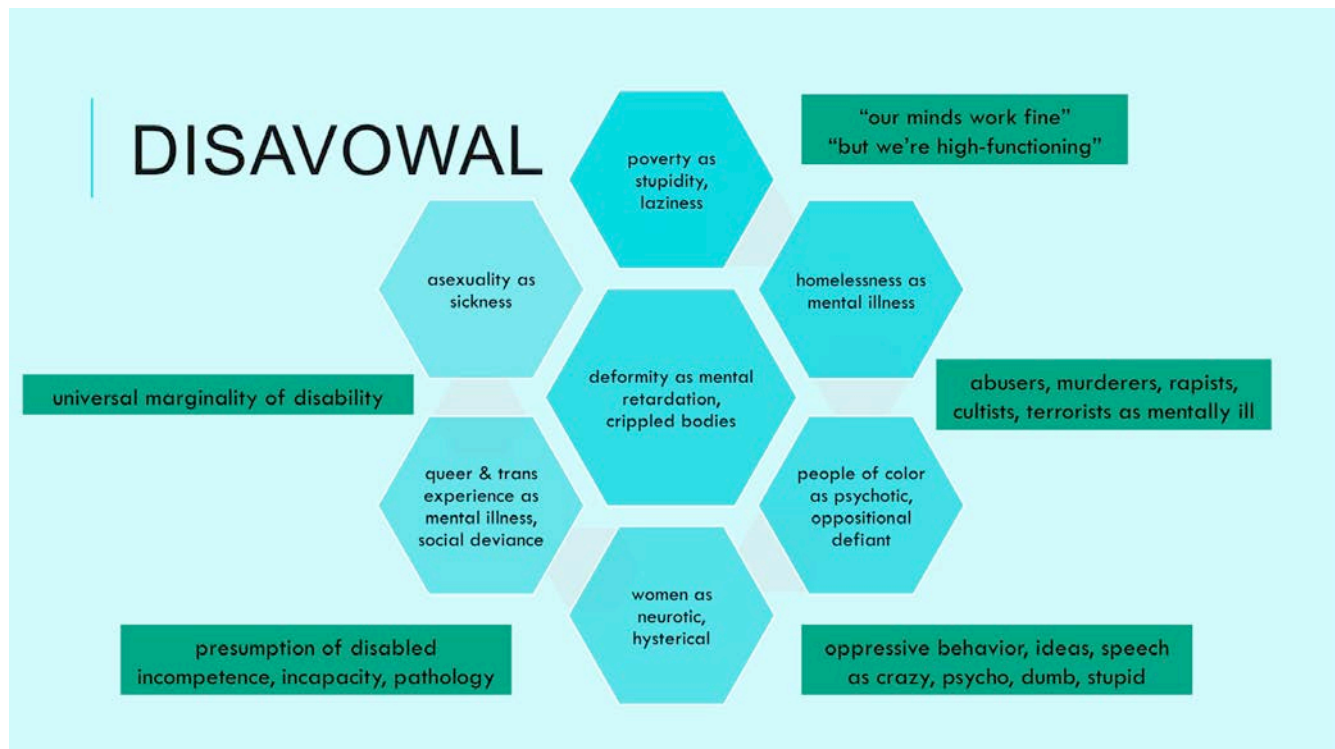
‘Well there is something wrong with those people... over there. Whoever it is that actually has a mental illness, *they* need psychiatric control and surveillance. *They* cannot exercise autonomy over



themselves. *They* do not understand what is best for them. *They* are unstable and dangerous and threatening and need to be controlled. *They* need to be compliant, but not us.'

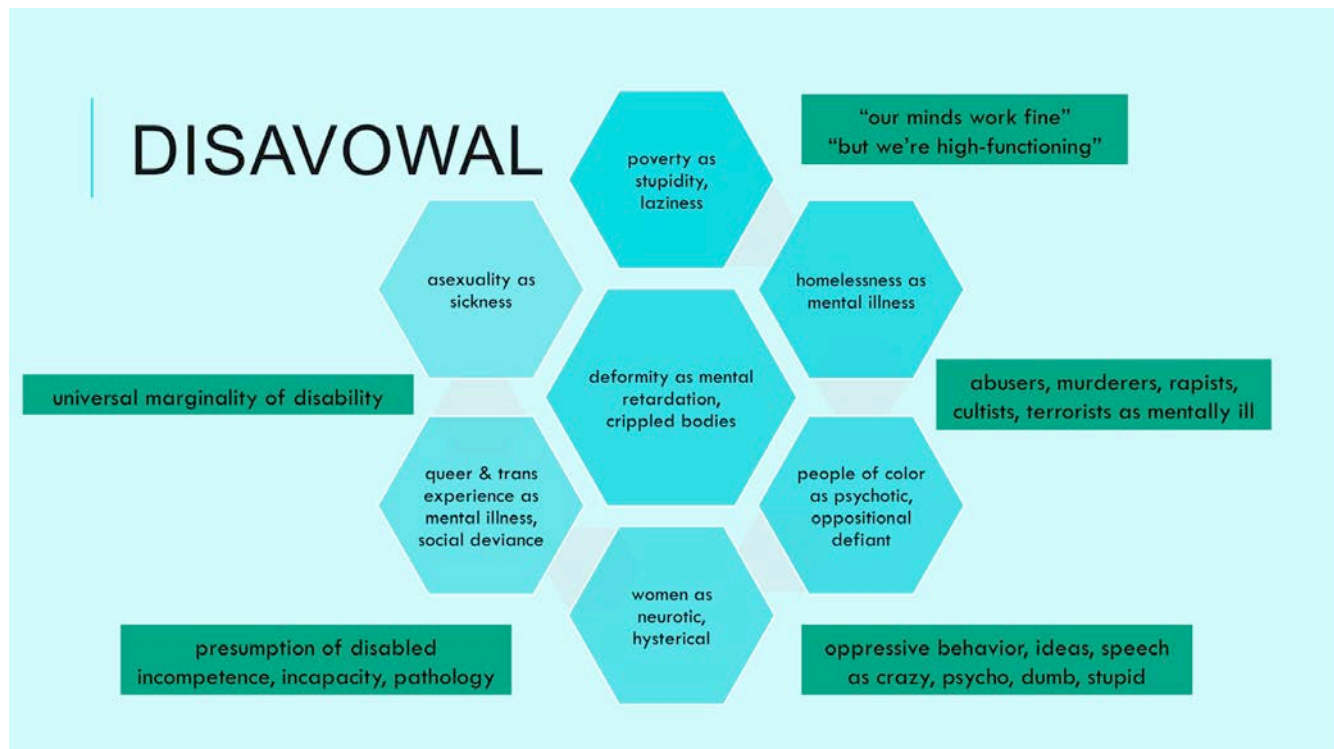
In the past several years, it's become very popular among people in so-called criminal justice reform circles – I don't call it a justice system, it's an injustice system. But if you want to try to be neutral we can go ahead and call it a legal system. It is that. But it's still an injustice system. That of recognizing that jails and prisons are largely the largest health care provider for people with mental illness in the

country. And that an astounding percentage, depending on whose statistics you look at, anywhere between 50 to 80% of people who are incarcerated have a mental illness. And the usual left progressive

