

# {HOLDING SPACE}

## DISABILITY BIAS

### Transcript

#### Joan Collier

Welcome, and thank you for listening to Holding Space, a podcast where we make room for conversation about the nuance and complexity of all things equity, inclusion, diversity, access, and justice. I'm your host, Dr. Joan Collier, assistant vice president for equity and inclusion in University Equity and Inclusion here at Rutgers University. In this episode, we'll be revisiting a conversation about disability bias and mental health stigma that was part of the Education as Disruption series from fall 2021. I was joined by Bill Welsh, associate vice president for Rutgers Access and Disability Resources, and Wil Vargas, community-based counselor at Counseling and Psychological Services at Rutgers–New Brunswick. We learned more about specific forms of bias against people with disabilities and mental health stigmas, discussed barriers to inclusion, and explored pathways to advocacy and allyship. Let's listen in.

The next section that we're going to go into is around barriers to inclusion, but I think the conversation is already there and so some of that is the physical stuff. But I'm hearing pieces around language and universal design and so I'm someone who does not have any disabilities that I'm aware of, which means I probably don't, because I will be aware, because the world is very clear when you're not invited to the party. And so, being thoughtful about what that looks like and conscious of like who's not getting invited? If we have an event here, who can't come? Who doesn't have access? When I'm thinking about my classroom, what practices might not be helpful to folks who are managing depression and anxiety? When someone has a health crisis or is managing an ongoing health issue, how am I

setting up structures that support them and allow them to still engage in the classroom? And I didn't always have answers for those, but there were things I was thoughtful about, because our identities and experiences with disability are fluid. I mean you can be walking around one day and then next day there is an accident. If something happens or you're no longer able to utilize your your legs. Or I'm thinking about Ann Treadaway over in our Military and Veteran services. Our veterans come home and they have PTSD sometimes, and so thinking about how we set up classroom spaces to be thoughtful about even just their experience on campus, not in a deficit way, right? But in the way that says this is the fullness of human experience for you know various folks. How do we make sure that they can be present, not have to hide, not have to internalize all this stuff? How do we as a community take on the labor of saying? How do we make sure folks are included? Which is, I think, part of what we're getting at. It's not just that people are saying micro aggressive things. Earlier, you said you know, back in the 90s we just got the like 88. And prior to that, people with disabilities weren't going to college in parentheses in big numbers. And So what that means is that our environments literally did not get designed around that in the same way most historically white colleges were not designed for folks of color, and we're having to retrofit our campuses to be more inclusive. And so I tell people that inclusion actually is radical because we have- we pride ourselves on exclusion and so that means exclusion at a bunch of different markers. When we think about it, the students who are experiencing these micro aggressive climates. You know, if we're student, if we're a faculty member, 'cause that does come up, sometimes the staff comes up too. When someone were to- if someone were to offer a correction and say, you know, I'm assuming you meant no harm by that. And sometimes you might have been malicious, cause sometimes people are mean on purpose, like let's just be honest. Sometimes people are mean. But for the folks for whom the micro aggressive behavior right, which is the small indignity for our students, who then come back to you and say, hey friend, you said this? I invite folks who are offered that correction to pose on being offended and be grateful that someone brought us here attention, right? I don't think that we're out. I don't think most folks. Many people are out to cause stress and harm, and so when that happens because we are going to mess up at some point about something and being members of communities doesn't mean that you're immune to stepping in some

mess and tearing up some stuff either right and so, thinking about how we respond when someone says you said this and that was really not helpful like here's what happened with that and I would like to be safe where I'm at. I would like to know that you respect my experiences and that we can afford in this conversation or in this relationship, and you understand how that's harmful, how that's not kind etc etc. And if there's a particular history around it, if you feel like educating, you can, but you're under no obligation, point folks to say you know you can go learn more about why calling that thing handicapped is not really cute like that's – that's so 1975. I am from the era of this differently able, that's how we were trained and language changes over time, what was acceptable 10 years ago may not be and that's okay. I'm going to be quiet and catch a bubble and just continue to extend the conversation around other barriers that we want to name so that folks know what they are before we move on into pathways to inclusion. And what I also have here is how do these biases and stigmas show up interpersonally and structurally? I think we've named some of those, but there are others that are more common that folks just want to be mindful of, and thoughtful about that that would be helpful for now.

### **Bill Welsh**

So Joan, I'm going to throw out that right now in the environment we're in, especially, more and more being remote and online and doing things you know technologically based that I would say that those are probably the biggest barriers that our students are facing right now. That being you know someone with a mental health condition and they're being watched while they're taking a test, because we're using a proctoring system and they may have high anxiety that you know. We've had veterans that have come back with PTSD that said I can't be watched, you know, why are you watching me like this and having cameras on. But just last week I had a student who couldn't get into an app that was included in canvas, because we just added the app to the class without looking at whether or not it's accessible. And vendors just throw up apps all the time without thinking of accessibility. Don't think about how is this going to work with all technologies and those are the biggest barriers that we accommodate with our students these days, whether it be, you know, mental health condition. Whether it be I'm using a different assistive technology. I'm blind, I

can't see the information that's being presented. I need it to use my assistive technology. But I can't take a test because my screen reader won't work with the technology professor that you've just put into my classroom. And we're often finding out about it when it's already there, right? Nobody thinks twice about just adding these applications into canvas or into Blackboard, and we find out about it when it's too late. When the student has a barrier and cannot participate in their class, and that's a problem.

