Transcript for Crip Conversations: A Conversation About Race and Ableism with Activist Imani Barbarin – Thursday, February 10, 2022

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All right, it's 12:01 and we're going to get started so that we have all of the time we need to --

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>> Recording in progress.

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>> Nick: Thank you. We're recording. So everybody knows that.

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So I'm Dr. Nick Winges-Yanez with the disability studies program here hat U.T. Austin and we do a crip conservation series every month where we have -- every other month where we invite folks to come. And I should tell people that, it's amazing to say, that Imani Barbarin is

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coming. She's like the Beyonc of disability and I wanted to put that out there, yeah, let's set the stage. No pressure.

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It's fine.

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Yeah. So we have -- most of you are familiar with her. A disability rights and activist and speaker who uses her voice and social media platforms to create conversations and engage the disability community and often writes from the perspective of a disabled Black woman and runs

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the blog, Crutches and Spice,.com and the podcast of the same name and served as a communications director of a nonprofitp

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funding. Quick, my pronouns are she, her and Imani had let us know what hers are and we're going to speak for a little bit. We've been talking about ableism and

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racism and I'm going to try and not talk much. Because I want you to go off open a tangent and pick on things that just light your fire and I'm going to be quiet and turn it over to you.

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>> Imani: Hello, everybody. As discussed. I'm Imani Barbarin. A disability rights and inclusion activist and I often talk about disability through the lens of race.

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And the two are so intertwined. People don't realize just how intricate the web of disability and ableism are connected. But they are. And every single day, our lives are dictated by both race and disability, regardless of what our individual race S. when I talk about ableism,

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what I'm saying is ableism is the interpersonal institutional and societal discrimination against stabled people and it's systemic and from the top. We're building singles that essentially exclude disabled people and when it comes to race, that's why. A lot of times, racism is

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the most stabling factor in a person of color's life. Racism in every single form is disabling.

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When we talk about environmental racism, children who are closer to Highways and inner cities are more likely to have asthma and more likely to be under-diagnosed or misdiagnosed with a mental health disability.

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Trauma itself shows up in the DNA of descendens of slavery and we have medical racism. If you're a doctor, if your doctor does not believe you the minute you say something it off, something is wrong.

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They're going to wait until you're more able to treat you, if at all. Every single form of racism is disabling. So we must talk about the two at the same time.

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I grew up in southeastern Pennsylvania, and grew up in a fairly I wouldn't say diverse but there were a lot of Black people around. In a fairly good area and it's because of my family's knowledge of these intricate systems that I was able to get diagnosed at such a young age.

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At two, I was diagnosed with cerebral palsy. And my mom would take me to the doctors and they 0 would say, you're just hysterical. She'll be fine. I was limp, not moving until I wases about nine months old. But the doctors didn't believe her and she went to other doctors, oh,

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you're probably just making things up or I don't really know about her, she's probably -- doesn't know how to raise a child. Maybe that's why her child, she's making it up in her head. No, she's not moving and so then my mom went to church and another Black woman who also had a

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child with a disability. Said to go to this doctor, he'll believe you so I went to that doctor, doctor Dabney in Pennsylvania, my doctor from two to 21 and he said, no, you're right. There's something off and we need to have her checked out. And that's how I was

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diagnosed and it's an inherent knowledge of Black people have about racism and disability that even leads us to the very few resources we have do have. When we talk about disability and race we must also understand society is built in such a way to exclude as many people as

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possible knowing that racism is disabling.

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Knowing that racism is disabling. And we think of spaces built out of the crevasses of society, they're not inherently accessible. So you barely see disabled people in Black majority spaces because oftentimes they don't have the capacity for accessibility but it's getting

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better.

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Race and disability is the legacy of this country.

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At the beginning of the pandemic, it was reported that indigenous people, when asked for help with COVID, when asked for help, they were given body bags.

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Body bags.

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To service their community.

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Why the hell would they do that? When you look at the statistics, indigenous people have the highest rate of disability in this country.

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Our country knows just how disabling and just 0 how deadly disability is. In communities of color. And that is why we need to confront it head on.