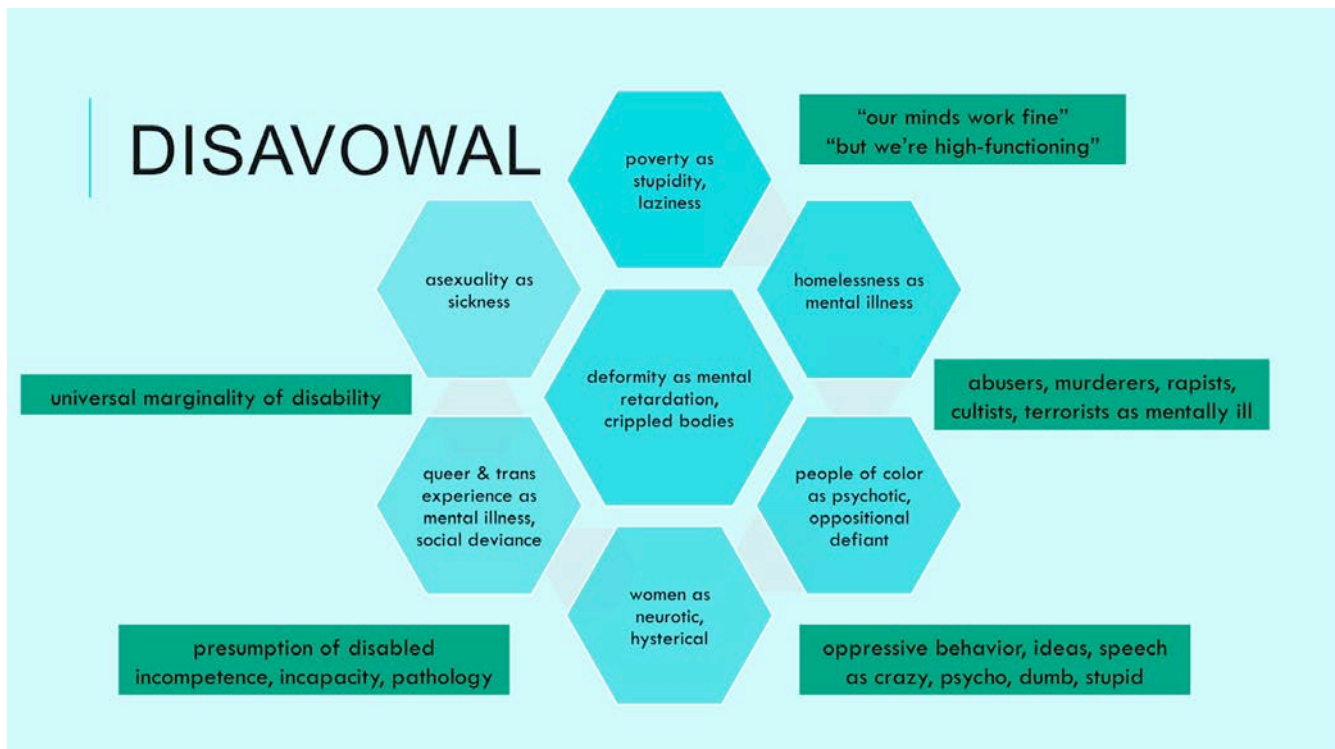


response to that is by advocating for getting people with mental illness out of jail and prison because they need specialized treatment instead. And for those who do not stop to think, 'What does that mean? What does specialized treatment mean?' Those of us who come with lived experience as disabled, as mad, as neurodivergent, understand that that usually means another form of incarceration. When you are in a psychiatric facility you are not allowed to leave. You are not allowed to have conversations in private. You are not allowed to make decisions about your own body – from the little decisions, to the larger decisions. That you are, in effect, under

another apparatus of state control. We're just calling it 'treatment.'
We're just calling it 'for your own good.'



The art of disavowal is something that we embed into nearly every sector. As nonprofit organizations, we have to compete for these other people for funding. If we don't compete with them we lose our funding and we lose programming and services. We are buying into a system instead of attempting to develop alternatives to it. Why do we have to have a funding battle over these limited resources that pit us against other organizations doing community work? Why can't we build a partnership to share the funding if we happen to get it? And if we don't happen to get the funding, what can we do in the absence of funding? I call it a lack of imagination. I don't call it a funding crisis.



And to be very clear, I understand, having worked in many nonprofits, that there are real limitations to people and resources. That I cannot actually work 120 hours per week. I do not possess that capacity, eventually I need to sleep, and eventually I need to eat, and probably use the bathroom. But – but, when we start with the framework of, ‘This is a limited pool of resources and I have to go to everybody's throat in order to make sure that I get mine,’ we are thinking about this as though our stakes and our fates are separate and isolated instead of bound up together.



Disability justice calls us to understand how ableism weaves its way into every aspect of our work. Whether it is in how we exact expectations out of our staff that are unrealistic, that are unhealthy, that are damaging, that are re-traumatizing... or whether it is to how we conceptualize our work in developing savior complexes, like the ones I was mentioning earlier... or in how we decide what narratives will be the center of our organization. How can we be deliberate in not just saying, 'Let's have community engagement for the points,' but actually sustaining long-term relationships in which we allow ourselves to be criticized, in which we allow ourselves to make mistakes and to

be wrong because if we're not wrong and don't make mistakes we're never going to make progress. What does this mean, to understand ableism and to embed it into the work that we do?

