Emily Harris

Welcome to the Disability & Philanthropy Forum 2021 Webinar Series, brought to you by the Presidents’ Council on Disability Inclusion in Philanthropy. My name is Emily Harris, Director of the Presidents’ Council, and I use she/her pronouns and am proud to be part of the disability community. I come to you from the land of the Council of Three Fires, the Ottawa, Ojibwe, and Potawatomi Nations, now known as the city as Chicago.

As part of our commitment to disability inclusion, our panelists and I will each provide an audio description of ourselves. I'm a white woman with dark curly hair wearing rectangular glasses and a multicolored shirt with a black jacket over it. A few housekeeping items for today's webinar. We have live captioning today. There are two ways to access these captions. Use the CC button at the bottom of your screen and choose "subtitles" or "full transcript," which will pop up as a box on your screen within Zoom. Or to access the captions in a separate window, see the link to the external caption viewer in the chat.

Today, only our moderators and panelists will be on camera. You will be muted throughout the event. This event is being recorded, and you will receive a link to the recording in the next few weeks. Although we will be using the chat to share links with you, it will not be available for you to communicate out. Instead, please use the Q&A button at the bottom of your screen to share questions any time during the session, and we'll have some time to share them with the panelists at the end. If the Q&A is not accessible to you, feel free to send your questions to assistant@disabilityphilanthropy.org. And please note that even if we run out of time to answer your questions, they will inform the resources we create on the Disability & Philanthropy Forum. Check back early and often.

We will be tweeting live today and hope that you will join us on social media using the hash tag #disabilityphilanthropy. You can also follow along by connecting with us on Twitter @disphilanthropy. We're delighted to continue our conversation about how disability intersects with all dimensions of social justice. Disability is a natural part of the human experience. According to the CDC, one until four adults, that's 61 million people, have a disability that impacts major life activities. Disabilities can be apparent, such as a mobility disability that causes someone to use a wheelchair, but many disabilities are non-apparent, including chronic illness and mental health disabilities. Disabilities can be life-long or acquired. We're the only minority group that anyone can join at any time.

The COVID-19 pandemic has laid bare the systemic oppression of people with disabilities, and at the same time is increasing the size of our community. And, in honor of Pride Month, intersections of gender, sexuality, sexual orientation, and disability could not be a more timely topic. To moderate our panel, I'm delighted to introduce Ana Oliveira. Her bio and those of the panelists are linked in the chat. Ana, take it away.

Ana Oliveira

Thank you, Emily. And welcome, everyone. I am Ana Oliveira. I'm an immigrant Latinx, queer, lesbian woman. I am wearing a black jacket with a black t-shirt underneath, and a very colorful scarf that has stylized images of cats. I also wear dark rim glasses, and I have black hair. And I'm a light-skinned Latina. I come today, I'm in the land of the Lenape, which is also where New York is. And I am also a member of the disability community, with a less visible disability. This is a very important conversation to me because both in this collective road to justice that we are, one of the most important goals, one of the most important lived experiences that I want to have is experience of (audio cutting out)
Of our identity.

Kathleen Thompson
Ana, just want to break in and let you know that your audio is cutting out just a bit. Okay, it sounds like we have you back. Feel free to continue.

Ana Oliveira

Okay. Is this better?

Kathleen Thompson
Yes.

Ana Oliveira

Okay. So, then I will take the earphones, the mini earphones that I had on, and just speak directly into the mic.

So, let's begin the conversation. Rather than, as Emily just said, review the very impressive bios of our panelists, I want to refer you to the fact that you have access to those materials to their bios. And I want to ask each one of them, Robin Wilson-Beattie, Victoria Rodriguez-Roldan, and Leslie Templeton to please do their own introductions. Without any further ado, and I want to ask each one of you to take two minutes to do that. Robin, would you like to begin?

Robin Wilson-Beattie
Okay. Hi! I am Robin Wilson-Beattie. I am coming to you, presenting to you from the unceded ancestral homeland of the Ramaytush Ohlone people here in the San Francisco Peninsula – I’m in San Francisco, California. I am a disability, and sexual, and reproductive health educator, speaker, and writer. I am a person with a disability. Both visible and hidden. I am a Black, a brown woman. I am wearing black glasses. I have kind of large, curly, shoulder-length long hair. I am wearing a head band, a vintage head band with daisies on it. I have on daisy earrings; I am wearing a green dress. And I have in the background my living room with a screen, and I am very happy to be here.

