**AWARE-LA Saturday Dialogue**

**“Intersectionality of Ability and Race”**

**February 6, 2016**

**TOPIC:** Intersection between race and ability

New Members please arrive at **12:30pm** sharp.
Facilitators please arrive at **12:15pm** sharp.

<table>
<thead>
<tr>
<th>Facilitator Prep Time</th>
<th>12:15pm – 1:00pm</th>
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<tbody>
<tr>
<td><strong>Select new member orientation leader, greeter, and facilitators for each section.</strong></td>
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<table>
<thead>
<tr>
<th>New Member Orientation</th>
<th>12:45pm – 1:15pm</th>
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<tbody>
<tr>
<td><strong>Welcome to the space and introduction of AWARE-LA organizational model.</strong></td>
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<thead>
<tr>
<th>Returning Member Check-Ins</th>
<th>1:00pm – 1:15pm</th>
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<td><strong>Informal check-ins, reconnect with each other.</strong></td>
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<table>
<thead>
<tr>
<th>Welcome and All-Group Check-In</th>
<th>1:15pm – 1:30pm</th>
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<tbody>
<tr>
<td><strong>Welcome to the Saturday Dialogue. Check in: share your name, your personal gender pronouns (PGPs).</strong></td>
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<tr>
<td><strong>Read Communication Guidelines.</strong></td>
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<tr>
<td><strong>We’d like to go around the circle and ask everyone to say IN ONLY ONE SENTENCE what they’ve been thinking about in terms of race this month.</strong></td>
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<tr>
<th>Setting the Context</th>
<th>1:30pm – 1:50pm</th>
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<tr>
<td><strong>10 minutes of content delivery (via oral, visual, or quote material)</strong></td>
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**Delivery of Info**

Issue #1 Privilege within the ability community: visible vs. invisible disabilities — issues of “passing” and then able-bodied vs. non able-bodied

Issue #2 Medical model outlook and religious understandings: disability viewed as something to be fixed — then broadened and led to people being shamed

Issue #3 Intersection with race: access to health care, educational disparities, stigmas, law enforcement

| Clarifying questions from the group |

**Pair Share**

1. How do I relate to this information? (share to the degree that you feel comfortable)
2. What connections do you see between issues of ability/disability and racism?

<table>
<thead>
<tr>
<th>Discussion</th>
<th>1:50pm – 2:15pm</th>
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<tbody>
<tr>
<td><strong>Small Group Process</strong></td>
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<tr>
<td>1. What is my ability privilege and how does that relate to my white privilege?</td>
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<tr>
<td>2. In what ways have I been unaware of ability/disability issues? What biases might that have allowed to emerge?</td>
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www.awarela.org  www.facebook.com/awarela
# AWARE-LA Saturday Dialogue

## “Intersectionality of Ability and Race”

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<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>2:15pm- 2:45pm</td>
<td><strong>Skills-Building</strong></td>
</tr>
<tr>
<td>2:45pm – 2:55pm</td>
<td><strong>Snack/Break</strong></td>
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<tr>
<td>2:55pm – 3:25pm</td>
<td><strong>Personal Solidarity/Snack</strong></td>
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<tr>
<td>3:00pm – 3:45pm</td>
<td><strong>Announcements &amp; Volunteers</strong></td>
</tr>
<tr>
<td>3:45pm – 4:00pm</td>
<td><strong>Pass-the-Hat &amp; Check-Out</strong></td>
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### Large Group Discussion
1. How does ignorance of ability/disability issues affect our anti-racist practice?
2. What can we do to become more aware of our ability privilege?
3. What can we do to make anti-racists events inclusive or accessible to those with ability issues?

### Personal Solidarity/Snack
Groups of three have 10 minutes each for sharing/strategizing/active listening on personal/interpersonal issues around race & racism. Ask for timekeeper to make sure each person has 10 minutes. Make time for feedback if desired.