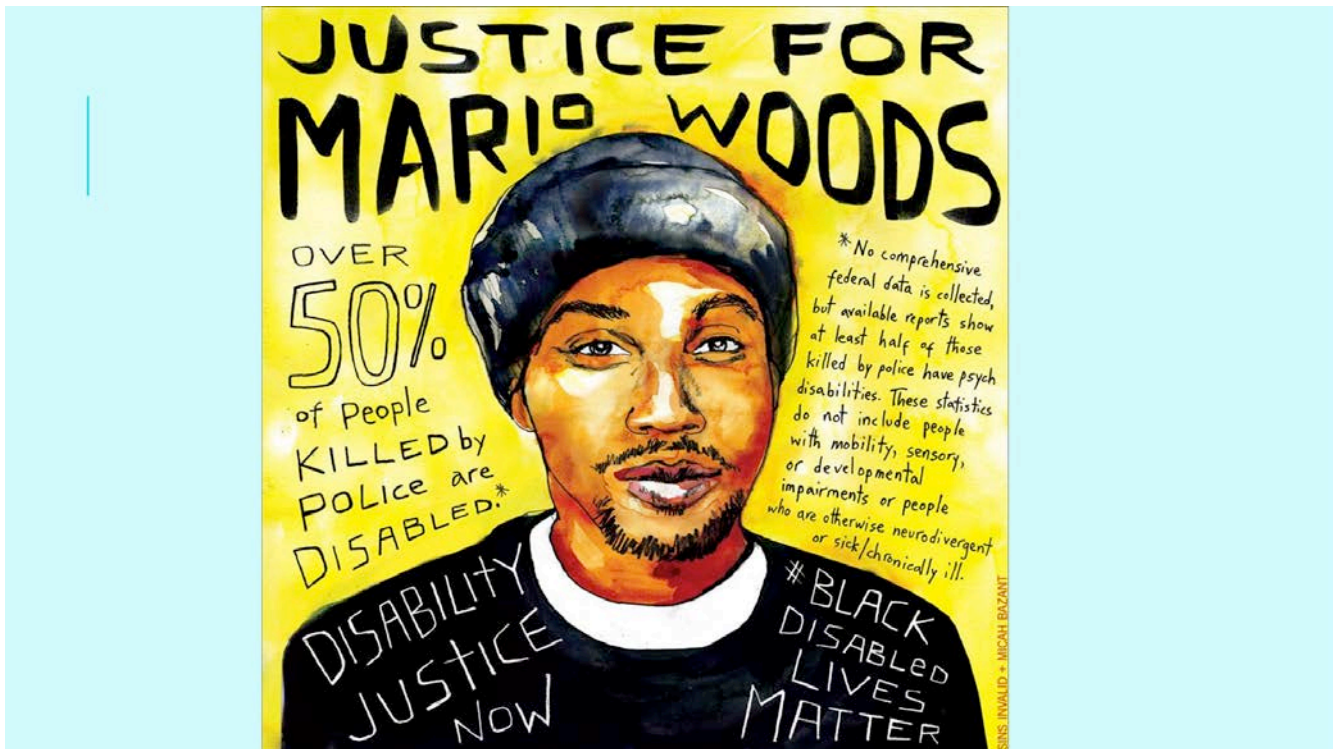


It means that for queer and trans, disabled people of color, when we experience any form of crisis – personal, academic, houselessness, interaction with the criminal legal system, inaccess to employment, abusive homes, abusive intimate partner violence – that we cannot leave any part of us behind or check it at the door. Each individual person – each one of you, myself, anyone that you work with or alongside – does not occupy a single category of identity or existence. We all occupy multiple categories of identity and existence and experience and we are complex and whole persons. Disability justice calls us to recognize that. It calls us to recognize the whole

humanity of every single human being – I'm repeating this because it bears importance. It bears a vital imperative for any movement that claims to be about justice or claims to be about equity.



When we understand the criminal legal system's impact, we are talking about not only a white supremacist system that routinely targets Black and other people of color, but we are also talking about a system in which up to 70 or 80% of all people who are killed by police have a disability.



Which means the demographic most targeted are Black people who are deaf or disabled. This is a reality, and it's not a reality that our movements often want to make room to acknowledge. We will... white disability will say, 'This is a disability issue. It's also a disability issue.' And I'm like, 'Yes, and it's a disability and racism issue.' This is not an 'also' or a 'but,' this is an 'and.' That is what Kimberlé Crenshaw wants us to understand, when we talk about intersectionality. That it is not a either/or, like, 'Don't forget to add this thing.' It is a, 'What does it mean to be racialized and disabled at the same time?'

For Neli Latson, who was 18 years old in February 2010, in Virginia, a Black autistic teenager waiting outside his library, what it meant was someone drove by and saw a Black guy and decided, 'that means he's suspicious.' Called the police on him. Police arrived and couldn't find him right away. Several police – note the disproportionate use of force here – begin looking for Neli Latson. They begin looking for him and when they finally find him, they confront him aggressively, demanding his ID and, 'What is he doing?' He's publicly waiting for the library to open, remember. He's publicly waiting for the library to open. 'What are you doing? Where's your ID?' Like many autistic people, Neli panics. He cannot figure out how to answer the questions. He tries to walk away. This results in a fight where he is repeatedly beaten and tasered. He is charged with assault on a police officer, and his initial sentence is 10 1/2 years in prison. February 2010. It took until the fall of 2014 before any mainstream, disabled-led organization, said something about what happened to Neli Latson, while he suffered two years almost entirely in solitary confinement. And the only other people who were publicly speaking out, who had a platform – not those of us who were disabled people of color – were saying, 'He doesn't need to be in prison, he needs specialized treatment.'

In early 2015, two years ago, when Gov. Terry McAuliffe signed a conditional pardon, most disability activists – read: most white disability activists – applauded and went home. He's going to be released from prison. Neli Latson was sent to a Florida-based institution with a decades-long history of abuse. He's still there. When he calls me, he doesn't speak privately, there's a million people standing there listening to what is being said on the phone. His story did not end, his story continues... He is alive and a living human being. He is a living human being who is locked in a cage because the movements that should have been supporting his access to freedom settled. Said, 'He's out of prison. That means he's free, right?'