Ana Oliveira
Victoria?

Victoria Rodríguez-Roldán

Hello, everyone. I am Victoria Rodríguez-Roldán. I am based out of Potomac land that is currently known as the Washington, D.C. area, greater D.C. area. And I, for description’s sake, I have black hair, Latina, pink eyeglasses, pink headphones, and almost a pink shirt. I have an artificial background of the Doctor’s Tardis from *Dr. Who*. I do identify as someone with a disability, with multiple disabilities. I am autistic and I also have bipolar. And I arrived into the disability community through the mental health sphere, from believing in a “nothing about us, without us” perspective. So yeah.

Ana Oliveira

And Leslie

Leslie Templeton
Hi, y'all, I’m Leslie Templeton. I'm a white woman with red hair. I am sitting in front of a black backboard and a white wall. My pronouns are she/her. And I am currently residing on the occupied land of the Leni Lenape, New Jersey. I personally am a survivor of domestic violence and sexual violence, so I’m a huge advocate for people who are also survivors with disabilities. I have multiple disabilitie. I’m epileptic, I have ADHD, I have kidney disease, and I have mental health conditions. I'm really excited to speak with all of you.

Ana Oliveira
Thank you, everyone. I would like to ask you to talk about, what is the significance of disability rights and justice to you? What do they mean to you? Can you give us some examples of how they play in the issues related to gender, sexuality, sexual orientation. And also if you can add the perspective of your lived experience, and how has that connected you passionately with this? And maybe we will do it the other way around, beginning with you Leslie, and then we'll go to Victoria and then to Robin.

Leslie Templeton
So, disability justice and rights are a very important part of my life. I grew up with a 504 and IEP in public school. So, I had to learn early on how to advocate for myself and advocate for my rights. I had teachers who would try to deny me my 504 rights. Wouldn't give me extended time, told me that I could only get a C if I used my accommodations. So that’s how I really got into disability rights. Disability justice to me is really important, within the disability community, because I think a lot of the time when we think about disability, we think of disability as a monolith. But disability combines so many marginalizations. We have Black disabled people, sexual minorities disabled people, trans disabled people. All these people who are facing very unique situations and problems within the disability community that you can't really cover by just saying “disability community.” So I think it's one of the most important topics to talk about the difference between disability rights and disability justice. Really taking it from a disability justice lens is talking about those marginalizations, the intersectionality of those marginalizations, and the individual experience of different disabled people within the disability community.

Ana Oliveira

Thank you. Victoria?

Victoria Rodríguez-Roldán
So, I would say what got me into disability rights and eventually disability justice, it was more as an adult, I was already the psychiatric case of the family. Everybody has that kid growing up in their family who is like that. But it was around law school, around the point of having to basically come out of the mental health closet, after coming out of an LGBTQ closet a long time before then. And trying to handle emotionally all the barriers that are placed around legal practice and law school to people with mental health disabilities. So that’s the point that I’m like, having to start advocating for myself and so forth. And from there, it became a matter of trying to both accept that I identified as someone who had a disability and having to intersect that with my own trans identity. And from there, it became a matter of acting around justice. Like for me, disability justice around mental health is the fact that when, if I were to have a heart attack [inaudible] and everyone freaks out and calls 9-1-1, the people that will arrive are paramedics trying to stop the heart attack from killing me and taking me to the hospital. But then if it were a mental health related emergency, the people that would arrive after the 9-1-1 call are armed big men with guns, basically. So, I would say that's what gets me into disability justice from a trans perspective of the intersection of how we're all criminalized and marginalized by society.

Ana Oliveira

Thank you. And Robin? Please, your perspectives?