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The fact we do not have health insurance, universal healthcare is due to the fact that during the restoration era after slavery, or school, during the Civil Rights Movement, that's when they began to attach healthcare to employment, knowing that Black and brown people would not

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get employment.

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They attached healthcare knowing that. And that affects everybody. Every single person. Racism is disabling. And it's non-discriminatory. In who it disables.

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Oftentimes when we talk about disability, one of the biggest failings we have in society, we think of disability as a white thing. We're obsessed with that.

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Obsessed with movie and TV and film that show this is -- disabled men, perfectly disabled white men, from the inherent privilege they're supposed to be afforded but that doesn't tell the whole story and that's on purpose.

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We see representation of stabled people as an experiment in -- disabled people as an experiment how far privilege can go rather than an examination of what got us here in the first place. Racism is disabling and we're erased every single day as Black and brown disabled people

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and it's devastating our communities.

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Half of people killed by police have a disability.

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Half.

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30% to 40% of people in jails and prisons have a disability.

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Our -- and the worst part -- sorry, I have to go off on a tangent. The worst part about that, you have a right to an attorney but you do not have a right to a translator for your legal proceedings. And entire cases, get drawn out on the basis that people are not deserving of

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accessibility. Accessibility is a human right. I believe that to my core. Accessibility is a human right. But as it stands right now, accessibility is charged like a luxury. And we consider the plight of the communities that are affected, if you're disabled, by and large,

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you're not allowed to have more than $2,000. These communities of color who rely on social safety nets, most are not allowed to have more than $2,000. When you treat accessibility and inclusion like a luxury, we basically shun an entire group of people.

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Racism and ableism go hand in hand.

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The thing that I want you most in your anti-ableism journey to recognize is the instinct you may not know you have. Being here in a talk for disability, you are likely -- likely have evaluated it. Likely have confronted it. But in case you haven't, if nothing else, if you walk

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away with nothing else from this talk, I want you to question your instincts that says that if harm befalls a disabled person, that -- that's common place. Because that's okay.

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Because what we -- what would you have expected to have happened. That's why we're on a Zoom call in February two years into a pandemic. Because too many people have this instinct.

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That because harm befalls a disabled person, that's just a matter of fact. That's just a matter of how we live our lives. And it's not.

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That's the instinct that I want you to confront. Because when you get down to the brass tacks and think about racism and disability and T.rans and disable. And all of the intersections, that instinct literally disposes of people because people told you that's just a

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mart of life for disabled people. That's eradicating entire races of people.

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A non-governing board of human rights activists found the United States guilty of crimes against humanity.

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On the basis of our access to medical care.

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Our medical care. They were -- they said that the United States is systematically uses our access to medical care to eradicate Black and brown people.

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And that the genocide has never actually stopped.

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And we see it playing out every day with the pandemic and see it in the ways we shun people from society. Isolate them due to inaccessibility and then charge them for the luxury of being a part of society. The luxury. Our health is a group project. And if anyone is left

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behind, if you think that it's -- that disability -- the disabled people deserve to be left behind, that Black and brown people deserve to be left behind, your health is at risk. Be selfish, your health is at risk. Race and disability dictate every single thing we do.

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And yet, we're just now as a society coming to terms with just how much it impacts. I'm glad, I've seen stories from the pandemic, of children, you know, fundraising for their mothers' oncology treatment. Why do we have an entire society that is okay with that. That a child

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who is 11 or 12 years old sets up a limb they'd stand. Because we want to have our hands on racism and disabling and to control people that we find disposable. I want you to confront that instinct and I want you to evaluate that instinct and evaluate with within yourself.

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Ableism most often shows up in the way we treat ourselves. That's our first indication of ableism. What do you think about yourself in this this moment? Disability befallen you because of the pandemic, if you're not quote/unquote the athlete you used to be what do you think

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about yourself? Do you think you're just not trying hard enough. Do you think you're lazy? Are you comparing yourself to other people? Why? I like to joke that I will never walk slower than when I'm crossing the street. And mainly, because people like to drive up on me and

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get me to hurry up. I'll walk as slow as I want to. Because I spent my entire life rushing with the fear that I was holding other people behind because my disability was in their way, so I had to move out of the way. Get out of the way.