### **Joan Collier**

But I was building my capacity around OIT accessibility and learning about what it means to have stuff that's available so that screen reader can pick it up so that I'm not just got my captions on thinking I don't want. That's great, but there are people who need screen readers, so send your presentations ahead of time. When we buy software, send it to OIT accessibility. Ask them before you buy it folks, please. OIT accessibility, shout out to them, are a wonderful resource at the central level, right? So they're above the, positionally, they're above the chancellor led units. They sit up here in the cloud like with Bill and me and so we see across all of our chancellor led units. They can tell you what to ask for, what to ask about, and if it's compatible with the other technologies that we have so that we're not putting people at a disadvantage. And how we're trying to bring them into our classrooms to our websites. They will do a website review with you. It's a wonderful resource that we have and so yes, please check your technology, please and please.

### **Bill Welsh**

Wil, what about you on the community mental health? How does that – have you had students that have had issues with the technologies?

### **Wil Vargas**

You know I haven't had as much exposure to the students having difficulties with the technologies, except for the fact that most of the students prefer in person. So overall they have been having difficulties with the technology itself, but when it comes to specific I haven't heard as much. However, it's disheartening to hear that you know we still have,

amongst other things, systems in place that do not take into consideration the need to be thorough so that it can be accessible to the student.

**Bill Welsh**

Well a lot of the problem is with the vendors. The vendors will tell you what you want to hear. Yes, of course it's accessible and we just believe them, and there's loopholes in the law that they're not held accountable. And so what we're trying to do is create a community of practice around with IT managers and professors and anybody that's you know, purchasing technology using technology to make sure that hey, they asked the question about accessibility and does the vendor actually have an accessibility team cause 9 times out of 10 if they don't have a team, it's not accessible cause nobody looked at it you know. So if they answer that question, "Well, I think there's a guy" or "I think there's somebody that does this", it's probably not going to be accessible. So sending it to folks that can check out the accessibility before you just put it into the classroom is really important. And think about how is this going to affect our students that maybe have anxiety and don't want to be watched when they're taking an exam, you know? And what are you trying to prevent? Are you trying to prevent students from cheating? There are probably other ways that you can do that instead of, you know, putting a camera on somebody watching every move that they make that makes everybody nervous.

**Joan Collier**

Bill, when you say- I mean I brought up OIT accessibility earlier, are you inviting people to reach out to your office when they have questions about it?

**Bill Welsh**

Yup, absolutely.

**Joan Collier**

Awesome.

## **Bill Welsh**

We have a website that's report a barrier website under on every website and every webpage, I should say, at the very bottom. If you have a barrier with an accessible page or there's an issue with accessibility, you can just click on that form, fill it out and it will go to the appropriate person at the university and that could be anything. It could be "My bus stop was inaccessible", "My classroom, I can't use this technology", or I mean we've had folks from the 4H club saying, you know, "I couldn't get into this building" and you know they had this, that or the other. So it really is- it's available for anybody and then we field those those calls and we put them to the right people, whether it's technology, whether it's facilities, whatever it might be.

## **Joan Collier**

That is super helpful. I will be sure to note the reported barrier button in the show notes so folks have that as a resource. I'm also going to try my best to pull together a quick glossary of some of the terms that we use today so that folks know what they are and can refer back to them as they're re listening or re watching the show. So we're going to move to advocacy and allyship- inclusion and advocacy. Let me be - inclusion and advocacy because now we've got some good foundation. We know where some of the barriers are. How do we get folks to show up for other people and show up for groups who are not asking for our help? But if we want a just inclusive society, that means that folks need to have access. And so what does advocacy and allyship look like for folks who are committed to inclusion, particularly around disability bias and mental health stigma? And I don't even just add chronic illness because I don't know that. It's not that no one when people say no one, there are people who think about it, it's that I'm not sure that folks who have power or authority or a loud enough platform are listening and taking in what those people who have thought about it are saying, and so this is our opportunity to amplify what advocacy looks like for folks who are committed to inclusion around these particular issues. And you've already named a couple that I'll try to recap: using the reporter button, thinking about if the technology works for the people in the classroom and your presentation, using the captions when you have an event on zoom or that's gonna be played back out loud, thinking about

what the goal of the technology is that you're using and if that technology might heighten someone or exacerbate someone's existing condition, then thinking about what you're trying to do. You may be able to find alternatives to that, that then allow you to get around that. So those are just some things and then being thoughtful about your language, accessible parking, I like that that sounds snazzy, and it's more effective, and it's thoughtful and it's inclusive, so just thinking about those pieces, what else might people do? Or ways to elaborate on those pieces around inclusion and advocacy?