Robin Wilson-Beattie
Okay. Well, how I came into disability justice is particularly in reproductive health was borne out of my own experience. In 2004, a rare birth defect was discovered in my spinal cord, and it was killing me because I was basically having an aneurysm inside my spinal cord, right? So, I had some experimental surgeries that were planned. I found out a week before these surgeries to remove aneurysm that I was pregnant with my now 16-year-old son. So, that was a crash course in having to learn how to self-advocate and having to learn how to advocate for my reproductive health rights. And, as a Black woman, at that time I was living in the South. And I was living, and the doctors I encountered were predominately white males. All of them insisted that I terminate my pregnancy. I was told once by a doctor who looked at me who said, “Hey, if you knew you were going to be like that…”, referring to my paralyzed body, because that was the result of the surgeries to remove the aneurysm, which I'm happy because I'm here. He was like, “Why didn't you use birth control or something?” So, hearing all of that, I just remember at that time just being really angry and really overwhelmed because coming into acquiring a disability, but also having to deal with things like race, my reproductive health rights, my sexuality, and realizing also how little the medical profession knew about disabled bodies and pregnancy. That was all, that basically was the impetus. That's what got me started. And that is one of the really big issues. And so that's become my life's work is to talk about that. But that was my experience with this and how I came to disability justice and, you know, disability rights and reproductive health and sexual health advocacy.

Ana Oliveira

Thank you, thank you. So, I wanted to ask you before we go to someone else, Robin, can you talk a little bit more about, you know, the current interplay? How do you see that interplay? Other examples, other issues, other manifestations of, I'm going to say, belief and the values of ableism in reproductive justice?

Robin Wilson-Beattie
Yes! Oh, yeah, I can talk about that. How long I got? No, just kidding. When it comes to ableism within reproductive health, one, we can go back to even looking at this, also going on now, where eugenics. Basically, where people have decided that people with disabilities should not have children, should not have families and have their reproductive health rights taken away from them by being sterilized. There are so many different issues. Like there is racism involved with the ableism, as well. And so, you find, you know, and it's regional. And you will find that, you know, like for instance in the South, it was predominately Black women that were, you know, that were sterilized, right? But in California, you had Latina women and Native American women all over. And particularly, when I'm talking about disability, not just physical disability, but also like mental health. And then, you know, or if you have a child, you know, getting it taken away.

So, all of these things are related, but also particularly around sexuality because ableism tries to, ableism says that people with disabilities do not have rights, or they don't think of people with disabilities as having sexuality. Even though sexuality is a natural part of being human, just like disability is a natural part of the human condition. So, you have where society tries to tell you that, “Oh, well, can you have sex? You're supposed to have sex?” I had one time I was in a presentation, and they were like, “Shouldn't you have a doctor's note or something?”
So, our bodies, medicalizing our bodies to the point where we don't have like this autonomy and agency. That's all ableism. That ableism is basically prejudice against the disability. It's having those stereotypes and ideas in that what disability means, and what that means that you're able to do, and what you should have the right to do.

So, that to me is, so I encourage people to think about these things. and especially in their work and in their own life, and when you're looking at somebody that's disabled. And there is like layers upon layers in talking about the different intersections. Because the experience, for instance, of someone who is white and male with, you know, say with a spinal cord injury, like I have, I have a spinal cord injury, their experience is going to be different in how they're treated. I saw a lot more things about helping men with spinal cord injuries with, you know, doing like, using techniques so they can produce sperm so they that can ejaculate so they can have families. I'm not seeing the same amount of support and research for women, or for uterus owners, for having children. And that sort of things. Because I found that out from my own experience in trying to find resources while I was pregnant with a spinal cord injury.

Ana Oliveira

Thank you. That makes me want to actually go to you, Leslie, to a comment that you talked about in your own sexuality. And I also wanted to specifically ask you about what do you think, how do you think is the visibility, the lens, the presence, the understanding of the relationship between disability and sexual violence? Particularly as we are in a very powerful #MeToo movement times. So, following and connecting with what Robin just shared with us, how do you see this in this other aspect?