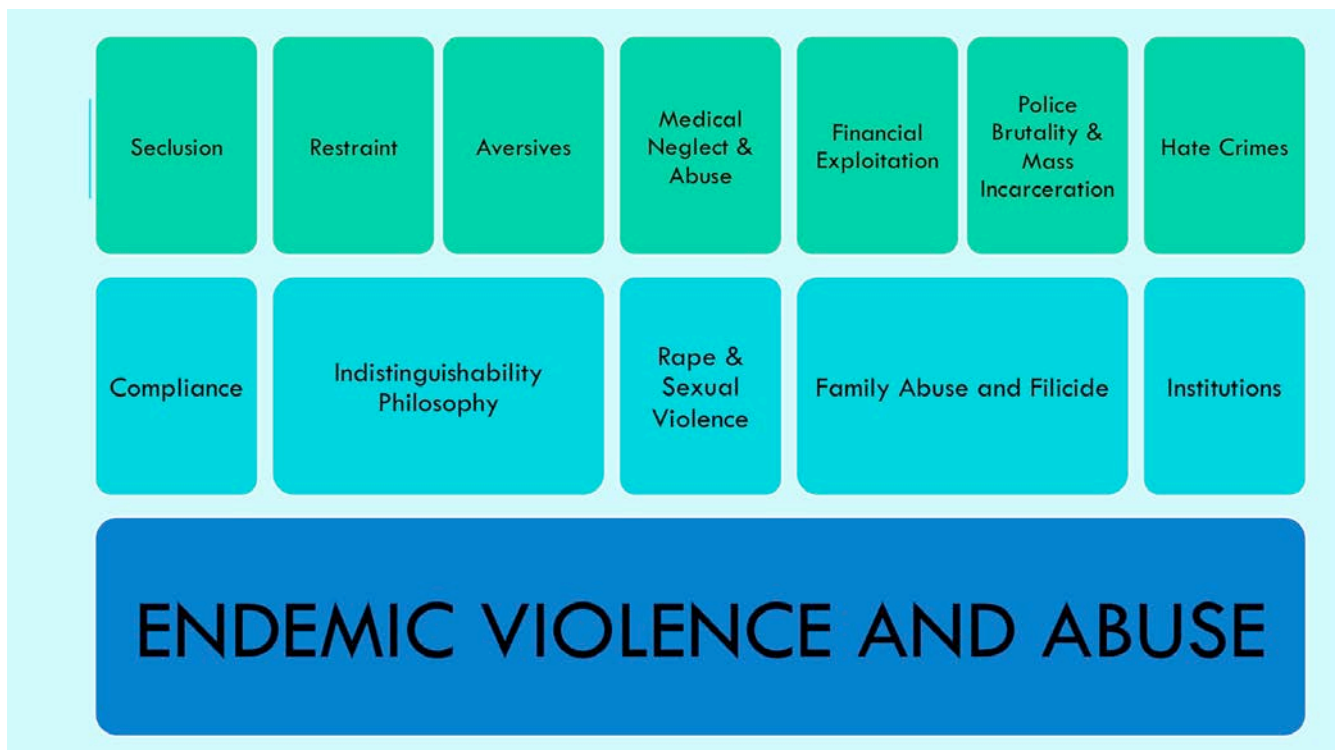
Last summer it hit the news, also in Florida – so, in Florida – that there was footage, there was photos and video footage, of an incident involving a Black man, a care worker at a group home for adults with developmental disabilities, and an adult, Latinx autistic person. Their names were Charles Kinsey and Arnaldo Eliud Rios Soto, respectively. Arnaldo is A-R-N-A-L-D-O, for the interpreter. And the image shows Charles Kinsey, the Black man, the care worker, lying on his back, outside in broad daylight, with his hands very clearly in the air, straight up, because if you are Black in United States right now, those of you in the room who are, you know this. The rest of you, I am reinforcing this to you. You see the police, that means it's life or death. He has his hands clearly in the air, and he is saying on video,

'Sir, please don't shoot.' The officer shoots him. He's one of the fortunate ones because he's alive. He says to the officer, 'Sir, why did you shoot me?' And the officer says to him, 'I don't know.' And in the days that followed, the police chief made a public statement and during a press conference that, 'Oh, no, no, actually it wasn't about race, it wasn't about Charles Kinsey... the officer was aiming for the autistic guy. They thought the autistic guy was a threat and they were trying to protect the Black guy. That's what happened.'

And most of the outcry about that outrageous statement came along a narrative like this, this was the story that most people told: 'Wow, that was really ableist. Why would you think the autistic guy was a threat? Autistic people aren't threats.' Which is its own kind of ableism. The idea that all disabled people are innocent children, even as adults. That we are innocent children, untouched by reality, and we don't understand things like violence or politics, even though that's literally our entire lives. But we don't understand them. And so he was a threat. Missing that Arnaldo is a Latinx person. Arnaldo is not any random autistic person. He's Brown. And so the police very effectively deployed one narrative in their very awful attempts to claim that they weren't being anti-Black, to basically substitute it for, 'We were a different kind of racist, also ableist.' Like this makes it better and less racist, in the first place? And most people stopped paying attention.

This hit the news. There was outcry. Some of us who were disabled people of color spoke publicly about this. Large organizations – very few, but a few of them – put out statements saying, 'This was wrong. This was bad. He's been traumatized.' And Arnaldo Eliud Rios Soto, while only a few of us were paying attention, was shipped to the same institution where Neli Latson currently is locked up.

Last year, they killed a 13-year-old Black disabled girl in the same institution. To understand disability justice in all aspects of our work means recognizing the whole humanity of everyone; means questioning whatever fundamental ideas or beliefs we have about whose mental health is stable. What does stability even mean? Who is functional? Who is healthy? Who is ordered, as opposed to disordered? It means recognizing and drawing the connections in every aspect of our work. That trauma is not a single incident; you experience it and now you have some trauma. That trauma is often compounded and layered, and derives from daily existence in a world literally built to kill you. To destroy you. The lives of disabled people – and especially those of us that exist at the intersections – are marked by endemic abuse and violence, and we carry that with us everywhere we go.



How many disabled people I have spoken to, who are terrified of any visit with a social worker, or a doctor, or a mental health care worker, because every past experience they had was a litany of not being believed; of being dismissed; of being directly and specifically abused; of having their trauma compounded, and added to, and recreated. Of having a meeting in which somebody else who is not disabled was spoken to, as though you couldn't speak for yourself. Of having your very life quite literally threatened.

Around Easter or Pesach in 2013, a white, chronically ill, developmentally disabled activist in Vermont went to the hospital with a condition called gastroparesis, which has to do with the hardening of the digestive tract. And the standard treatment when somebody has gastroparesis, is to insert an artificial feeding tube to ensure that the person has adequate nutrition and hydration. In other words, to keep the person alive. If you do not insert the feeding tube, the person dies. And while Mel Baggs was in this hospital in Vermont, a doctor approached them and said to them, 'Well, you know, why don't you consider the alternative?' Mel Baggs, because of a variety of factors of social capital, as well as marginalization, appealed to the autistic activist community and hundreds of us from around the country called to that hospital in Vermont to tell them, 'We know what you're doing and you can't do it. You cannot kill Mel Baggs.' And so the hospital decided, 'Okay, great. We'll proceed with surgery.' Which they did, without anesthesia. And when Mel wrote about this, Mel wrote, "The fuck's a retard like me matter anyway?"

This is the reality of disabled people at the intersections, interacting with the systems that are supposed to care for us. That are supposed to support us. That, in theory, exist for the betterment of society. This is why it is your imperative to integrate disability justice into your work. This is why. In the past year, we learned about a story

that happened about last year, in which an 18-year-old Black teenager with multiple disabilities was horrifically raped by a nearly all-white football team in his town in Idaho. I will not go into the details of that, beyond what I've said. And just this week, a verdict came back on the two white teens who orchestrated the attack on him, and they will face exactly zero years of jail time. Zero months, also zero days, if we're counting. This teenager – this Black teenager – is one of 20 adopted children of color into a white family – that also has five children that they've given biological birth to – and grew up in a town that is almost entirely white, and went to a high school that is almost entirely white. And these aspects of the story are missing in almost every narrative or article about it. Which, by the way, are not on mainstream news and are not front-page news. Not primetime broadcast.