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Because I was going to hold other people behind and I thought I was -- I was the -- the thing that was most holding people back. So I would separate myself, be like, no, I don't need to be out, around, I don't want to hurt anyone's chances of getting where they're going. For

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what? Nobody told me that.

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I told myself that.

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I told myself that. Ableism is easiest to spot in the things we do or do not do to not look disabled. Are you overworking yourself for fear that someone else will find you disposable? Are you ignoring your health needs because your doctor's office hours are the same as your

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work office hours? Are you hoping things just get better because you're afraid to actually have an answer to the things that hurt you. I want you to confront those two things -- the instinct and your internalized ableism. That's where the real work starts. Once you have more

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compassion for yourself, the more you'll have compassion for others and the more you realize you're deserving of dignity and respect and hope. No matter your physical condition. No matter your mental condition.

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It's okay to be disabled. But it's not okay to be discriminatory because of disability or to hate yourself because of your disability.

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We need to confront that instinct that says I'm not worth care.

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I'm not worth inclusion.

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Because how we treat ourselves is how we project on to others and how we exercise racism and bigotry. All because we don't want to be seen as less than.

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Thank you.

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>> Nick: Thank you, Imani.

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I'm looking at the chat, which is just all over the place. Loving this.

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So next I have some questions for you. I want to let folks now you can put a question into the Q & A if you would like to ask Imani something.

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There versus the chat so that we'll see it.

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Someone put a link for Imani's Patreon. Please take a look at that.

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I'm going to start off with questions that were sent before happened and you can think of this as X, Y, Z. Go ahead. Yeah.

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Just want to acknowledge having us talk about racism and ableism has -- the way a cis gender person, I'm not going asking the questions of the first question I have is how does racism complicate our understanding of ableism regarding accessibility specifically in

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post-secondary education.

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>> Imani: So I think -- I have a lot of qualms with academia. I have a advanced degree. A master's degree and I think working with the disability community there's a sense that we use language, especially, as a filter for disabled people to keep disabled out of post-secondary

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education, or we use -- we kind of just demonize the ways that Black people express themselves and have a threshold of language and academia and it's kind of like a mess and feels like there's ways that academia is just keeping people away from it. People want post-secondary

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degrees, I want them to have access to that, but there's such a fear of being judged, our productivity being judged, or Blackness being judged in post-secondary education, people don't go for it.

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People are terrified. Even though Black -- excuse me, Black women are the most likely to have an advanced degree. And there's a lot of pieces of ourselves that we kind of hold back on for fear it will keep us from our academic goals. So ableism or racism in post-secondary

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education is all over the map and I feel like -- trying to get my thoughts together. There's so many things that could be better but people don't want it to be better because they like the feeling of I've arrived at this point, I have this institutional authority, these people

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now validate me as intelligence, as proper, as productive.

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And I don't want these other people who are seen as less than to be a part of that as well. Otherwise it will diminish my accomplishments, make sense?

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>> Nick: Yes. I was talked -- as you were talking -- yeah, there's lots of thoughts there -- claps there. And going off that question, I think it speaks a lot to the productivity, right, of academics having to feel like if they don't keep up with publishing and teaching and

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committees and whatnot, they're not good enough. They have this imposter syndrome, on top of being in a institution that's inherently racist and oppressive already. And they're already catching up to that as well.

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>> Imani: Sorry, I was going to say and every other day, he hear something about another disabled student, particularly if they're Black or brown, having their needs completely ignored by the university and that sends a message, you are not welcome here and don't deserve to be

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here and that's disheartening because the disability community is the way forward and a lot of people are completely ignoring us.

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>> Nick: Yeah, so when we were talking about -- I think in many universities across the country, the request for accommodations are skyrocketing. In COVID, various things are happening now that people are requesting act come dayses and I think -- accommodations and I think

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should have been in place in the classroom already and in a lot of ways and we're catching up with that, and a lot of folks are interacting with a system that they don't see themselves

represented as a disabled person or a Black, brown person and also asking to -- them to keep up

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with everything and so I think there's harm happening open the different levels, while folks are trying to just get through.