Leslie Templeton

Well, when we think about sexual violence, a lot of times we think about it as woman-experienced sexual violence. But what we do see is that most of the people who experience sexual violence are people who are in the disability community. 20% of females on college campuses report having faced sexual violence, while 30% of disabled females have experienced sexual violence on college campuses. When we talk about the ableism within it, is that there aren't a lot of resources for disabled people who are experiencing sexual violence. There’s not even a lot of data on it. When we see a lot of data, the data is all around very stereotypical disabilities, around like intellectual disabilities. But we're not talking about how disability in general impacts your experience with sexual violence, especially if you have an existing mental health condition, or the fact that a lot of the times after you experience sexual violence, you develop a mental health condition. Sexual violence can be the precursor to developing disability. A lot of people who experience sexual violence will come out of it with trauma, and that trauma causes disability, mental health conditions, it can cause physical health conditions. It can cause even long-term brain damage just from the stress of it. I think that one of the biggest issues that we face right now within the disability community and sexual violence is that, again, disability is seen as a monolith. We're seeing a lot of the research toward sexual violence with disability geared toward white, middle class disabled people, or people who are in institutions. We're not looking at the broadness of disability and sexual violence. And because of that, we're not looking at how trans disabled people are impacted, Black trans disabled people, and who probably, most likely, based on other data have higher rates of experiencing sexual violence. There's also the fetishization of disability that also contributes to sexual violence. We see this a lot with dwarfism and the idea that this fetishization permits people to own someone else’s body. They feel like they can step in and control someone else’s body. And this idea of control, again, is really connected to ableism. The idea that you can control someone because you are abled, and you can take advantage of the fact that they are disabled. I feel like this happens a lot more than people realize. It's something like 90% of people with intellectual disabilities face sexual violence once in their life. Even sexual assault. I like to say sexual assault is a form of violence. Any type of sexual assault or anything unconsensual is sexual violence because you are taking the autonomy away from someone. Disability in general, when we talk about disability justice, it really centers on the idea of autonomy. So sexual violence really goes around with that because you're stealing the autonomy from someone else. You're taking someone's autonomy. Yeah, I would say that's the biggest connection between sexual violence and ableism. The fetishization, the lack of resources. Like if you're deafblind, there really isn’t a lot of resources to even go after. If you experience sexual violence, there's not a lot of resources that you can go that are accessible or places you can go to that are accessible to report. There's just a whole gap in how we support people with disabilities who experience sexual violence and the resources that we have for them.

Ana Oliveira

Thank you. And Victoria, you know, we are evidently in Pride Month, and it's an opportunity to highlight the needs, the presence, the justice issues around LGBTQI community. I particularly want to ask you about, how do you think, in our community, our LGBTQI community, the visibility, the understanding of that intersection with disability is, and then particularly about trans and disability justice?

Victoria Rodríguez-Roldán

So, I would say one of the issues that we see the most is basically the perception and attitude that if you're disabled, you couldn't possibly have a sexuality, or you couldn't possibly have a right to a relationship, or much like what Robin was talking around having children or not, having a family. We see along the lines of basically assuming you're asexual. You couldn't possibly be the object of sexual desire or having sexual desire. So, let alone things like needing things like birth control or for sexual education, especially for people with intellectual or developmental disabilities. And in the process, we see in, for example, in the case of trans autistic people, or trans people with mental health disabilities, their disability is being used as a barrier to transition. Where it’s along the lines of, “No, you don’t have dysphoria, you couldn't possibly be trans. All of this is just your disability. We are going to deny you your autonomy, or your ability to affirm your identity, assert your identity.” And in the process, it becomes a barrier. Another example of this is just how conversion therapy bans in most states do ban conversion therapy for minors under the age of 18. But under the logic of they can be forced by guardians and by parents. But in the process, we’re leaving out adults over 18 who are under guardianship because of a disability. Guardianship is the ultimate civil death for an adult, and basically makes guardians control everything about their life, and in this case of banned conversion therapy for minors, with the exception of the District of Columbia where I helped pass that bill, you can cause the situation of having the law that's required. And in the process being a barrier to being able to go to Pride or be able to be with like-minded people and so on.

And in the process, there is also it as a barrier to the mental healthcare, it being a barrier along the lines of, “We're going to misgender you. We’re going to see it as a symptom of your mental health, your mental illness.” In the case of, for example, ABA therapy in the case of autistic people, seen as a form of torture in many ways by autistic self-advocates. It is essentially from the same root as conversion therapy, along the lines that we're going to treat the symptoms, regardless of if the symptoms are bad or harmful or not. It’s all around the ones who fit the stereotype [inaudible]. And the process we are failing to acknowledge, the idea of the diversity, of neurodiversity, being an integral part of everyone, being an integral part of who we are in society, when the same thing happens around LGBTQ people. And another problem is within the disability community, it is often historically it has effectively been run by and for, like, the “elders” of the disability community that are still posting on the passage of the ADA as their main achievements, it’s primarily cis, straight, and white basically; the pale, stale, and male, to paraphrase Rebecca Cokley. But in the process, what that leads is seeing the LGBTQ community and movement as a separate thing, as a separate affair, instead of seeing it as an integral part. People with disabilities are, like, a fifth to a third of the population, that has everybody at the table, everybody of any demographic at the table, and LGBT people with disabilities, because that’s not seen as an integral part of the disability community and instead are people told, when it comes to advocacy, choose an identity and you have to stick to that instead of being who we are.