### **Wil Vargas**

I think that so for example at caps, part of the reason why I was brought in was because LGBTQIA students were experiencing a great deal of not only stigma but microaggressions. And so, because that was the case, you know, that's how communities counseling was born, because we are there to serve the communities in which we are parts of as well as meet them where they are very much like the social work ethic. And with that said, thinking about, you know, hearing the students' experiences of being a micro aggressed, you know from a professional level. It you know, like it really spoke to the need to make sure that we were providing clinically affirming services and that means being able to know the language to know how to really meet the student where they are being able to have common language that allows us to know that we understand the things that they are going through and so having specialized in, you know, trans mental health care and advanced transmit. The healthcare it really was about bringing the entire counseling center up to date, so to speak, and being able to, you know, advocate for the importance of calling a student by their pronouns. The pronouns that they have chosen for themselves, not just referred, but what is there personal pronouns and it meant looking at our paperwork to see whether or not they were being included in the forms themselves. Were there options other than male or female? Being able to have, you know, a blank spot where you can actually put it in yourself, if that's what was necessary, and given that you know there are so many ways in which you know we have the autonomy to identify ourselves so it was important for us to start stretching the boundaries of what was quote on quote normal, that was to be expected when you were doing intake forms. The same thing was you know we had to look at our medical health

system and what services were being provided. Being able to train the medical staff, you know that we're not just looking at the binary anymore. We have to look outside and beyond that, because our students are presenting, you know, in the ways that they do and Rutgers now being what one of the top 25 universities and colleges in the nation that is LGBTQIA you know, affirming. I think it's very important that, that was part of the changes that were necessary for. Students saying hey, something is actually being done. You are actually being seen because going back to you know again the microaggressions that happened on that individual level. It really made them feel unseen from so many different, you know, on so many different levels itself. So thinking about advocacy, it really spans the gamut of not only how do we, you know, work with colleagues who identify as part of the community and being able to respect and include language that says, oh, partner rather than wife or husband, right? You know, and being able to include many different other ways that speaks to inclusion, not just the idea of it, but to really, really help folks feel welcome in the space and that it's not just for heterosexual individuals, but that we can be expansive. And so there's been an expansion of staff too. So you know people of color or people of different identities. Uhm, in order to better match, you know our student populations so it's an ever evolving, you know. Shall we say real you know, improvements? I hope you know, hoping for the future, but there's still a lot of work to be done because these systems of oppression are so entrenched, and it's a consistent battle that has to be done and and yet you know, like allyship is another integral part of doing this work. Uh, and calling folks into the work, being able to encourage folks to, you know, be OK with making mistakes and not being ostracized for it, I think is an important aspect of things. And you know, really uhm, balancing that with the realities of what happens when someone is not only micro aggressed, but you know, treated differently. As we've been speaking about, it really does something to the psyche of the person to their self worth to their well being I mean when the body breaks down, you know it's because our minds are not in the healthiest phases, and it works so synergistically. You know, when our bodies are, well, our minds are apt to be- have the opportunity to be better. And the same token with, you know, when our minds are in the right place, or better said in a space where one can actually grow, then you know in many ways it's shown in research that the body follow suit. You feel better, you're able to function better so you know



thinking about all of those different elements altogether, I think shows both how complex and yet you know how there are simple things that we can do along the way that make it better.

### **Joan Collier**

When I think to last summer about how. Exacerbating that, was for a lot of folks of color and the mental stress and. What that then was like, Oh well, I'm sure. You're fine, I'm like it's actually. I'm we're actually not well, right? Not actually well, I have to go. To work and I'm not well, so I'm glad that people are like you know, being kind to us but like it is. These things are not disconnected like it's it's all working together and so when we are thinking about is my space. Is this experience thoughtful for folks who use a wheelchair? It's also, is it a space with someone who is experiencing? Deep depression, can you know, do what it is that they need to do and. Will my misuse of someone pronouns, you know, exacerbate another condition, right? If I'm uhm creating a hostile environment or just an un-inclusive environment, thinking about the ways that gets with something else and causes another bad reaction. Or just cause people to question and then internalize how they're experiencing the campus. I think of a sense of belonging and folks who, particularly students who experience sense of belonging tend to do better in school, and so we're thinking about the purpose of folks coming to school is so that they can get out like we don't want folks to just come here, hang out, I like them, but y'all got to go, with your degree in hand.

From our team here on today's panel on disability bias and mental health stigma, thank you both so much for being here. And y'all watching, tuning in, listening in however you're ending on this, we'll catch you later. If you haven't already, go back and watch our past sessions on repairing harm and our other session around religious bias we have available. We'll see y'all later!