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>> Imani: Yeah.

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>> Nick: An existential crisis.

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>> Imani: Yeah, and there's the issue of not just people who are newly disabled but I think the pandemic forced a lot of people who were hiding their disabilities to say that I actually need those accommodations which is terrifying because fearful for disabilitiation which was

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the reason you were hiding your disability in the first place. Yeah, so --

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>> Nick: Yeah. So we have -- I'm going to pivot to couple of questions that have come in off that particular question.

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And one of them is -- you have an M.A., do you have advice on navigating grad school or academia for a Black disabled students who are currently struggling?

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>> Imani: Yes, I got my M.A., but got it overseas so there was technically accessibility but it was very much carving it out of a wall, basically because there wasn't a huge ton of disabled people where I was going to get my masters and what I would say is really pay attention to

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how you work. A lot of time, accessibility -- a lot of times,s, Black folks in particular don't know what accessibility is available to them or what they're entitled to or even how to experiment with accessibility. We don't have access to that.

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A lot of these grants are not going to Black and brown neighborhoods and kids are not able to experiment with what they can use and need. I would recommend paying attention to your needs and researching tools that may be able to help. There are several universities I know will

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purchase things under your recommendations so do experimentation. And there are also -- I don't know if you have this at U.T.-Austin, but at temple in Philadelphia, they have a accessibility lab and you can test out products. And another resource is

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disability TikTok. There are several organizations that create accessibility tools it you're not familiar with them and additionally, have everything in writing. Everything. I don't care if you met with the person in person, follow up in writing. Have everything in writing

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and make sure that you are communicating consistently with your accessibility coordinators. Additionally, there's an organization in every single state for protection advocacy of disabled children and disabled adults and if you feel your needs are not being met and you don't

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know how to advocate for yourself. They'll step in and help you out. They're protection advocacy agencies and there's one in every state, U.S. territories and as well as native reservations and if you're someone who is terrified of having to advocate for yourself, you can reach

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out and they can give you a play by play of what to do and what your rights are and step in if necessary.

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>> Nick: Pivoting off that again, I have a hard time sticking to a structure.

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(laughter) it's like, can you give me an outline. I was like, oh, god --

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>> Imani: I'll try.

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>> Nick: So when you're talking about getting -- okay, first of all, we have the Texas technology access program.

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And Texas Center for Disability Studies and you can look at different support tech that you want to try out. And email me later if you want to find more. That's our state places to find those resources and you were talking about -- figuring out how to get access and what you

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can get and, you know, given accommodations and a lot of accommodations require a diagnosis and getting that diagnosis, again, that's -- you know, another barrier because of our healthcare system.

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And so, you can take this question and put it to the side and answer how you want to or you can embed it, but the question I have was we talked about the far reaching effects of talking about Critical Race Theory and including subminimum wage and the lack of universal healthcare,

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can you expand on that a bit. Talking about healthcare and how that intersects with race?

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>> Imani: Yeah, in terms -- I wanted to touch upon the diagnosis issue. The irony requiring a diagnosis for accommodations or accessibility. The Americans with Disabilities Act doesn't require a diagnosis. So that's bothersome. But I think that yeah, it's such a weird

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question to ask, I get asked all the time, do you feel like Black children, children of color are over-diagnosed or -- under -- it's a mess everywhere you turn. I think -- I see them over-diagnosed and misdiagnosed and not diagnosed at all because of lack of healthcare and once

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they do get an diagnosis, they're put into like weird silos of care and it's -- it may not apply to them. I saw one child, I think the mother did a TED talk and they said their child was biPoeular and they were nine or 10-year-old and went to another doctor and the doctor said

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your child is autistic and it's all over the map and that affects care on a basic level. If you don't get the proper care or accommodations you're literally running into a brick wall every single day with what you need.

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Additionally, diagnosis is needed for a lot of service, the organizations I mentioned they require a diagnosis when you do intake. So if you can't speak to that, you are probably not going to get the help you need. Which is frightening to me, because I'm like, you -- like

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COVID-19 is the perfect example of a diagnosis that cropped out of nowhere and now needs to be addressed via the Americans with Disabilities Act and the ADA was designed in such a way, it takes into account not having a diagnosis and yet we have built a system that requires one,

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knowing full well that certain people can't get it.