We don't know his first name. His last name is McDaniel. And earlier this year, what did hit the news was a group of Black teenagers attacking violently a white teenager, who is disabled, which was followed by an extreme outcry, mostly of racism, directed at the perpetrators. Mostly of racism. And in that case, many disability organizations posted statements. Very few said anything about Mr. McDaniel. But in this case, organizations put out statements. There were news articles. And even in statements that tried to like say, 'This is not about race. This is just about some ableism happening.' Well, the story is about race. It's about race because we can't understand it

without an intersectional framework. The people who committed this act of violence will of course, in our criminal injustice system, be prosecuted to the fullest extent of the law. They will be locked up for a very long time because they are Black. And what happened to Mr. McDaniel – the people who did almost the exact same thing, arguably potentially worse – nothing, literally nothing is happening.

So to understand what disability justice means, to incorporate that into our work, means not treating our lives or our communities as single-issue or single-identity. It means recognizing the whole humanity of every person. It means recognizing multimodality: that all people deserve – deserve – to exist, as we are, and not as something that we cannot achieve. To draw the connections between our historical and our current realities.

NONCOMPLIANCE?



Photo by Rebecca Taplin. Lydia Brown, around 2004, fifth grade, reading an *Animorphs* novel instead of doing math homework, and rubbing shirt sleeve against face.

To recognize when it is, in even the little ways, that we expect stories to fit neatly onto a linear diagram, to have a neat beginning and an ending, so we can put them on a brochure or a website – it doesn't work like that. Real people's lives are not soundbites.



What it means to understand that disability does not have to be about suffering, or charity, or pity, but can also be about community building. Because what else can we do when we are faced with constant and systemic violence?



Photo by Kory Otto Jacobs. A few dozen people of various genders, ages, disabilities, and races gathered in a circle in Farragut Square, Washington, D.C. for the 2013 Day of Mourning vigil for disabled people killed by family members or caregivers, organized by the Autistic Self Advocacy Network's national office and chapter networks.

What else can we do when our culture is often built on the foundation of trauma?



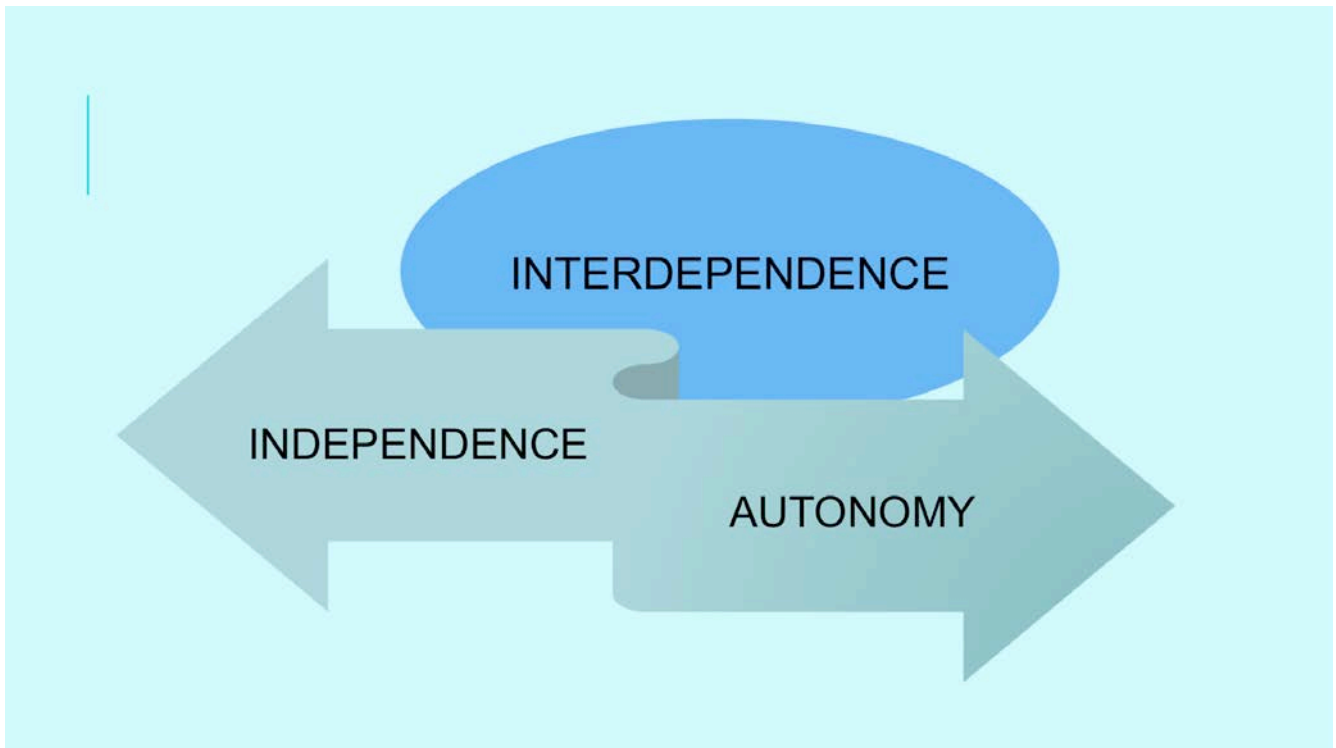
Photo by Taylor C. Hall. White person, Shain Neumeier, and east asian person, Lydia Brown, protesting Judge Rotenberg Center's electric shock torture. Signs : 1) Stop the Shocks, 2) People Not Experiments, 3) Shocked for ... [list of minor behaviors like getting up without permission] Ban the GED [graduated electronic decelerator].

But to try to build community and to practice what it is that we think the world ought to look like, in our own homes, in our own lives, in our own work.



Photo: A group of many people with various disabilities, of various races, genders, and ages, though most are 20's and 30's. Lydia is wearing a shirt with the power fist that says, The Whole Damn System Is Guilty As Hell. July 2016.

To create the spaces that we don't have, but we know that we need.



To recognize that disability can also be how we understand why we treat ourselves, and each other, like we're in the rat race. Like there's scarcity. Like it has to be a practice of disavowal. Like we have to learn to do it on our own, and be self-sufficient.

Why can't we reject the myth of independence? Disability justice tells us we must. That liberation is a collective process. That we can honor autonomy and self-determination, and also honor whole communities.

COMMUNICATION
HAPPENS IN
MANY WAYS.
ALL ARE
EQUALLY
VALID AND
DESERVE
RESPECT
AND
PATIENCE.