Ana Oliveira

Terrific. Thank you. I'm going to ask each one of you to make kind of a double set of comments. One is, what do you think is working? And what do you think the philanthropy, what is your advice to philanthropy? Robin, I'm thinking that philanthropy might want to hear from you about the issues around disabled parenting. And what would be your advice? What are they? And what would be your advice for philanthropy? Leslie, I'm thinking that perhaps you can tell us how the women's movement, in particular, and the Women's March, in your advice for philanthropy is dealing with disability, and what philanthropy should do. And, Victoria, also the same thing from you, and your advice about philanthropy, and perhaps a little more about what you found in terms of the support for mental health in New York state? [Inaudible] And what philanthropy can also do about that. Let's begin with you, Robin.

Robin Wilson-Beattie

Okay. Now this is – when it comes to disabled parenting, there needs to be support on all kinds of different levels, okay?

First off, acknowledging yes, that people with disabilities have families, have children, or want to have children, you know? Or don’t want to have children, you know? Childfree, some people. But one of the things, though, is one of those things is having that support. Having a supportive housing situation, having access to resources to help. And when I say help, I've seen like in other countries, where you have a care worker come in, like when you have a baby, or you have a child. And, you know, to make sure that you're coping okay, give you some advice, some assistance. The same way that I also see how we have in-home support systems. Like IHSS is, I know City of San Francisco has that, and all over, to help people stay in their homes with disabilities and help with their daily living activities. I see where we should also have, and I've also seen this work, where you have the same sort of thing, though, but for disabled parents who might need that sort of assistance, as well. So, basically an in-home human support. That is something that I've actually, I have seen that work. Because, I'll just say it like a case study, because it’s also a friend of mine, was someone who was living in a small group home, who kept saying, “I want to have a baby. I want to have a child.” And she had formerly grew up in an institution, and then got out of that, in a group home. Then, well, went out, got pregnant.
And so, luckily she was part of this disabled community, a very supportive community of self-advocates, and very involved in disability advocacy. And so, managed to get her and her child and supportive housing situation to where they have like their own apartment and things. But also, like, support workers to help coordinate things, like, you know, going to get groceries, and going to do, you know, buy things like diapers and things like that. Or just even in some classes and learning how to do things. And learning those sort of things. And she and her child are, they’re thriving. But they have that assistance, and they have that help. That's like tangible stuff that can happen. A lot of times, and also, people with disabilities, they'll find themselves stuck in a situation. You know, like, it can be an abusive situation, like finance. All these reasons that sometimes people stay with someone that has that economic power. And especially if you are in an interabled relationship, I could go on all day. I'm sorry. But yes. If you're in an interabled relationship, you might not have that, you don't have that economic power or that social power, you know, to say that, you know, like in the event of a divorce or something that you get custody. There are so many cases of people with disabilities getting their children taken away from them, particularly if they have a spouse or partner who doesn't have a disability. Then automatically they get, due to ableism, all of that. I can see support in the forms of, like, legal aid, supportive housing. Also, you know, domestic shelters, domestic shelters for women and children, and also disabled people. I could come up with a myriad of ways.

Ana Oliveira

That's super helpful. And I want to invite everybody, as you are listening to our incredible panelists, clearly, we want to answer your questions. So, please use the chat function to do that so you can continue to listen to them and then we can answer your questions. So, Leslie, what would you say? Tell us about the Women's March. Tell us about movement marches dealing with disability. Is something working, and if so, what?