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Additionally, trans folks, every week, we're debating whether they deserve healthcare and that's bullshit one, and two, it keeps them off the diagnosis -- it's a frustrated issue all the way around and I could talk about it all day and some people were saying, not just diagnose,

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but diagnostic tests, there's extra costs and you keep in mind that most people with disabilities, even diagnosed or undiagnosed live in most of the. So we're -- poverty. Having to save up money for someone to tell you -- save up for the paperwork for disability because we tell

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you you can only make $2,000 a month. It's a mess and doesn't make sense and we're doing a disservice particularly for communities without a whole ton of resources and another thing that I find bothersome, especially with disabled children, because this is a lack of diagnosis or

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confusion about diagnosis, they go to parent groups -- excuse me -- there are parent groups that give them advice that's harmful to the children, and you also have the trauma how your community is seen on the basis of the diagnosis or not having a diagnosis. I could go on all

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day.

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>> Nick: Can you expand a little bit about that.

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Going to the parent groups and getting advice and it may be traumatizing a little bit. Maybe folks don't necessarily know what that means.

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>> Imani: One of the things, I mean -- a very belate the and V. example, autism mom groups who bleach enemas for children or torturing children to make sure that their children no longer exhibit signs of autism. And my mom got caught up with that, not necessarily the

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aabusive part but the intensive disability camps where we had we had -- where we had workouts seven, eight hours a day to the point of exhaustion and then locked in an oxygen deprivation tank for hours. Or oxygen rich environment for hours and then our oxygen levels were played

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with so they can connect the synapses in our brain that were broken and that made us disabled. And people talk about Britney Spears mom, learning about guardianship and all of this stuff, and that's not out of the order ordinary, a lot of the advice that parents of disabled

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children get get from each other so it's common place for abuses to happen, because someone was promised a cure with one and they want everybody to know about it.

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>> Nick: Yeah.

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And next month is -- we have remembrance day March 1st for folks who have been murdered by caregivers.

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With disabilities, there's a whole discussion we could have there. The Q & A has kind of expanded.

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So -- one of the questions that was sent before hand, I made a plan, that you commented on a statement by the CDC director whether he she stated that those who were vaccinated and have comorbidities experience more severe illness and likelihood of death and using

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#MyDisabledLifeIsWorthy, and I had add we were notified in the Austin area that 95% of the COVID deaths in Travis county were with folks who had at least one comorbidity but I haven't seen any information on -- newspapers, so yeah.

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>> Imani: My parents have been telling me this. But I heard that one out of every 555 Black people have died of COVID and I don't know the data for other races, but it's been shown that it disproportionately affects communities of color, because like I said be it helped her

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access and everything like that. And when an official says that of the vaccinated only a small portion of them died and of those, they were (indiscernible) to begin with. That's pretty shitty. You know, you think about people's lack of access to care and lack of ability to

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have their needs met and then you also think about food deserts and if you live in a food desert, you're likely to have diabetes and hypertension and high blood pressure is higher. If you live next to a highway, you're more likely to have asthma and respiratory disabilities and

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it has a whole story behind it and likely is informed by race and how we have systematically pushed people of color to the margins, disabled them and then said, well, you're disposable anyway.

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So I -- I -- when I heard of that hashtag, I genuinely didn't expect the pushback that I did from non-medical professionals, this is great news, it's not great news to us, not only did we learn we were quote/unquote disposable to begin with, but also learned even while

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vaccinated, you're three types as likely to -- as a non-disabled person to pass from COVID. Which isn't minuscule and when you look at the larger picture, it still means a lot to us and we're hearing from the disabled people who are die -- dying while vaccinated and hearing

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people can not get vaccinated and it's getting lost in the community like bipartisan -- about vaccines and masks and there's people who cannot get vaccinated. That's not their fault, they're genuinely scared for their lives, because they want the vaccine badly but they don't

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want to chance it. And a lot of them are people of color and just on a tangent. Like I -- I feel like with race and disability, we forget the history of the experimentation on the Black community by the medical community and then we message to them and say, oh, just get the

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vaccine, like nobody's putting whatever in it. We've done that before. It's not unheard of and there's an fundamental difference between white -- anti-Vaxxers. And Black and brown people have never seen that type of support at all and

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have had their diagnoses used against them and experimented on and degraded. And then we give them the same message and we're like, well, it's up to you. It's not -- there's an entire history behind this and it frustrates me to watch people committee ignore that and that

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message to the people in a way that makes sense given the cultural impact that the health community has had on Black folks.

