A Practical Introduction to Disability Awareness

[00:00:00.35] KELLY MAHONEY: Thank you, everyone, for joining us today. We're excited to welcome you to our session on a practical introduction to disability awareness and to wish you all a very happy Global Accessibility Awareness Day. Before we dive into the presentation today, I'd like to just briefly introduce myself and go over a couple of quick housekeeping items.

[00:00:21.32] First of all, my name is Kelly Mahoney. I'm on the marketing team here at 3Play Media. And just a quick self-description. I'm a young, white woman with long, brown hair wearing a white plaid shirt today. So with all of that taken care of, I'm happy to introduce today's speaker, Catarina Rivera.

[00:00:40.12] Catarina is a disability public speaker, DEI consultant, and content creator with over 14 years of experience in the public sector and works with companies to improve disability awareness, inclusion, and accessibility. Thank you, Catarina, for joining us today. I'm excited to pass things over to you for a wonderful presentation. Thank you so much for joining us, Catarina.

[00:01:05.18] CATARINA RIVERA: So today, we will discuss disability. We'll grow in awareness about disability overall, including the definitions of disability and intersectionality. You'll learn about ableism, what it is and the role it plays in our world and in our workplaces. You'll understand how to avoid microaggressions and use more inclusive language.

[00:01:25.85] And everyone by the end should be able to identify one clear action you will take to be more inclusive. I invite all of you to be present. Do whatever you need to do to be present in this space, whether that is moving your body, making sure you have liquids, whatever that is, so you can get the most out of our time together.

[00:01:53.63] Who am I? For visual description, I am a light-skinned Latina woman with dark brown hair, today, pulled back in a bun. I'm wearing glasses with a brown frame and small hoop earrings. I'm also wearing a forest green, flowy top. And behind me is a living room with couches and a fireplace. My pronouns are she/her/hers. For a land acknowledgment, this presentation was created on the traditional stolen lands of the Piscataway and Nacotchtank or Anacostia people.

[00:02:28.58] My perspective is my perspective alone. I cannot represent all disabled people, all women, all Latino people. That would be impossible. Also, the disability community is not a monolith. We do not all have one way of thinking. We don't have one set of beliefs. There's so much diversity within our community. So I'm representing myself as an advocate and speaker.

[00:02:59.41] Well, a little bit about my story. So I have been disabled my whole life. I was born to a Cuban mother who emigrated to the United States when she was eight years old. And this is a photo of me as a toddler looking sweetly at my mom and my younger brother. And my mom has the fashionable '80s short haircut.

[00:03:25.63] My father is Puerto Rican from the South Bronx, and this is a photo of me as a toddler sitting with him in a white rocking chair. And my parents didn't know I was disabled until I was a toddler when they started to call my name and I was walking away from them and I wouldn't respond. So when they got my hearing tested, they did find out that I had a hearing disability.

[00:03:52.48] Like many other children of this particular time, my family was not advised to expose me to the deaf community or to learn American Sign Language. I was encouraged to be in the oral speaking world only. I've been wearing hearing aids since that time. I was in special education for kindergarten, and then I was mainstreamed. And I received lots of speech therapy. And if anyone knows what speech therapy is like, it's so many different things, including lip and tongue exercises.

[00:04:31.51] My brother also had a hearing disability. So we were similar in that way. We didn't know any other way to be. This was our reality since our birth, so I think it was easy for me to adjust to because there really wasn't an adjustment. So I felt like I adapted well in school, and I don't think I had a lot of complicated feelings about my disability as a young person.

[00:05:01.39] When I was 17-- this is a photo of me and my family around that time. And behind is the same living room in this photo. I went to a camp in the woods with my karate school. This was completely in nature. It was dark at nighttime, and all my friends were able to run around very easily at nighttime. When I was outside, I couldn't see at all. That was the first time that we noticed or I noticed that something was different about my vision compared to other people, and that led to me getting diagnosed with Usher syndrome.

[00:05:40.76] Usher syndrome is the leading genetic cause of combined deafness and blindness, and the part of Usher syndrome that causes blindness is called retinitis pigmentosa, which is something that people can have on its own. It is a progressive vision disability. This was very surprising for me and my family. I was about to head off to college. We did not receive a lot of support from the medical community, the medical providers.

[00:06:11.79] At the time of my diagnosis, I was not told anything about assistive technology, about blindness in adults and how I could live a great life and have a great career. We were not given any of those messages. So it was very difficult for a long time to reconcile this new part of my disability identity. But I've been on the journey. It has taken a long time, but now I'm very proud of who I am.