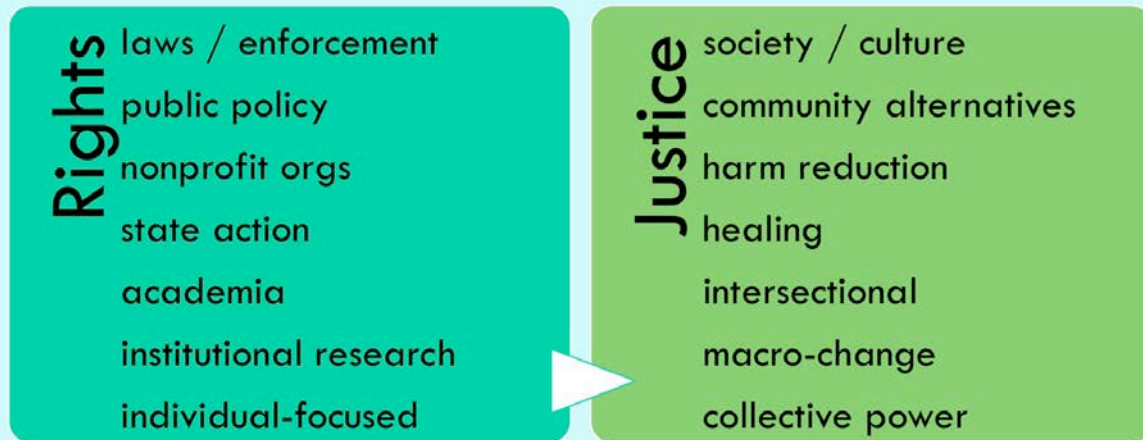
MULTIMODAL
ACCESS
NOW

That we can actually integrate. And how we communicate with one another, how we communicate in our organizations, how we communicate behind closed doors to recognize that, if somebody – if somebody's body – does not fit into this mold, it might not be because there's something wrong with them, or even because you're judging. It might simply be because we've designed a society that routinely harms – that routinely harms – if you do not comply.



And so disability offers us the opportunity to form communities, and to form relationships, that are based on access intimacy. This term was coined by Mia Mingus. On access intimacy. It's not merely about checking the boxes, 'Do you have the sign language interpreter? Do you have the ramp?' It's about making sure that the individuals in your communities and in your work, actually feel welcome, without having to check pieces of themselves at the door.

FROM RIGHTS TO JUSTICE



To make sure that when we're talking about how to achieve justice, we're not limiting ourselves to the regulations. I've done that work. I've been there, done that. Do it now. But regulations are not going to save us. We can save ourselves, and we won't do it through passing laws.

DISABILITY AS CULTURE

- Autistic Community: Social communication badges
- People First self-advocacy groups
- Deaf identity and community
- Ragged Edge Magazine
- FWD: Feminists with Disabilities
- Sins Invalid
- Krip Hop Nation
- Neuroqueer!
- Disability Cultural Centers
- Sick and disabled queers (and QTPOC)



Photo from Autistic Self Advocacy Network. Collection of social communication badges with green, yellow, and red cards to indicate different levels of comfort with social interaction.

I ask us, when we think about disability and what it has to offer us – what it has to offer us culturally and community wise – to think, 'What can we do? How can we transform our work, if we understand ableism as critical to the challenges that we fight against, and disability justice as imperative for the liberation that we seek?'

STIMMING TOGETHER



Six autistic people, including Shain and Lydia, mutually stimming with each other's hair during a November 14, 2012 Autistic Self Advocacy Network annual gala at the National Press Club in Washington D.C. Photo Lydia Brown.

My hope is that through this conversation, through this conversation, when you leave this space, you don't leave this behind. That you take with you an understanding that intersectionality is not a buzzword. That disability justice is not a theory, but it is a practice that has to inform what we do at every stage, and in every aspect of our work. That in order to achieve anything that looks like justice, or that looks like liberation, in order to end white supremacy, in order to end constant effects of mass incarceration, in order to end sexual violence...

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In order to end those things, we have to practice and honor disability justice. Thank you.

You can easily stalk me on the Internet. This is probably not the best thing because I've also gotten death threats. But, hopefully none of you will plan to do that... So you can easily stalk me on the Internet.

NED: Thank you so much, Lydia. It's time to interact with our speaker directly. And I hope that you'll hold up your hand... Maggie is here with the microphone so that we can all hear your questions. I'll just go ahead and start. I was... I very clearly heard that passing laws can't fix this. I do wonder if there are existing policies, or planned national policies, that are specifically very threatening to our ability to address disability justice.

LYDIA: Basically all of them, is the short answer. But more specifically, there's a case headed up the Supreme Court right now, regarding the educational access of an autistic student. And this case is predicated on a school district refusing to provide certain services to the student. The parents sued the district, but meanwhile, probably because they had some access to wealth, they withdrew their son from the public school system and enrolled him in a private school that provided the services they wanted him to receive. This is another piece of the puzzle that I will get to in a moment. And what they did was they sued the school district for reimbursement. To say, 'Because you wouldn't provide the services, you need to reimburse us for the

cost of having to enroll him in a private school.' What the case could potentially do is undermine disabled students' access to education, if the ruling comes down from the Supreme Court that disabled students and their families are not entitled to district reimbursement if they need to go to a private location.

But more complicated than that is the service the parents actually wanted for their child. The service they wanted for their child is ABA, or an applied behavior analysis, which is usually talked about as the most scientific evidence-based treatment for autism. Doesn't sound bad, until you consider that almost every single autistic adult who had ABA now has PTSD from it. ABA is a fancy name for compliance-based behavioral training. And what the parents did was they sued for access to this service because most people believe that ABA is the best treatment, it's the best therapy, and therefore, it's what every autistic child should receive, without thinking about what ABA actually is, and what its history is, which also is the history of conversion therapy. And since this therapy is at the heart of this case, the case could also result in the Supreme Court ordering that any child, whose parents or school district thinks ABA should be applied to, should have funded ABA. That is another layer of complexity.

What a ruling that could be helpful to actual disabled students, would be one in which the Supreme Court might recognize that disabled students should have individualized determination of needs, which they're supposed to already under the IDEA from the 1970s, the Individuals with Disabilities Education Act, but that that need-based determination should factor into what a school district is responsible for covering and funding. And that even if those needs are extraordinary, or not considered conventional, even for other students with the same disability. Because there could still be room for abuse, there could still be room for manipulating that policy, but it wouldn't necessarily be enshrining that school districts have to pay for this 40 hours a week recommended for three-year-old children, therapy.

AUDIENCE: That was awesome. Thank you. My question is, do you have any thought about how to get some of this to... in the larger press world and some of the mainstream press? And also, what... if you have any thoughts about good ways to change the narrative, you know, even when you use... whenever I hear the term 'evidenced-based' I cringe, because it's like safety. It's something that's going to be used against us and always is used against us. But whenever, but it's... What we struggle with a lot is, you know, the second that we kind of assert our humanity or who we are, or anything like that, everyone gets very, very defensive and oh well, 'We can't hear that.' And you know, 'You're attacking someone.' I'll give an example. In our

developmental disability system here in Colorado, the way that people get services is the case managers, they do something that they call an RFP, a request for proposal, and they write something up about the person and send it out. And then the providers decide who's going to do the service, which it kind of reminds me of like how they used to sell slaves. It's in no... It's so normalized. And the abuse of people with disabilities in the end, kind of that exploitation, is so normalized that when it's confronted, it's almost like you're crazy, you know, they look at you like, 'How are you, you know, what is wrong with you that you're talking, that you're saying something's wrong with this?' Because, again, it goes back to someone saying, 'Well, our intention wasn't bad.' It doesn't matter what the intention is. It's the outcomes. So I'd just be interested in how to address that in a way... get to a platform so that people will start to listen?