Leslie Templeton

I would love to talk about this. You know, being on the Women's March board and being one of the disability representatives on the Women’s March board, and being the head of the Women's March Disability Caucus, I've seen a lot of how disability can be mutually beneficial when you’re talking about it in philanthropy. One of the big ways is that, not only when you shine – when you're talking about disability issues, you're bringing in an entire new population of people who care about disability issues and want to support your work, and at the same time, you're bringing that issue to a broader audience – your existing audience. So, when you talk about disability, you're not only helping the disability community, you're helping yourself. You're bringing a bigger audience to you. There is nothing that you could do that would be negative. There's no negative in that situation. It is one of the best relationships you can have. What we do at the Women's March, we had, in the beginning of the coronavirus, or back in fall actually, we were talking about disability justice and coronavirus. So, we had a panel. And we had hundreds of people come in. We got more people to get involved with the Women's March. And we had more people learning about the issues around disability justice and coronavirus that includes vaccine access, that includes medical access. We talked about racism and ableism combined when we talk about access to healthcare that's affordable and high quality. It was incredibly successful. I would say personally, maybe I'm a little biased, but I think it was one of our most successful panels. It was really great to be able to bring this message, this idea, this marginalization, to the forefront of a woman's movement, and talk about how marginalization, like the woman's movement, can be a great place for disability issues to take place. Again, one in four people are disabled. So, that is a huge population. So, when you're talking about disability issues, like I said, it will bring in more people. But you are helping the disability community, because you're bringing in people who typically wouldn't know what's going on in the disability community to these issues. Another thing I want to say is, one of the reasons why it's worked so well for us in the Women's March is that we have actual disabled people talking about these issues. We have people who have lived experiences, talking about these issues, bringing these issues to the forefront and being a part of the solution to these issues. We're not going out of our way and having people speak on top of people or speak for people. We want people who are – know what's going on and have lived this every day of their lives and do this work to be speaking on it. And it's been really successful because we have, these people are the ones who have the networks to provide supports. They probably have multiple experts on these kind of topics already at hand because they've worked in it. And they know what they're talking about. I cannot stress that enough that one of the best ways to make it successful for your organization to enter disability rights and enter disability justice in that sphere is to ensure you're including disabled people in the conversation, letting them lead those conversations, and making sure that when you bring them into your org, it's not just like a token. You are actually letting them be involved, they are getting a voice, they are being able to speak, and they are running these issues.

Ana Oliveira
Thank you, thank you. And Victoria. So, we would really like to hear your thoughts further. You were talking about mental health, mental illness as a disability. And I also want to ask you to talk about the intersection, the crossings between the justice system and disability.

Victoria Rodríguez-Roldán

Of course. I've been engaged in a lot of research that should be published in a Drexel Law Review, which is around the assisted outpatient treatment system. [Inaudible] And one of the issues that was happening is that it is an essentially an involuntary treatment order where you can be forced by the court to submit mental health treatment, but it is outpatient treatment. Unlike the involuntary commitment where you’re forced into the hospital against your will. And what we, what I found when going through all the statistics provided by the New York Department of Mental Health, by the New York State Government, was that the bulk of people subjected to these orders were people of color, either Hispanic or Black, depending on the population within the state, especially in New York City, especially in the five Burroughs. But essentially it created a very disproportionate amount of minorities, racial minority, [inaudible]. Most of them had a diagnosis of schizophrenia. So obviously, it creates a question of where were all these white people with schizophrenia? Basically. And in the process, wherever they are going, it is essentially not to providers that are likely to call the police or submit a court order request for involuntary treatment, or primarily going to private insurance or private hospitals and so on that are less likely to resort to the court system.
Essentially, the argument that I'm making from this piece, and from this research that I hope to continue in other cities, is that it has become, effectively, a pool of racial control, and expression of the criminal legal system where it tries to disproportionately impact and arrest and incarcerate people of color in the state. An example of this in California, that Disability Rights California has had to sue Alameda County in the county, the home of Berkely and Oakland, in the eastern part of the bay, where disproportionately the majority of the people subject to involuntary court orders in that county are Black people. Which tells you a lot about who is responding, who’s calling the police on who for mental health crises, why are the police responding to those, and so forth. We've been ignoring these so far because they are often confidential and rarely forming part of the statistics of criminal charges or whatnot. That is the subject that I've been working on. It should be published very soon in the academic journal the Drexel Law Review at Drexel Law School in Philadelphia, and I'm hoping to take it on further in other spaces, that subject, hopefully when we secure funding for it or whatnot, since this was initially a side project.