### Announcements & Volunteers
- Workgroup Announcements
- Community Announcements

### Pass-the-Hat & Check-Out
Pass the hat for AWARE-LA donations. Share 1 plus, 1 change, OR 1 insight from today.
### Ability and Race

#### White Persons with Ability Issues or Disabilities

- More often White persons have adequate insurance.
- More often White persons have access to adequate healthcare resources.
- More often White persons have adequate treatment plans.
- A White student’s background and home environment does not affect him/her eligibility for special-ed services.
  - Students of color are often rejected from special-ed eligibility based on home circumstances.
  - Students of color are often labelled with behavioral issues which can make them ineligible for special-ed services.
- White children are less likely to be misdiagnosed.
- While the management of disability in school settings is problematic across race lines, White students receive better accommodations or better implementation of accommodations.
- White students with disabilities receive less severe punishments than their peers of color who are disabled.

#### Persons of Color with Ability Issues or Disabilities

- Differences Due to White Privilege:
  - Health insurance coverage is non-existent or have limited coverage.
  - Limited or no access to adequate healthcare resources.
  - Experience poor, ill-fitting, or ineffective treatment plans.
  - Students of Colour are often labelled with a disability to keep them in special-ed classrooms or to keep them away from the gen-ed population.
    - Disruptive behaviour demonstrated by black boys, in particular, is often confused for a disability in school settings. Many people believe this diagnostic progression—from frustrated, difficult kid to disabled, segregated student—is a primary entry point into what’s been called the school-to-prison pipeline.
    - However, there is a bias on the part of school psychologists that causes misdiagnoses for students of color or label them with behavioural problems which make them ineligible for special-ed services.
- Students of colour who are classified with a disability have lower grad rates than White students or Pacific Islander students with disabilities.
- IEP processes and Special Ed materials are written for high level readers and parents who don’t speak English have more trouble accessing information or getting their questions answered.

#### Similarities:

- People with disabilities are less likely to be employed and to live in poverty, especially if their disability is considered severe.
- Disability can affect exclusion or acceptance within racial group.
- Persons with disabilities are often categorically excluded from transplant lists.
- Adults with disabilities are three times more likely to commit suicide.
- 3 out of 5 people with serious mental illness die 25 years earlier than other individuals from preventable, co-occurring, chronic diseases.
- Schools continue to exclude students with disabilities, especially with uses of discipline.
  - Nationally, students with disabilities are more than twice as likely to receive an out-of-school suspension.
  - Mental health services or the response to mental health in school settings are often inadequate and create environments that do more harm to the student.

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Created By: IR
2/3/2016
Visible Disability

Privileges:
- Need for accommodations is seen and often not questioned.
- Legitimacy in visibility.

Disadvantages
- Assumption that a person with a visible disability has no autonomy.
- Movement in and amongst space is harder.
  - The ability to “fit” within the space is often called into question.
  - Exclusion based on lack of space or accommodations.
- Stigmas, assumptions, stereotypes
  - Exclusion from spaces or events due to an assumption a person cannot or will not participate.

Invisible Disability

Privileges:
- “Passing” or being able to enter a space without immediate assumption or identification as a disabled person.

Disadvantages:
- Lack of accessibility to resources or accommodations.
  - Need of accommodation questioned or outright withheld.
- Disclosure of disability or providing “proof” a person suffers from a disability to get reasonable accommodations.
  - No legitimacy without proof or explanation.
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  - Issues of “safety” are considered.
Able-Bodied/Able-Mind

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Ability Privilege Checklist- The Invisible Crutch (Source Unknown, 2009, Adapted from Peggy Macintosh’s Checklist)