LYDIA: You're asking me to solve ableism, which I wish I could do single-handedly, but can't. What I will say is that in my experience as somebody who – I personally have a shit-ton of privilege and experience a shit-ton of marginalization at the same time. Pardon my French. My students at Tufts had hear this too. And what that means for me is that I understand, as someone who also experiences a lot of privileges in society – I have a lot of power in some ways – why there is the need to have the knee-jerk defensiveness, at the same time that I as someone who has experienced a lot of marginalization, hates it

when somebody with more privilege immediately has that reaction to me. If I'm like, 'You know what you said was racist.' 'Oh I'm not a racist. Don't put that on me.' And I'm like, 'Yeah, what you said was still racist and you need to listen to me.' I understand that. And what I've found helpful as a strategy, is often to bring in somebody who does have the privilege and make them repeat what I've just said. This is seriously problematic in the dynamic it exposes. When the white person says it, they're more likely be listened to by white people. When the man says it, he's more likely to be listened to than women and gender nonconforming people, so on and so forth. But it's also effective. It's leveraging the reality of privilege to confront that this person is not going to hear me. And I don't need to waste my emotional labor, when this person is not going to listen to me.

Now when you extricate it from the individual level into the organization, what are you doing as an organization? Training isn't going to work. Death by PowerPoint will also not solve ableism or racism. Let us talk about racial bias and microaggressions for one hour in a flat tone of voice, with text-filled slides. Everyone is asleep at the end, and then the next day, the white people in the office who are doing the microaggressions do them again, with no end anticipated or observable change in behavior, while the people of color in the office are like, 'So this training accomplished exactly nothing?' So PowerPoint will not solve things, but sometimes the structure of an

organization will. Sometimes an interactive process will help to shift culture. This is not a one time thing. When I work with organizations, I tell them, 'You can do an intensive session that can have some meaningful effect, but you can't stop there.' It's an ongoing process to confront, 'How is our organization being racist? We have a Latino person in a managerial position. So we're making progress right?' That's actually called tokenism, and it doesn't mean you're not being racist.

And being able to confront that, whether it's on issues of disability, or issues of race, or anything else, means sometimes self-work, and sometimes bringing in work from outside in the community. It's not... There is no one solution to it, and you have to have buy-in. If the other people in the office are like, 'Okay, so you've pointed out that we can be ableists sometimes, but we don't really think we are.' There's no commitment to changing that, you won't get anywhere. There has to be a commitment. And sometimes that means deciding, this is not worth my emotional labor, and not dealing with it. And sometimes if it's a, 'this is imperative to do and to handle,' it means investing and making it personal, which is also another whole conversation about itself, of using marginalized people's trauma as a teaching tool, which you should not do. But privileged people expect it anyway. We can have more conversation about this later.

AUDIENCE: Thank you. So, even though I'm nervous, I'm just going to step right through that door. So I think I heard you say that there is both a need for appreciating cognitive diversity, and there is, I think I heard you say, such a thing as mental illness... Or maybe you didn't say that, I don't know. So I'm having trouble figuring out what should be appreciated as cognitive diversity, and what should be understood as mental illness. Like someone with undiagnosed and untreated bipolar disease that makes them – being my coworker, for example, or my neighbor – challenging. Can you comment on that?

LYDIA: Sure. So when I talk about cognitive or neurodiversity, I am referring to mostly a biological reality: that people's brains are different. I don't know you personally, so I don't know whether or not you consider yourself to have any kind of disability, but I'm sure that our brains function differently, even if you do. We're not the same person. There are things your brain is naturally good at, things your brain is bad at. Things my brain's good and bad at, and things where our brains do things differently from one another, but without a discernible better or worse. Does that make sense as a baseline? And then when I talk about, I'm going to put quote marks 'mental illness,' I'm putting it in quote marks because language and terminology is very contested territory. That is another hour-long conversation we won't get into. What I am using that as shorthand for is the collection of experiences, mental states, etc., that gets slapped with that label.

Or with labels that mean functionally the same thing. Like psychiatric disability, or mental health, or mental health issues, or whatever label might get labeled on to somebody. Whether they personally like or use that label or not, you fall into that group, that constellation of conditions is what that term sort of means. Complicated way of sidestepping the complex language issues.

And when you asked me, 'So, how do you handle a situation if somebody's mental state' – whatever it is, their base state or their state at this particular point in time – recognizing that all people's mental states are not static, they're fluid... How you function after your partner is violently killed is probably not the same as how you function on other days. If that were to happen to you, which I hope it doesn't, but you know, that's an example, right? Your mental state is not going to be the same.

So someone's general, baseline mental state, or their specific mental state... It's creating a situation where the interaction is difficult. That doesn't necessarily mean you need to fix the person. There is... It is possible, for example, to dial it back a step. In the services provision field, to recognize self-determination, and to also recognize practicality. And I want to be very specific, when I say practicality I mean, here's the example: You have a student in a classroom, student in a classroom who has Tourette's and has a vocal tic. The

student's vocal tic is actually, literally distracting to the students – to the other students in the classroom. That doesn't mean that the student with Tourette's needs to be fixed, but it means that it might be your responsibility, if you are the teacher, the administrator, to figure out, how can we make a classroom where each student is able to participate, maybe not at their best capacity every single day, but where the student with Tourette's is not being isolated or segregated? But where the other students simultaneously, like, for example, during exams... Maybe they don't test in the same room during exams. Maybe the student with Tourette's is given permission to leave the room whenever they feel that they need to take a break, because they're ticking more. And, depending on that individual student, working with them to develop an awareness of when, maybe they need to take a break, or maybe when they feel it is comfortable to take one.

So in the situation with a coworker or a neighbor who maybe has untreated bipolar disorder, maybe the person doesn't wish to have treatment. That's their decision, that self-determination. However, they don't have a right, for example, if when they are manic, they are being verbally abusive to you. They don't have a right to be verbally abusive to you. And that's a separate issue from whether or not they're choosing to pursue treatment for their bipolar. Now, that being said, if you or somebody else were working with this person as a friend, as a

support worker, as a service provider, how you approach – how can we get you to stop being verbally abusive? – may take into account how being bipolar affects how this person thinks. But it doesn't have to mean, 'you have to take this medication.' Does that make sense? I hope that helps.

NED: Here in front.