[00:06:43.83] If you're familiar with the concept of disability pride, that resonates with me. Here is a photo of me proudly showing off my larger hearing aids that have more power. When I was a teenager, I wanted to have them as small as possible, invisible if possible. But now I feel very differently. I also want to show this photo of me confidently using my white cane, which I started to use about six years ago.

[00:07:10.94] And that was a big shift because being publicly disabled is a big deal, and it's a big decision for blind people to start using a cane. Many people don't. So that has helped me evolve my identity and my confidence in myself. And now that I feel this way, I have felt compelled to

use my voice as a speaker and trainer on disability awareness, inclusion, and accessibility, like we are doing today.

[00:07:39.59] I will invite all of you to reflect for a moment. Growing up, did you know anyone who was disabled? What was your relationship like with them? What were you taught about disability by your family, school, friends, and society? If you yourself grew up disabled, how were you treated? What were you taught about disability by your family, school, friends, and society? We'll have one minute for a quiet reflection. I'll let you know when time is up. And then if you want to, you can share your thoughts in the chat in one minute. Let's begin.

[00:09:20.03] OK. We lap up your thoughts. And I invite you now to share in the chat any responses that you have to this. Please remember to select Everyone, If you would like everyone to see your thoughts. So I see someone sent to host and panelist that they volunteered for several years at an organization that helped them understand what it was like to live with disabilities.

[00:09:59.04] "I was taught that the world is not designed for me and advocacy became my best friend. I grew up with a disability. Teachers were not as supportive as they are today, but the generation I grew up in has shifted, and awareness and support mechanisms are better in place. I grew up with a brother who had a cognitive and mobility disability. It was part of our family life. I had no disability growing up, nor did I know anyone personally that had one. But disability was never ever mentioned in school, church, or anywhere.

[00:10:32.27] However, I had an uncle who had mental disabilities, but he was never discussed by my family. I had undiagnosed hearing loss until adulthood. I was taught not to be a problem and to take up as little space and resources as possible. Shaped my personality in many ways. As the youngest of five, I was seen as out of it, spacey. I grew up with an undiagnosed mental health disability and learned to hide my symptoms due to lots of implicit messages.

[00:11:08.07] I have ADHD. My uncle is deaf. I had classmates with cerebral palsy. My cousin has bipolar. I now work at a center for independent living. Many connections to disability. My parents and teachers helped me figure out how to do classroom adaptions or adaptations with my doctors."

[00:11:28.34] I see so many wonderful contributions, and I do like to read them aloud and amplify them. We will continue on now, but I encourage you to keep reading these amazing sharings in the chat. I thank everyone for sharing what the disability was like in their childhood. Common themes that are often shared in this time is the disability is not spoken about or that disability is minimized or seen as inconvenient. Some of the messages that we've seen here today.

[00:12:05.16] And then we also have stories where disability is very familiar to people from loved ones or friends and childhood, but sometimes those people are not as included in society around them. Yes, I want to acknowledge one thing I see in the chat, that not every blind person can easily use the chat, and that is correct. In sessions that I lead where there are blind people present, we have an option to unmute. In a webinar, we don't have that option today. And I appreciate you pointing that out. There's always more to do with accessibility.

[00:12:56.08] Many people are uncomfortable when discussing disability. However, disability is not a bad word. The reason many people are uncomfortable using the word "disability" is because they believe disability itself is a negative experience. And so that is something we need to undo. And I'm sure there are many other reasons as well. But did you know at least one in four adults in the United States are disabled? This is a self-reported statistic, which means that there's a question that asks, do you have a disability? And people have to say yes.

[00:13:35.59] Now, not everyone identifies as disabled, even though they have disabilities. Not everyone knows that what they have is classified as a disability. This can happen with many chronic illnesses, for example. And not everyone is diagnosed. So this is not the actual number. This is just a count, and it's an undercount. But at least 25% of adults in the US are disabled.

[00:14:06.41] 46% of people aged 60 or over are disabled worldwide. That as we age, disability is a part of life. 30% of college-educated employees aged 21 to 65 are disabled. I include the statistic because this is already more than the 25% we saw earlier, and it shows that disabled people are in the workforce already and need to be included.

[00:14:41.46] However, only 3.5% of series regular characters on broadcast scripted series are disabled. When we look at representation in TV and film, disabled people are often not represented at all. As we see, 25% is the minimum. So we have that minimum count, one in four adults. So this statistic of characters who are disabled should be much higher if we're truly representing society.

[00:15:14.57] The other issue that we have a lot of times with narratives are that they are not complex. They do not represent disabled people as whole people with love lives, with faults, with negative character traits, sometimes, just like everyone else. Often times, the narratives for disabled characters are ones of inspiration or tragedy. So we see issues, and we have many issues with not being represented.