Ana Oliveira

Fabulous. Thank you so much. So, I'm going to ask just each of you to say one sentence of what philanthropy, how philanthropy can integrate, what should philanthropy do to integrate the disability lens in our work? One sentence. So, Leslie, let's begin with you.

Leslie Templeton

Make sure you're involving actual disabled people in these conversations and letting them lead projects and giving them the opportunity to make these spaces inclusive. I would say that would be probably the best way to make it the most successful relationship between disability justice and philanthropy.

Ana Oliveira

Thank you. Robin?

Robin Wilson-Beattie

Okay, really quick. When you are in including these disabled people in your initiatives, make sure to pay them. Budget for paying educators and for people with disabilities. We want, you know. [Inaudible]. Anyway, that's it.

Ana Oliveira

Excellent. Lived knowledge, lived experience is knowledge, needs to be paid. Excellent. Victoria?

Victoria Rodríguez-Roldán
Can you repeat the question real quick?

Ana Oliveira

Yes. Your biggest advice to philanthropy?

Victoria Rodríguez-Roldán

Require the organizations you are funding to have social justice and disability justice outcomes and to be employing a minimum amount of people of color to be leading these projects.

Ana Oliveira

Thank you. I'm going to turn it over to Emily now. Thank you.

Emily Harris

Well, thank you so much. There are a number of questions, and also just great acknowledgment of the powerful things you have said in the Q&A. I'll start with a question about, “What are, from your point of view, the main barriers to have equal opportunities with non-disabled women?” This questioner says she “has the impression that we always remain an afterthought, particularly in strategies and policies to tackle domestic violence. At least in Quebec, there is a lot of resistance to make accessible shelters for women who wish to break a cycle of violence at home. One of you want to jump in on that?

Leslie Templeton

I would love to talk about part of this. I really like how you brought up the fact about domestic violence. It is actually a huge fact that disability and domestic violence isn't talked about a lot. And because of that, we see a lot of people who are survivors of domestic violence having issues getting out of these situations. And when you bring up the accessibility for shelters, for women who have experienced domestic violence, we see this a lot with classism, racism, sexism that these shelters, whether they're homeless shelters, domestic violence shelters, even food pantries, they're not accessible to people with disabilities. And it's a huge issue facing so many of us who are struggling. When we look at these, one of the ways that we can really impact this is through philanthropy and talking about these issues and getting these issues out. A lot of the times they're not accessible because of pushback, but also because they're not informed. They don't know that this is actually a real thing happening. Like Robin talked about, and we're seen as asexual, a lot of the time. So, why would we be in relationships, in their mind? They don't see it as a necessity, they don't see it as a need. There isn’t this need in their head. They don't want to spend the extra money if they don't need to. What we want to show is there is a need, there is a problem going on, and there is a need for this. I think that's one of the best ways to talk about domestic violence in general. There is a need to talk about domestic violence and disability. People don't know that it exists. I think that that's one of the biggest barriers right there. We have statistics that show it. We have the research that shows it. We need to be able to advocate for these people and make sure resources are accessible because they're important. I don't care how much it costs. You need to make it accessible. If you're creating resources for domestic violence survivors, they better be accessible. Because one of the biggest groups I feel like will face domestic violence is going to be people with disabilities. And also, coming out of domestic violence, again, a lot of people are going to be disabled. They're going to be physically disabled. They're going to have mental health disabilities. They're going to have health concerns. This is just how it is. And if we're not making these resources accessible off the bat, you're completely missing an entire population of people who are facing these problems. And I say, that’s. Yeah.

Emily Harris

Thank you. Anybody else want to jump in? Robin?

Robin Wilson-Beattie

I just wanted to, actually, yes, build on exactly what Leslie was saying, because I have a concrete example here from where I am. I live in San Francisco, which has a lot of really great programs. And we have this brand-new office – it's the first in the country – for sexual assault response program, and prevention, right? This, it was something that was passed by a bill and a measure and, you know, and so the office was created. All of these years that it was in the inception, design, all of it, disability wasn't mentioned at all. So, when, like, the opening ceremony happened and, you know, showing up at city hall, and I get there, and I'm looking, and I was like, what about disability? Have you all talked about, and nobody thought about that. That was not even in the purview.