1. I can, if I wish, arrange to attend social events without worrying if they are accessible to me.
2. If I am in the company of people that make me uncomfortable, I can easily choose to move elsewhere.
3. I can easily find housing that is accessible to me, with no barriers to my mobility.
4. I can go shopping alone most of the time and be able to reach and obtain all of the items without assistance, know that cashiers will notice I am there, and can easily see and use the credit card machines.
5. I can turn on the television and see people of my ability level widely and accurately represented.
6. I can be pretty sure of my voice being heard in a group where I am the only person of my ability level represented--and they will make eye contact with me.
7. I can advocate for my children in their schools without my ability level being blamed for my children’s performance or behavior.
8. I can do well in a challenging situation without being told what an inspiration I am.
9. If I ask to speak to someone "in charge", I can be relatively assured that the person will make eye contact with me and not treat me like I am stupid.
10. I can belong to an organization and not feel that others resent my membership because of my ability level.
11. I do not have to fear being preyed upon because of my ability level.
12. I can be reasonably assured that I won't be late for meetings due to mobility barriers.
13. I can use most cosmetics and personal care products without worrying that they will cause a painful or dangerous reaction.
14. I can usually go about in public without other people's personal care products causing me painful or dangerous reactions.
15. My neighborhood allows me to move about on sidewalks, into stores, and into friends' homes without difficulty.
16. People do not tell me that my ability level means I should not have children.
17. I can be reasonably sure that I will be able to make it to a regular job every day.
18. I know that my income can increase based on my performance, and I can seek new and better employment if I choose; I do not have to face a court battle to get an increase in my income.
19. My daily routine does not have to be carefully planned to accommodate medication or therapy schedules.
20. I can share my life with an animal companion without my ability to care for them being called into question due to my financial and ability situations.
21. If I am not feeling well, and decide to stay in bed, I will likely be believed and not told that I am lazy and worthless.
Six Forms of Ableism We Need to Retire Immediately (Zeilinger, 2015)

Nearly 1 in 5 people in the United States has a disability, according to a 2012 Census Bureau report. Yet many forms of discrimination against the disability community not only persist, but are actually largely normalized and even integrated into our culture's very understanding (or, more accurately, disregard) of disabled people's experiences.

Ableism refers to "discrimination in favor of able-bodied people," according to the Oxford English Dictionary. But the reality of ableism extends beyond literal discriminatory acts (intentional or not) to the way our culture views disabled people as a concept. Ableism is also the belief that people with disabilities "need to be fixed or cannot function as full members of society" and that having a disability is "a defect rather than a dimension of difference," according to the authors of one 2008 Journal of Counseling & Development article on the topic, as reported by Feminists with Disabilities.

This interpretation of difference as defect is the true root of ableist acts that cause far too many to feel marginalized, discriminated against and ultimately devalued in this society. Here are just six forms of this behavior that, though largely normalized, need to be retired immediately.

1. **Failing to provide accessibility beyond wheelchair ramps.**
   Perhaps the most obvious form of discrimination people with disabilities face is the inability to access places and services open to their able-bodied counterparts — even with laws in place to prevent such inequality.

   As Tumblr user, The (Chronically) Illlest, noted, while most people think "just putting wheelchair ramps everywhere" is sufficient, true accessibility accommodates all types of disabilities — not just physical disabilities that specifically bind people to wheelchairs. Accommodations can also include "braille, seeing-eye dogs/assistant dogs, ergonomic workspaces, easy to grip tools, closed captions … class notetakers, recording devices for lectures" and other services and alterations.

   Though accessibility is certainly a matter of convenience and equity, a lack of accessible resources can impact the very wellbeing of people with disabilities. Individuals with disabilities have reported not being able to receive health care because their providers' facilities weren't accessible, and one study found that women with disabilities particularly face increased difficulty accessing reproductive health care, just to name two examples.

2. **Using ableist language.**
   Ableism has become undeniably naturalized in the English language. Many people not only use words like "crazy," "insane" or "retarded" without a second thought, but many adamantly defend their use of these terms, decrying anybody who questions their right to do so as too "politically correct" or "sensitive." But this personal defense fails to recognize that ableist language is not about the words themselves so much as what their usage suggests the speaker feels about the individuals they represent.

   "When a critique of language that makes reference to disability is not welcome, it is nearly inevitable that, as a disabled person, I am not welcome either," Rachel Cohen-Rottenberg wrote in a 2013 Disability and Representation article. But beyond individual feelings, ableist language can contribute to a foundation of more systemic oppression of people with disabilities as a group.

   "If a culture's language is full of pejorative metaphors about a group of people," Cohen-Rottenberg continued, that culture is more likely to view those individuals as less entitled to rights like "housing, employment, medical care, education, access, and inclusion as people in a more favored group."