[00:15:45.36] Intersectionality-- anyone can be disabled or become disabled at any time. You can have any other identity and also be disabled. So this means disability should be a part of conversations everywhere. But oftentimes it's not. And that's something we're working to address myself and many organizations and advocates in our society.

[00:16:13.40] And disability is part of the natural diversity of humankind. While there have been efforts to erase people with disabilities, I believe we are valuable. We have different insights. We have talents. We have expertise and experience that non-disabled people don't understand, but they do benefit from. So I hope that we can be seen as part of this natural and valuable diversity.

[00:16:43.83] Now let's move into some disability awareness concepts. So what is a disability? According to the CDC, a disability is any condition of the body or mind, an impairment, that makes it more difficult for the person with the condition to do certain activities, an activity limitation, and interact with the world around them, a participation restrictions.

[00:17:09.07] We want to show you the difference between the CDC and the ADA definition. So the ADA is the Americans with Disabilities Act. It is concerned with who is covered under the

law. So it is a narrower definition than the CDC. It says a physical or mental impairment that substantially limits one or more major life activities. So there is a difference between these two definitions.

[00:17:43.05] OK. What are models of disability? A model is a worldview or a philosophy, we can say. These are three common models, but there are many more. The medical model says that disability is something that needs to be fixed, treated, or cured. And who has the answers? The medical community. The medical providers are the experts in this model. It's very disempowering to disabled people. Disabled people often are more expert on our conditions, on our disabilities than medical providers. But our knowledge is not valued in this model.

[00:18:26.74] And medical model doesn't care about living with disability, how to live well with disability. It is really viewing us as broken and in need of fixing. And there are some conditions for which we do want medical intervention, and I don't want to erase that and just say, we shouldn't be engaging at all with the medical system. But there are disabled people that experience daily symptoms or their conditions are progressive, and they would like relief from their symptoms. So that is important to acknowledge.

[00:19:07.74] Let's move on to the charity model. The charity model says disabled people are people to be pitied, that they need saving. And who are the saviors? The charity workers, the fundraisers. So if you've ever watched a telethon, you can observe that disabled people are not represented as full people. They're kind of objectified and infantilized. In a telethon, it's really just to elicit donations. And so this is another disempowering model for us.

[00:19:44.70] The social model is very different. The social model says there's nothing wrong with disabled people. There's nothing wrong with us. What's wrong is our world, and we need to focus on accessibility and inclusion. We also need to come together and advocate together and share with each other. And that's this social aspect. So I really appreciate the social model.

[00:20:11.48] Now, let's illustrate an example here. There was a real invention. This is real. There was a wheelchair that was invented that can climb stairs. And this is under the medical model. The medical model is saying, oh, a person who's a wheelchair user can't climb stairs. So this is our solution. We're going to fix them. But what's wrong with this?

[00:20:37.56] Well, a wheelchair that climb stairs, people reacted negatively to it. They were concerned about their safety. They didn't feel very safe, the experience of watching this. And also, it's very expensive. Wheelchairs are not-- they're not cheap. They're very expensive. And so this becomes another expense for disabled people. So it wouldn't really impact that many people because you have to have access to the chair.

[00:21:04.76] So now let's talk about, what would the social model say? If there's stairs somewhere and people can't climb the stairs, the social model would say, build a ramp. And then everyone can use the ramp. So that's the difference between how the social model looks at things versus how the medical model looks at things.

[00:21:26.20] Now let's talk about types of disabilities. The disabilities can be permanent, like mine. Usher syndrome is not going to go away. It can be temporary, like if someone breaks an arm or a leg. Situational, an example of this is if you go to a restaurant that's very loud and noisy and you can't hear the person you're with, you might benefit from using tools that I use as a person with a hearing disability to transcribe conversations.

[00:21:57.13] However, once you're out of that situation, you no longer need that. And undiagnosed, so many people have undiagnosed disabilities. And this is for many reasons. There can be a lack of access to specialists who can diagnose the condition. You can have waiting times for appointments, or someone far away, or if someone's in a rural area, and especially there are some disabilities where getting diagnosis for adults is more difficult than getting a diagnosis for a child.

[00:22:31.47] Then you have disabilities where it's not recognized that someone has a disability. And so diagnosis can just not happen for many decades. For example, many women with ADHD are diagnosed later in life, and there just hasn't been an understanding of how ADHD shows up in women in many cases. And so I have a friend that was diagnosed at 29, and I've heard many similar stories from other women.