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>> Nick: Yeah, and I was like, I was waiting for you to get to that.

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Because there's a huge mistrust that has happened over and over, and over again in the community. And also when you were talking about folks putting off care, for one reason or the other, because they're working or they're doing -- they don't have funds because of healthcare.

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They don't -- they can't get to the doctor. Like all of these things mean that person may be getting sick er and not being able to do anything about it and then talking about vaccination.

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And you can't look at it as if it's one issue. Like refusing to get the vaccine, there's so many historical and contextual points we need to take into considerations into and the anti-Vaxxer line. It's -- their entire philosophy is it's better to be deaf and disabled and

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when you apply it to people of color, through history, how we treated Black and brown disabled people. They've been told it's literally better for you to be dead and that may be a belief system of people who have never experienced that, it's very much a reality for a lot of

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communities.

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>> Nick: Yep.

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I could keep going on about the history.

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I love that you're bringing up the highways and asthma and where neighborhoods are placed and who -- yeah.

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>> Imani: And I wanted to -- because you're a history buff too. I'm sorry. But I thought of this, someone tweeted the other day they wrote a academic paper on the doctors of KKK and how they would basically kidnap Black people to experiment on them.

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>> Nick: Yeah.

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>> Imani: I want to read the paper, I'm letting you know it exist exists and if you get your hands on it --

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>> Nick: Okay. I've been obsessed with the book "Medical apardon Thighed" for a while. Because it's not -- discussed as a disability book but there's so many instances in this of looking at folks who had an disability and then experimented on, right, looking at stories. And

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all of these different things and yet, still. This comes as a surprise to so many folks how there would be distrust and how there would be historical trauma of accessing medical care.

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Yeah.

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Is there anything else you would like to say about that? (laughter).

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So we have -- a lot of questions in the Q & A. So can you see the Q & A too?

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>> Imani: Yeah, I can see it.

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>> Nick: Okay, if there's one that you're like --

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>> Imani: I want to address the one that asks about my internalized ableism journey as a Black woman. That's a good one.

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>> Nick: Okay.

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>> Imani: Okay, so in terms of working through internalized ableism, I really encourage people for like a week to jump every single thing they do and why. Journal everything thing you do.

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If you stand while doing the dishes, and ask yourself why you're performing certain actions in the way you are performing them. Is it about productivity theater or feeling like you're actually moving and doing things, what is it about your actions that you're actually performing

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that are committee necessary versus what are you doing in order to feel like you're useful or worthy. And that's how you can kind of -- every single day, address and give yourself time to relax too, over things you've been over-extending yourself on. If you're rushing to a do a

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project and the deadline is two weeks away, why? If you're overworking yourself and working 12 to 16 hours a day? Why. What about what you're doing is necessary versus what is not and additionally, understanding where you need rest is incredibly important. I believe in Audrey

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Lorde's version of self-care.

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I believe in that, which is a painful process of reunderstanding yourself and your need to step away from something. Even if it's painful. Your need to set boundaries for yourself and your need to evaluate what is actually joy in your life. What do you actually enjoy and want

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to do and saving your energy for that, rather than being productive U productive for the sake of being productive and not feeling looic you're disposable. I hope that makes sense.

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>> Nick: Yeah, I love your phrase, productivity theater.

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>> Imani: Yeah.

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>> Nick: Makes sense.

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We have a lot of support for the ministry. FYI, which I was actually referred to a while ago and it was amazing.

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>> Imani: Awesome.