3. **Able-bodied people failing to check their privilege.**
   It may not seem like a big deal in the moment, but able-bodied individuals fail to recognize the privilege of having access to every and any space accessible. As Erin Tatum points out at Everyday Feminism, plenty of people may not directly discriminate against people with disabilities but effectively do so by using resources allocated for them. For example, many able-bodied people use handicapped
bathroom stalls or take up space in crowded elevators, rather than taking the stairs and leave room for people with disabilities who don't have other options, without a second thought. While these actions may not be the product of ill will, they are evidence of the way able-bodied privilege manifests in our society. There's a general cultural notion that "disability is something inherently negative," Allie Cannington, a board member of the American Association of People with Disabilities, told Mic. "There's a level of silencing that happens, and erasing of the disabled experience as an important experience because able-bodied experiences are the privileged experiences in our society."

4. **Assuming people with disabilities have no autonomy.**

"There is a very narrow-minded perception of disability," Cannington told Mic. "That narrow-minded assumption that all individuals with disabilities need and want certain things," and assuming those individuals "constantly need help without actually asking the person [if they do]," is a common ableist experience Cannington and far too many others have faced.

"Automatically helping us without asking first should never be done," Tiffiny Carlson said in a 2013 Huffington Post article. "We know when to ask for help. Just wait for us to speak up."

5. **Feeling entitled to know how people became disabled.**

"Able-bodied people will often assume that our existence represents some kind of mystery that they need to get to the bottom of," Tatum explained at Everyday Feminism. But putting the onus on people with disabilities to explain themselves — to essentially describe how and why they live in their bodies — is inappropriate, unfair and insulting. This frequently occurs, Tatum noted, among young children whose parents allow them to ask people with disabilities what happened to them, presumably because they believe the answer will provide a "social lesson" that underscores "the importance of tolerance and accepting difference." In actuality, allowing children to do so just teaches them that "they are entitled to demand explanation and justification from everyone who's different than them."

"It's not our job to educate anyone, children or adults," Tatum said. "Everyone has the right to go about their day without being accosted."

6. **Assuming disability is always visible.**

Though their experiences are undoubtedly distinct from individuals with physical disabilities, people with non-apparent disabilities certainly face ableism as well. There is pervasive stigma surrounding mental illness, for example, and it can and often does lead to inequitable treatment, such as forced institutionalization and medication and a lack of agency in treating one's mental health, Cannington told Mic.

But beyond being denied the autonomy of making personal choices, this form of ableism may even cause individuals physical harm — especially when compounded with race and class. "People with psychiatric disabilities are disproportionately victims of police brutality because of ableism," Cannington said. "It's a huge form of ableism not often named as ableism."

And mental illness is hardly the only non-apparent disability. Individuals who experience learning disabilities, developmental intellectual disabilities and even chronic illness may identify as disabled, for example, but because they are not predominately recognized as such may be denied the help and resources they need.

"As human beings we need to check our privileges in regards to our abilities," Cannington concluded. "In order to harness the power and diversity and innovation of our society, we have to realize that our minds and bodies experience the world in very different ways. If we are able to create access and be more intentional about how we create access, then we are doing everyone good."
Ability and Society

Healthcare
- Lack of resources or options.
- Insurance
- Over-medication.

Economic
- Workplace Conditions and Job Security
- Housing and Homelessness
- Lack of resources or social programs.

Historical Roots and Historical Consideration
- Treatment:
  - Institutionalization
  - Sterilization
  - Extermination
- Eugenics Movement
- Present Day Outlooks
  - Medical Model
  - Minority Model

Criminal Justice System
- Prison system is the largest healthcare provider in the U.S.
- School to Prison Pipeline
- Police Brutality and Mismanagement

Political
- Exclusion from process and research.
- Lack of advocacy and funding for programs, aid, or healthcare.
- Shift of conversation about gun violence to blame on mental health community.

Education
- Limits of special education.
- School to Prison Pipeline.
- Questionable adherence to ADA.