[00:23:02.17] Autism can also be diagnosed later in life. There's a wonderful advocate named Marisa Hamamoto, who was diagnosed at 40 years old. And so there are many stories like this. Disabilities can be acquired or from birth. And of course, someone can have multiple disabilities. So I have disabilities from birth and also I acquired-- or it felt like I acquired my blindness. It was always there. It just wasn't showing up. And I could have another disability later in life.

[00:23:32.74] The types of disabilities-- there are many ways to categorize disabilities. This is one way-- a mental health, physical, hearing, visual learning, cognitive developmental. So it's important to recognize, especially, for example, that mental health conditions are part of disabilities. Learning disabilities, we don't talk about that enough. So I just want people to know about the range and the chronic illnesses as well.

[00:24:03.71] Then let's talk about able-bodied versus non-disabled. So when we talk about people that don't have disabilities, you may have noticed that I always use the term "non-disabled." There's a few reasons for this. When we say non-disabled, I love that you can remove the prefix, "non," and then you have the word "disabled."

[00:24:22.99] It communicates that everyone is one moment away from disability. We're closer than we think. And just non-disabled also is different than able-bodied, in the fact that when we look at able-bodied, it's talking about the body. But many disabilities reside in the mind. And so it doesn't feel as accurate to me. So those are the two reasons that I prefer non-disabled.

[00:24:52.50] So now in the chat box, I'd love to get some examples of disabilities, especially keeping this categorization in mind that there are such a wide range of the types of disabilities. So let's get some examples in the chat. And we will have 10 minutes at the end for questions, if you are wondering.

[00:25:15.20] OK, OCD, anxiety-- I'm glad that someone said they just learned about that. Yeah, that's wonderful. We're always learning. Migraine, yes, chronic migraines, learning disabilities, arthritis, ADHD, dyslexia, bipolar, depression, strokes, inflammatory bowel disease, physical mobility, autoimmune syndrome, disorders are many of them, yes, heart attack, cancer, allergies.

[00:25:52.40] This is a question mark for me as well. This was mentioned in a session yesterday that I had, and I'm not sure. I'm not sure. Autism, ADHD, neurodivergence, long-COVID-- yes, long-COVID is a disability. Dysgraphia-- I actually don't know how to say this word, retinopathy-- that's my best attempt-- of prematurity, color blindness, being left handed. And I think-- left or right.

[00:26:29.70] I don't think being left handed is considered a disability. However, I know there is data that says that, if you are left handed, you have a greater chance of being injured because tools are not designed for left-handed people. Epilepsy, cerebral palsy, PTSD, CPTSD, down syndrome, pregnancy-- yes, I believe pregnancy is classified as a temporary disability-- fibromyalgia, auditory processing disorder, muscular dystrophy, chronic pain. Crohn's disease, EDS. There's more and more awareness of EDS today, thankfully. OK. I see so many great examples. Thank you for sharing. We have a lot of knowledge here in this room.

[00:27:28.37] Remember that disabilities are not always apparent or visible, and we really can't look at someone and know if they have a disability. Take me as an example. If I don't have my cane in my hand and people don't see my hearing aids, they assume that I don't have a disability. And their assumption is incorrect. We never know if someone around us or that we're interacting with is disabled.

[00:27:55.52] And a moment on neurodiversity, because it is a topic that people are talking about a lot. But not everyone has understood exactly what it is. So neurodiversity describes the idea that people experience and interact with the world around them in many different ways. There is no one right way of thinking, learning, and behaving. And differences are not viewed as deficits. Neurodiversity was first coined by autistic sociologist Judy Singer in the 1990s.

[00:28:25.09] And here are some examples of neurodiversity, some of which have already been mentioned in the chat-- ADHD, autism, dyslexia, dyspraxia, dysgraphia, dyscalculia, auditory processing disorder, learning disabilities. And there are more, of course. So this is also part of the disability community.

[00:28:47.45] Now let's talk about self-identification. Both person-first language and identity-first language are respectful. So person-first language uses person with a disability as the structure where the word person is first. Identity-first language, the example here is disabled person. So I'm disabled. I resonate with identity-first language, and that is my preference.

[00:29:15.81] There is historical context here though. Why do person-first language emerge? In the '60s and '70s, the disability rights movement was happening. And we have to think, what was the state of society when in terms of treating disabled people at that time? Well, many disabled people were ostracized from society, families were advised to institutionalize their disabled children.

[00:29:41.98] There was not equal access to school and education, the job market. So there was a dehumanization of disabled people. There was a need to emphasize that we were people to emphasize our personhood. So that is one of the reasons that we see person-first language today, and especially being used by many national organizations that emerge around that time.