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>> Nick: I know! (laughter) so the physician question we had on the Q & A was following you on TikTok and-your content and you mentioned that some videos that racism is meant to be disabling. Which is 10,000% correct. Do you think this logic applies to other forms of

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oppression and fair to extend this speaking toward other systems of oppression such as transphobia and misogyny.

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>> Imani: I would say that you know, especially with transphobia and their level of access it healthcare, I see that most prevalent with trans Black women and the lack of care they get from the medical system and the fact that we legislate access to healthcare is absurd. A

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woman's right to choose -- excuse me, a birthing parent's right to choose should not involve the government. And hearing the horror stories of what birth actually is, it's disabling. Like 100% disabling and if someone doesn't want to go through that, why are we forcing them

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to.

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I agree it does extend to other forms of oppression. Sorry. I think that we have taken this in a as a nation, to -- a formula as a nation to do away with people we deal undesirable. It's a -- that we deem undesirable and it's a flashes basically and that's the incentive

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for the U.S. government to ever fund universal healthcare because it's such a powerful tool to eradicate people, who are not quote/unquote American enough.

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>> Nick: It's insidious, it's not so explicit that folks can be this is on purpose. This is intentional.

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>> Imani: Right, we have a society, like a ableist society. We're literally trained eugenics from a young age. Survival of the fittest. People who are left behind, or misbehave. May maybe you're kept in at recess, you're not allowed movement or exercise, and it's insidious

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and everywhere around us and when you think of society built around one concept, and you pull one little Jenga piece, people don't want that whole tower to come down. They're terrified and there's denial with the systems because a lot of what we do is unnecessary. A lot

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of what we're doing harms white people just as as people of color but they would rather believe that someone is beneath them than own up to the fact that they've given uncertain rights in order for those people to be beneath them.

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>> Nick: Like going back to post-secondary education, you're told that you can get these degrees so you can be the person who is on top. The goal is to get to that place and be that person, versus figuring out a way to demolish the entire --

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>> Imani: That's why academia has that ableism problem. That need to differentiate yourself and like I'm the valuable one, dealed worthy of having a place here.

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>> Nick: And putting you through this productivity theater, I love this. To keep up, right, and then ignore your own needs. And possibly get sicker and sicker.

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>> Imani: Exactly, and when you think about -- the job application process which purposely discriminates against disabled people, it comes full circle, you know?

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>> Nick: Yeah.

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There's some questions, able to lift 20-pounds, what are you doing, you know?

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>> Imani: I seed those requests all the time, when I have to lift 20-pounds, usually move one database to another database on the same computer, I'm not lit I lifting anymore than that.

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>> Nick: And if you are, that's not the job to apply for. That's not the job.

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>> Imani: Exactly.

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>> Nick: So looking at the Q & A, folks are just -- again, if you see something that jumps out at you.

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>> Imani: I have one I can answer quickly. Rachel asks, do you have advice for disabled job seekers. There are several job boards that are dedicated to disabled people. There's a woman named Joyce bender, who does employment consultation for disabled people. And there's the

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AAPD job board. The American association of people with disabilities. And they have their own job board and looking into organizations -- oh, if you want, like experience in like a disability organization or like in the disability advocacy arena, join a board of an

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organization. They're legally required to have a certain demographic of people with disabilities on their board because they receive federal funding so you can serve on a board and get that experience if you want to work in disability advocacy. I would caution you that some

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boards require their board members to contribute financially themselves but given they're liking for disabled people they're flexible how much you have to contribute financially.

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>> Nick: Wondering if -- there's an amount that you have to give.

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So other ways we can support advocacy agencies or advocate for accessibility and community spaces, workplaces, universities, etc.

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>> Imani: Yeah, if you don't -- if there isn't like a disability affinity group or isn't any sort of disability advocacy at U.T., start a group.

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Start talking to people and see what their needs are and making sure that bear witness. Bearing witness is one of the most important things I can tell people to do. A lot of times it happens and why I always tell people to write stuff down, people will gas light you when you

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talk about your disability. I never heard you had a disability, you lied open the application, blah blah. So I recommend having someone around. Telling someone, I have these access needs and I'm going to my director -- going to the disability office, can you come with me. So

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there's a witness there. People act way different when they're being watched. So be the person that bears witness to that person's needs and you'll be -- I'm telling you, it means all the world to that person.