So, one of those, okay, so you need to join, but it got to the point where it's like, “Okay, I'm giving advice and helping to interview candidates to be the new director of this center.” None of the candidates, out of all of the people we were interviewing, when we would ask them about what kind of marginalizations do you think are important to address when it comes to domestic violence, and when it comes to – everything was mentioned, from immigration status to, you know, being monolingual in a non-English language, everything under the sun but disability.
So, I had a voice, for what, but I felt like I haven't been participating, because I believe in paying people if they are giving so much of themselves and their expertise and that sort of thing. And I only have so much time. But that needs to be, that's like a concrete example. And it's wonderful work that they're doing, and I'm thinking it's amazing that there is this office. But often people, like Leslie said, they don't think that people with disabilities are, you know, in relationships or that this is a concern. And so, you know, not only making accessible to get in there. Being able to have access to interpreters. To be able to have pictorial, because not everyone is able to read letters. Being able to have pictorially, be able to have stuff in braille. There are a lot of ways that people can be supportive, and also providing funds to make those materials. Because I know that it's expensive to create things and to make things in braille, and to caption videos or whatever the kind of outreach stuff. That was just something, I'm sorry, that when Leslie started talking about that, I was like, “Yeah, I have an example!”

Emily Harris

That's great. I want to get to two more questions that I'm going to combine into one because we have limited time left. These are questions about philanthropy. The first question is, are there foundations that any of you work with or are aware of that you would lift up as really centering disability, the disability community, in the co-creation of what they fund and how they fund? And Ana, feel free to talk about that, too. And then related to that, and maybe this is too much for our remaining couple minutes, is it better for philanthropy to support disability efforts specifically, or push mainstream efforts to be more inclusive like you were just talking about? So, does somebody want to take that example of foundations that are lifting the community up?

Ana Oliveira
I think we need more work in philanthropy to be able to have a, I’m getting, you know, we all want to be able to say four or five or six foundations, minimum. You know what I mean? We're clearly not there. But maybe, Robin, I see your hand there. Maybe you do have somebody you want to uplift?

Emily Harris

You're on mute, Robin.

Robin Wilson-Beattie

Yes. There are disabled parenting network. There are disabled parenting groups that have been funded, that have been formed by an organization that had been formed by disabled parents as a form of advocacy, but also as support and help because we found a lot of times that community is how we help find solutions. And I would encourage, and I can leave some in the, I guess the chat, some organizations that I think would be really great that could use some support. Also, I wanted to mention Sins Invalid because of their work in disability justice, sexuality, education. Sins Invalid is an amazing organization that spreads the message, but also, members of them, they are the ones that came up with that theory of disability justice and what that means. I'll put some of those in the chat.

Great. Thank you. And check out on our website the Disability Inclusion Fund, which is a participatory grantmaking foundation, learning about how to lift those voices up. I am just going to close us up. I wish we had time for more Q&A and discussion with our incredible panelists. But I want to go to the final slide here, which is to let you know that we have a next conversation about the intersections between disability and other topics on climate change and disability. This one is going to be a tough act to follow. You all have been absolutely phenomenal, and I've learned so much. But please do join us on September 23rd. Following the close of this session, you'll receive a short survey. Please help us learn from your experiences by taking a few minutes to fill it out.

A link is also available in the chat. Your feedback from this webinar will inform our future webinars in this series. We look forward to continuing to learn together. And to continue learning, please sign up on our website, Disability & Philanthropy Forum. You can find it at disabilityphilanthropy.org. You'll receive newsletters. And come back early and often to explore the videos and curated resources that address the journey to disability inclusion. A little advertisement, our panelists will be posting blogs in the next several months continuing their exploration of this incredible topic. You can also connect with us on social media. And finally, if you are a grantmaker and today's discussion has convinced you of how essential disability inclusion is to fulfilling your mission, please encourage your organization to sign onto the Presidents’ Council’s new Disability Inclusion Pledge. You can learn more at disabilityphilanthropy.org. This conversation today has given me a lot of hope and a lot of excitement about the work that all of the panelists are doing on the ground, the work that the New York Women's Foundation is doing to integrate disability in its participatory grantmaking programs. And I am so grateful to all of you for sharing your day with us. Thank you.

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