[00:30:12.25] Identity-first language is more common now with my generation, the generations after me. And there has been an embracing of the word "disability" in this way. We have been led, in many cases, by the autistic community, which has generally rejected person with autism and says autistic. So I'm autistic. And that has influenced the general disability community. So what's really important here is to recognize that there are different preferences. So asking someone what they identify, what resonates with them is really important.

[00:30:55.55] I do advise against other terms though. We have euphemisms for disability, like handicapable and differently abled. These are ways of avoiding saying the word, and they're often arising from non-disabled people from their discomfort. So let's just use the word disability. Crippled, handicapped, and impaired are outdated and offensive terms that we should not be using today. And I do realize that the ADA definition use the word "impairment." I'm aware of that.

[00:31:32.50] Now, one thing to note is that disabled people have reclaimed some of this language just like any other identity group that reclaims language that was harmful to them. So you might see someone referring to themselves as a crip or talking about the concept of crip time where we're going to take more time, and we might not arrive at the stated time, and that's because we're on crip time.

[00:31:57.46] So this is for us to reclaim. These are not for non-disabled people to use these terms, unless you're referring to the amazing documentary Crip Camp on Netflix and available for free on YouTube. So you'll see that's an Oscar-nominated documentary using crip in the title.

[00:32:15.46] Now we have special needs. It's a common term. We're familiar with it. What's the issue with it? Well, it's really strange that only our needs are called special. When every human being has needs. So why are disabled people's needs special? It also can be seen as infantilizing. So there's a lot of advocacy around the term "special needs," advocating for other terms instead.

[00:32:49.55] Always respect self-identification no matter how someone self-identified. I have met disabled people who identify as differently abled, and I am going to respect them. I'm not going to tell them they're wrong to identify that way. Everyone's on their own journey with disability, their own learning journey. It took me so many years to get to where I am today, so I'm going to respect how they identify. And that's really important to always do.

[00:33:15.45] Intersectionality-- that's a little video of me dancing with my cane. What is it? Intersectionality was coined by Black scholar and writer Kimberlé Crenshaw in 1989. It is the interconnected nature of social categorization, such as race, class, and gender, as they apply to an individual or a group regarding as creating overlapping and interdependent systems of discrimination or disadvantage. It's a lens through which you can see where power comes and collides, where it interlocks and intersects.

[00:33:55.07] Let's talk about this now in examples. So taking that academic definition to the real life. The three identities I'm going to talk about are being Latina, being a woman, and being disabled. Using a white cane at night-- when I use a white cane at night, I already feel nervous for my safety as a woman walking alone at night. And when I lived in New York City, before I got off the subway, I would memorize the map of where I was going because I did not want to appear like I was lost in any way.

[00:34:30.50] So this is an area where two of my identities contributed to me feeling more unsafe, more anxious, more nervous. Speaking up in the workplace-- being a woman with a strong voice in the workplace is not always viewed positively. We're still having challenges with that today. Being Latina, I can be seen as too much. And then being disabled, I might be the only one speaking up for an access or an accessibility best practice, and I can be viewed as inconvenient, causing trouble. And all of these identities kind of overlap there and contribute to obstacles to my voice not being heard.

[00:35:12.12] The last example here, being Latina compared to if I was-- and disabled compared to just being Latina, I attended many networking events when I lived in New York City that were for the Latino community. Oftentimes, they were in dark spaces with loud background noise. And I could not see or hear well, so I did not obtain the same networking benefits as the non-disabled people in the room. So there is a situation where if they were trying to impact Latinos and create great impact, I was left out. So that's an example of how my intersectional identities have shown up in the real world.

[00:35:52.70] Why does intersectionality matter? Well, we are complex individuals. A lot of work, unfortunately, focuses only on one identity, but disability matters with all identities. Ignoring intersectionality can mean that any progress you make might leave people behind, like I got left behind in those networking events.

[00:36:12.05] So now let's talk about ableism, and how does that show up? What is ableism? Well, it's the idea that non-disabled people are more worthy and valuable than disabled people. It leads to discrimination, prejudice, bias in our society. It's another harmful-ism, and it leads to internalized ableism.

[00:36:34.34] So disabled people are taught things like, oh, don't cause trouble. Don't make extra work for other people. We internalize these ideas. And so we might not speak up for what we need. We don't want to be a burden. But then what happens? We're not able to participate. And so that's some of what we're-- as a disabled person, you're always kind of recognizing and working on addressing those moments.

[00:37:02.73] Here are some examples of ableism in our world-- award shows without ramps. So what does that say about who's expected to win? Who's expected to even be there? Zoom captions paywall-- when Zoom first came out with captions, it was only for enterprise-level accounts. But what about the individual who didn't have the money of the enterprise level account?