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But yeah, making sure that you start the groups yourself, I know it's hard, its a slog, but I think that once you establish advocacy wherever you are, more people will join.

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>> Nick: Showing up.

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>> Imani: Yeah.

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>> Nick: Um -- so -- who is responsible for owning the accommodations process.

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The onus often falls on students to go out and get the proof of their disability. Who is responsible for owning that process?

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>> Imani: Realistically, it should be the university.

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What winds up happening, it's going to be the student. And that's -- my mom when I was like -- I want to say, maybe seven or eight, my mom actually started me going to my own IEP and 504 meetings to advocate for myself, unfortunately, a lot of universities and organizations and

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companies don't care. They really don't. They're more interested in keeping -- costs low. You're going to have to be your greatest advocate no matter where you go. And I'm sorry I don't have a better answer than that. But it has to be you. And that's why I say, having to

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bear witness is helpful because it takes some of that emotional burden off you and makes someone with a third-party view be more objective and feel like someone is in my corner and get what is I'm talking about. Yet, ultimately it's going to have to be you. I wish it were the

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school. I wish it were faculty. But sometimes faculty can be wishy-washy. Like some advocacy organizations can be wishy-washy. It's got to be you.

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>> Nick: Female I'm off base here, in having this conversation, maybe if you're having conversations with your supervisor or your instructor, whoever it is, talking about some racism you might have felt in the classroom, you would want someone to be with you in that conversation,

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right?

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>> Imani: Yeah, 100%, yeah.

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>> Nick: Okay.

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>> Imani: Pretty much for any marginalized group, that stress still works. Because we don't -- we don't -- that advice still works. It's easier to dismiss someone when it's like a he said, she said situation.

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And when people turn it into a he said, she said situation. So -- I -- I recommend highly -- even in medical settings, I bring someone with me. I'm like, please, god -- I get bad news every so often and my instinct is laugh in the doctor's face and completely forget about it

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later. Where if I have someone with me, you need to pick up this medication, that's a incredibly powerful tool. Being in a community is the most powerful thing you can ever be as a disabled person.

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>> Nick: I love, I just laugh in their faces. Fear the responses and -- like.

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>> Imani: I laughed the other day, my doctor, you know your iron level is 30. What is it? 9. And what the hell am I supposed to do?

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>> Nick: And other medical professionals, all right, moving on, I got to get through this first.

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>> Imani: Oh, I see Karen asks, is an Imani book coming soon. Yes it is. I will let you know when it's quote/unquote official. But, yes, it is. Coming soon.

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>> Nick: That's an exciting announcement.

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>> Imani: Thank you!

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>> Nick: I love that that happened.

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>> Imani: I'm excited and I'm trying to keep it as -- I mean, as mercurial as possible until the paperwork is signed. Eventually, yeah.

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>> Nick: That's so exciting. Awesome. Wow! Now you've set off some chat.

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(indiscernible).

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So folks we have three minutes and I definitely do not want to go over time because Imani's time is super-valuable and is there anything else you would like to leave us with. This has been a amazing talk and we really appreciate having this time with you and talking to us. And

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I hope I didn't talk too much or derail you in any way. Is there anything else you would like to leave us with.

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>> Imani: Like I said, confront your own biases against yourself, they will show up in how you view other people. And always question the instincts, that says disabled lives are not worthy and that things that happen to us are going to happen regardless. I think that all of you

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are capable of doing that and I think you're capable of building a community of support for disabled people and for yourselves. That is necessary as we begin this new chapter of this American -- American catastrophe -- I don't want to call it a experiment. Not the word to use,

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but this American thing we're doing. But community is going to be necessary and so, do away with the instinct that you need to be alone through all of this or that you need to bear it alone. That's not how things move forward.

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>> Nick: Are you ending this.

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Okay.

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Thank you, everyone. For showing up.

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Please remember to answer the two questions survey that comes after this. For everyone who attended. Thank you, thank you.

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Thank you so much for showing up to this. I'm going to stop recording. So I don't keep babbling and it's recorded.