AUDIENCE: Hi, thanks so much for your talk. I always like when we can put things in perspective, in a way that includes all groups. And I love the way that you spoke about how ableism is... we're all suffering from the pressures of ableism, as far as the rat race and things like that. I see it as a way of, you know, just like socialized males are suffering from the patriarchy and white people are suffering from racism, obviously in a less threatening way to their bodies. But it's the messages overall, as a way to include everyone, in spaces where there are all ableist people, to still be having conversations about ableism, in a way to take responsibility for what's happening to deconstruct ableism. And so, I'm wondering if there are any resources or suggestions you have for all groups to be engaging more consciously with deconstructing or fighting ableism?

LYDIA: I would look at the resources on the website of Sins Invalid, which is sinsinvalid.org. They are a performance and cultural project that was founded by and centers queer and trans disabled people of color. They have a lot of educational resources on their website. There is also a website called, Kids As Self Advocates, which has a lot of resources in more plain language, that are geared toward children. There are resources on my website, which is... if you...

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I don't actually remember if it's on .com or .net, but on one of those websites, there is a list of other resources for understanding more, thinking more, and doing more about ableism. That list probably needs to be expanded some, but I am notoriously forever slow in updating my website. There was a point last year in August, at which upcoming speaking engagements still listed September 2015, and that was definitely not upcoming, at that point. But there are resources there. Even if the list should be updated.

You are also welcome to contact me, and I can give you more specific resources. For people who do community organizing or movement work, there is a resource called 26 Ways to Be in the Struggle – Beyond the Streets, on addressing ableism and community organizing. And for folks that are doing... Which group is this? Contact me. I will tell you later.

AUDIENCE: Hi Lydia. Thank you so much for being here, and just raising our awareness about this overall. Very informative and appreciated. I'm wondering the most about our educational systems, our school of education, our pipeline – education to career. How we can... What your suggestions are for working with school districts, colleges, all the different groups I think right now, parents that are more flat-footed approaching any of these things, and what kinds of inclusive standards you recommend or have other groups that would recommend for those organizations?

LYDIA: Two comments: One is, I believe very strongly that we need to be creating a pipeline of disabled people into the educational field. There are several folks I know who have different disabilities, who've pursued education, either teaching or administration, or disability services as a career. And unfortunately, about half of them were forced out of their graduate programs. Because of ableism. Very ironically. But we need to create that pipeline because those of us

who've lived the system as disabled people, may be in the best possible position to change how we teach in our classrooms.

So that brings me to my second response to your question: Here's how I've done it when I've taught middle school crash courses, high school crash courses, and when I taught for the first time university students this past fall. I'll be teaching again this fall, both undergrads and grad students, and some of the grad students are special education grad students. This will be very interesting. We'll see how that goes. But how I've designed my classroom is to incorporate this principle that's mentioned on...

COMMUNICATION
HAPPENS IN
MANY WAYS.
ALL ARE
EQUALLY
VALID AND
DESERVE
RESPECT
AND
PATIENCE.



MULTIMODAL
ACCESS
NOW

this slide, multimodality, into my teaching and into my curricular design.

So, for example, you've heard me talk a lot today about the imperative of honoring someone's whole humanity, and that that's what intersectionality and disability justice call us to do. In my syllabus, the courses on disability policy and social movements, I deliberately selected readings and videos that were by and about disabled people who are also queer or trans, and/or people of color.

There was one reading by a white, straight, non-disabled person in the whole semester. And next semester I might actually remove that reading. I haven't decided yet. There's a reason it was in there. And that was one aspect of curricular design. If I want my students to think about whose voices are they amplifying and whose stories are they telling, then I have a role in that, in which stories I tell, in who I bring in as guest speakers to my class. So that they have an opportunity to experience that without being just told, 'feature diverse voices in your class.' Well what does that actually look like to do?

AUDIENCE: You need the models, right? Of course.

LYDIA: When I think about, what does it mean to have an accessible classroom? Here are some policies I used. Now this may not apply necessarily to some younger students' classrooms, but especially as they're older, my students are allowed to have their laptops, tablets, or cell phones in class. The rule is, it can't make sound. It has to be on silent. And they can't play videos or any images that flash, because that could be a seizure risk. But as long as it's on silent, they're allowed to do that. And there's a few reasons for it. Number one, there are a lot of disability-specific reasons that somebody needs access to their technology. Number two, it teaches people responsibility. Why? Some people say, 'Why would you do that? They're going to be on Facebook the whole time.' Okay, if you're

on Facebook the whole time, and you're deliberately not paying attention to class, when you don't do well, when you're asked questions or on your homework, that's your fault, because you were on Facebook the whole time, and you could have chosen to not be. You chose to be.

For other people, maybe being on Facebook and scrolling through it, helps keep them awake, because they were sleep deprived from their child care responsibilities. Or because they were sleep deprived because it takes them three times longer to do all of their other homework than the other students, and they're trying to catch up. And if they're not scrolling through their Facebook or Twitter feed, they'll fall asleep. I'd rather have them scrolling through Twitter than falling asleep.

And the first point, for disability specific reasons, that someone might need technology... Some teachers and professors will say, 'You can't have technology in my room, unless it's an accommodation.' Sounds fine on the surface, but when you think about it, that forces students with disabilities to either out themselves to the whole class as having a disability, because now we all know why you have your laptop, even if we don't know the specific disability, or to forgo the access they need in order to participate. Another way that I handled my class was in my late and absence policy. My late and absence

policy was, you can be late or absent or leave early. This is your choice. There are a million and one reasons, many of them, but not all of them, disability related, that someone might not be able to be there consistently, or all the time, or for the whole time that we have the class.

And you don't need to have to put your whole body on display, or prove to me why you need that. Just take it for yourself, and if you're going to be gone a lot, email me or send me a video chat with your comments or notes on the readings, so that I know you're still engaging the material. You don't have to be physically present to be participating. And so for me, crafting a classroom means not just the curriculum nor accommodations, but also allowing people to learn in multiple ways. And I have other examples if you want to talk to me later. I can share them.

NED: I'm afraid we have to wrap up now. So please join me in thanking Lydia again for her [sic: their] inspiring talk today.

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We'll post the slides from the presentation on our website early next week, coloradotrust.org. We'll post the video recording of the event in the next couple of weeks. You can sign up through our website to stay informed about future events via email. The next Health Equity Learning Series will be on May 4th, and feature Ian Haney Lopez of Berkeley Law School. Please check our website for additional information. Help us by taking just a few minutes to fill out our brief survey when it's emailed to you. These thoughts really are brought into bear as we decide how to make these events more valuable. And then finally, these events are truly a team effort. I want to thank the entire Colorado Trust staff for their assistance. Also specifically, thanks to Maggie Frasure for overseeing so much of the event today. Thanks to the staff here at Exdo Event Center and always Open Media Foundation for everything you all do to make today possible. Have a great rest of the day, and thanks for being here.