[00:37:25.83] Teambuilding activities, throwing and catching balls-- if there's a team building activity where I have to throw and catch balls, I will not be doing that. I won't be participating. I won't be building with my team. I will be sitting on the side because I don't want to get hit in the face. And so this is an example of how activities can be designed in a way that is ablest that does not think about including everyone.

[00:37:50.40] Lack of representation in magazine, media, TV-- we do not see a lot of disabled people represented as beautiful and as worthy of being admired in our media and our TV and our magazines. And I would love to see a blind person using a white cane on fashion runways. And so we just don't look around and see people like us often. For example, someone with a limb difference wouldn't see a lot of representation in their daily life.

[00:38:26.59] Friends expecting me to adapt instead of including me-- I went to an escape room birthday party one time where I'm walking from room to room trying not to bump into anything. I'm not hearing because everyone's shouting. And each room is a new environment. It takes me a while to understand a new environment. So I'm not able to participate in this experience at all.

[00:38:49.74] And the last one, viewing accommodations as unfair handout-- this happens often, and it's really misguided. Accommodations are designed to make sure we have access, the same access as other people, as non-disabled people. It's not designed to elevate us beyond non-disabled people. And when we look at our lives, there's not tons of benefits that we're getting. We deal with a lot of difficulties and barriers.

[00:39:19.06] Well, what are other examples of ableism? We're going to move on so we have enough time for questions. But I know that there are so many people here who immediately can call up examples. So microaggressions-- we're now going to talk about what we can do to be more inclusive, especially with our language. So first, we have to address what are these microaggressions-- daily verbal, behavioral or environmental slights. They can be intentional or unintentional that communicate hostile, derogatory, and negative attitudes toward stigmatized or culturally marginalized groups.

[00:39:55.54] What's important to recognize about microaggressions and why we need to avoid them is they build up over time. They don't happen just once to a person. They happen multiple times in different situations on different days, and that becomes a very challenging thing to experience on a regular basis. So we don't want to cause that harm to people in our workplace and our families and our communities.

[00:40:23.09] So let's talk about some common microaggressions and what to say instead with inclusive language. The microaggression here is, oh, you're disabled? I'm sorry. This is an automatic response to disability in so many cases. It assumes that disability is seen as negative by the person that's talking about it, and that should not be the assumption. Instead of saying you're sorry for the disabled person, you can say--

[00:40:48.88] Oh, and I'm sorry. These are other microaggressions. And I just apologize. Oh, no. Your life is over. Let's find a cure. Are you sure you have that? Have you tried yoga, acupuncture? My cousin has the same thing and is fine. You don't look sick. You're not as bad

off as other people. And these are just more examples of what not to say. Oh, yeah, just exercise. Yeah, just be active.

[00:41:18.52] Instead of saying all of that, can you say, thank you for sharing? Thank you for sharing with me. This is our neutral response. I love suggesting this one. You can also say, thank you for trusting me with this. I'm here to support you however I can. This is supportive, but also acknowledges that someone might not be ready to talk about action.

[00:41:41.63] So this is what I suggest for managers in the workplace. Thank you for trusting me with this. I'm here to support you however I can. And managers need to recognize that disability is not a one-time conversation. It's always a part of the employees life. So don't make it feel like they can only talk about it one time.

[00:42:00.49] Suffering from-- oh, we see this a lot, even in articles in the newspaper and online. This automatic thing like, oh, she's suffering from Usher syndrome. Instead of that, someone can say has Usher syndrome. I have an eyelash in my eye. One moment. OK, so say a neutral way. I have Usher syndrome. I'm not suffering from it.

[00:42:30.35] I don't see you as disabled. Well, if you don't see me as disabled, are you going to provide access to me. If you don't see my blindness or my deafness? I actually want you to see that. Now, what someone might be trying to say there is, I see you as a whole person. Maybe that's what you're trying to say, but that would be a more inclusive thing to say. I see your disability, and I see the other parts of you.

[00:42:57.88] Wheelchair bound, this term is common. And it's not accurate. People are not bound to their wheelchairs. They're out of their chairs to sleep, to shower, to do other things. And it's also important to recognize that wheelchairs, for most people, they're-- wheelchair users describe them as providing freedom, providing independence. They have positive associations. So instead of saying wheelchair bound, we can say wheelchair user, wheelchair user.

[00:43:29.91] Oh, you're so inspiring. This is an automatic response to disability that happens so often, and we need to question our overuse of the word inspiring. I can tell you that this word makes many disabled people cringe. What is the issue?

[00:43:47.87] Well, oftentimes what we're being called inspiring for is not something that a non-disabled person would be called inspiring for. It's something very minimal, like, oh, you got out of bed and you went outside? You came to a supermarket? So we don't want to be talked to that way. Let's have specific reasons. So if someone says, Catarina, you're so inspiring, you're a TEDx speaker, you started your own business, you have two graduate degrees, then I will take that. Those are specific reasons.

[00:44:23.62] Falls on deaf ears. There are many phrases that use disability as a shortcut. And what are we communicate here? Deaf people are ignorant. Deaf people don't understand. This is very negative. Instead of saying that-- and another one here, blind leading the blind. Oh, like the blind people are all ignorant and can't lead others. They're like, I can lead someone. So instead of

saying that, say not well received, ignored. So this is an example of just using direct language. What do you actually mean if you're not going to use disability as a shortcut?

[00:45:05.14] Other microaggressions to avoid, touching mobility aids, touching wheelchairs, my white cane, don't do that. helping without asking. And disabled people are often touched without our consent. People invade our space, so please don't do that. Petting or distracting guide dogs or service dogs while they're working. Verbally saying things like, I could never live with a disability. I don't know how you do that.

[00:45:31.88] Well, most people don't know because they haven't had to do it. But it's something that you go on with life. Like, what am I going to do? I'm going to live a great life. And asking intrusive questions, things like, What happened to you? when someone's trying to live their life or run an errand. And not talking directly to the disabled person. Oftentimes, the companion will be talked to.

[00:46:00.93] So what did we discuss today? Definitions of disability. We talked about person-first and identity-first language, ableism, and examples of it, how to avoid common microaggressions using inclusive language instead, and responding supportively to disability disclosure. So that prompt I gave you, thank you for trusting me with this. I'm here to support however I can, that's how I would recommend responding to disability disclosure.

[00:46:32.75] So I hope you have these key takeaways. Disability is not a bad word or thing. Inaccessibility and ableism are harmful though. Respect self-identification always, and prevent microaggressions and use inclusive language. I hope now you'll continue learning from disabled voices, focus on your sphere of influence. What can you do? Where can you have an impact? And start with just one action.

[00:46:58.97] If you want more resources on accessibility, I have a free e-book. that is available to you. It is a screen reader accessible. And I thank you for being here today. I can't wait to go into the Q&A. I see the chat has been lively, so I hope to stay connected on Instagram, LinkedIn. Blindishlatina is my Instagram. Let's get into the questions.

[00:47:24.79] KELLY MAHONEY: Thank you so much, Catarina, first of all. That was a wonderful presentation, jam packed with very, very important information. Everyone, there is a link in the chat for the free e-book that Catarina just mentioned, if you want to check that out. I am going to go ahead and roll right into some questions so we can get to as many as possible before time is up.

[00:47:45.35] So when we talk about disability inclusion efforts, this often requires systemic change within an organization. Could you maybe discuss any sort of successful strategies or best practices that you might have observed in implementing or sustaining these changes? I think, from 3Play side of things, we see the misconception a lot of the time that true accessibility or accommodating for people is something that's costly, it's time consuming. It's a huge overhaul. So if you could give us any sort of actionable ways to start implementing that, that would be great.

[00:48:20.39] CATARINA RIVERA: Well, I mean, there are so many ways to create a more disability inclusive organization. So I think that it's a combination of training and of course, budget and investing in that. It's also equipping every area of the organization to improve. So marketing can work on digital accessibility. The managers can work on, How do they create inclusive meetings? for example. And some of these practices are very simple. It's more about how do you facilitate a conversation that includes everyone. Do you provide agendas beforehand? Do you provide notes afterwards? Do you understand cognitive accessibility in terms of how you present information?

[00:49:05.93] And then HR can focus on making the employee experience inclusive. Instead of hiring, I see organizations they often think about, we have to hire more disabled people, but they haven't created a workforce that is inclusive yet for them. So I prefer organizations to work on inclusion with everyone they have right then before creating a hiring initiative.

[00:49:32.31] And then, of course, the executive leaders have to be leading it. They have to be invested in creating change in this area and work on their own learning journey. A lot of times, executive leaders really need to understand inclusive language because a lot of times their role is speaking to everyone. And also anyone who is in the team that is disabled, becoming openly disabled at the executive level can make a huge impact on an organization.

[00:50:01.59] So there's really so much to do. But in the leaders internally can be influential. Employee leaders in a BRG or ERG group, they can make an impact. An external person like me can make an impact, but it really requires someone to has that power to support these initiatives.

[00:50:24.78] KELLY MAHONEY: I'm really glad you touched on buy in from leadership because it goes far beyond the actual initiative. You have to do it. It has to go all the way to the top. And that is another question that we received about buy in. So I think you, you know, two birds, one stone, you answered them both there.

[00:50:41.10] We got another question from an attendee talking about their aunt who became a wheelchair user in 2020, who tends to use a lot of the language that we discussed that's microaggressive, like wheelchair bound, thinking that you can't do things because of your disability. So this attendee says they want to support her, especially as a way to help this person understand that she is a whole person, but not sure really how to go about doing that, being, I assume, a non-disabled person themselves. Is there a place that you would recommend people can start to help with this sort of advocacy? Or even a disabled person themselves, how would you encourage them to release those sort of limiting beliefs?

[00:51:24.81] CATARINA RIVERA: It is hard. It is hard. I just want to acknowledge that. And I think that exposure might be the best thing to do at this point. If your aunt likes to watch movies, for example, we can watch Crip Camp together. You can look for CODA, even though it's not the same disability. Looking for shows that-- like Special on Netflix is another fine show. It has disability, and it's written by a disabled person, Steve-- what's his name, Steve Way? There's an actor from Ramy who I believe has his comedy special out, and he's a wheelchair user.

[00:52:14.02] So I think doing things like that in the beginning and that doesn't force the conversation on your aunt would be nice. And then I just hope that-- social media is another great place, if she's active on social media to follow creators. It takes some time to be on a journey, but you really have to be connected to the community. You have to be connected, whether that's socially, online, in person, if there are ways to connect. That's going to change things.

[00:52:46.91] I remember how important it was for me in New York City when I first moved to meet blind people at a support group who were advanced in their careers, who came in with their canes and just folded up their canes and put them on the table. And just seeing that created a change within me.

[00:53:05.23] KELLY MAHONEY: That's wonderful. Thank you very much. You mentioned that conversations about disability in the workplace have to be more than just a one-time conversation. Do you have any tips for how organizations can ensure that disability conversations are not a one-off? Is there something that a manager can do to more obviously demonstrate openness to these kinds of conversations? How would you recommend going about that?

[00:53:33.40] CATARINA RIVERA: Well, it depends on your role in the organization. What you're going to be able to do depends on that. But if we're talking at the high level, the organization should invest in series of trainings rather than one-off speakers. So I'm doing a three-part series for an accounting firm where they said, OK, we're going to focus on disability all year. So that's an example.

[00:53:57.47] Then I have also worked with a global company that created a disability champions program internally, and they picked 12 people from different regions who they applied to be a disability champion. And we trained them. I gave them trainings. They came up with a whole document of proposals for change, proposals for making the organization more accessible. They had the internal buy-in from the leaders. The disability champions then presented their proposal at the end of the program.

[00:54:30.98] Now they're continuing that work. They're the leaders, and that's more sustainable as well. So I think if you're an individual, like an individual contributor, getting involved with the disability employee group is really great. Starting conversations within your team, with your manager, you can still lead conversations and talk about it because I think oftentimes disability is just something that people don't start conversations around.

[00:55:03.75] KELLY MAHONEY: Thank you. And also referring back to your point about intersectionality. When you're having these sorts of conversations in a workplace environment, how can companies make sure that their efforts in disability awareness align with broader DEI goals? I know that there's a little bit of conversation in the community about how disability fits in with DEI, how they interact with one another. So given your point about intersectionality, I'd be curious to hear your thoughts.

[00:55:33.70] CATARINA RIVERA: Disability is a part of DEI. There shouldn't be a debate. It's an identity as part of diversity. That's disability inclusion benefits the company. So if it's not seen as part of DEI, then it needs to be. And I've shifted to calling myself a DEIA consultant, with the A being for Accessibility. So, for example, I shouldn't go to a diversity training, and they don't have captions, or they don't provide a break if it's a two-hour session. So these things shouldn't happen. And it's very important for disability to unquestionably be seen as part of diversity in this way.

[00:56:14.40] KELLY MAHONEY: Absolutely. Well, I think that's a fabulous note for us to finish on. That's unfortunately all the time that we have today. But thank you very much, Catarina, for joining us today for such a wonderful presentation. You also received a lot of appreciation in the chat for your storytelling, your personal sharing.

[00:56:30.80] CATARINA RIVERA: Oh, thank you.

[00:56:31.13] KELLY MAHONEY: So this has been a really, really wonderful session, and our audience has loved it. I think you can see that now with all these reactions that are popping up. Thank you, finally, once again to Catarina. Thank you to our audience. I hope everyone has a great rest of your day, and happy Global Accessibility Awareness Day.