**Priya:**

Hello everybody, and welcome to The Partnership for Inclusive Disaster Strategies' Disability Bias for Emergency Management Planning Professionals: Why It Matters and What you Can Do to Reduce It.

My name is Priya Penner and I'm with The Partnership for Inclusive Disaster Strategies. I use she/her pronouns and I'm a brown woman with long, curly black hair. Today I'm wearing a purple shirt and a blue-gray colored cardigan.

On screen, you have a title slide with text that reads Disability Bias for Emergency Management Professionals: Why It Matters and What You Can Do to Reduce It.

Below the title is our website [www.disasterstrategies.org](http://www.disasterstrategies.org). Above this text is the Partnership's logo, which is a sun with four images within it. Those four images are a hurricane. A thunderstorm cloud. A home with a split down the middle and a tornado. The words The Partnership for Inclusive Disaster Strategies sit to the right of the logo.

So I'm going to go ahead and first get started with some accessibility and technical support reminders, and then I'm going to pass it off to Melissa Marshall to get us started. So first and foremost, this training is being recorded and accessible. Archive of today's conversation will be available in the coming weeks. The archive will include the ASL interpretation that is included today, as well as closed captions.

As I mentioned, we have ASL interpretation and we have as well CART captioning: Communication Access Real Time Translation captions. Our ASL interpreters today are Kenya McPheeters and Jennifer Figuerera. They are spotlighted so everyone can see them on screen.

If you can't see them at all, please do let us know either via chat or you can email us at Priya

at Disaster Strategies dot org. That's [priya@disasterstrategies.org](mailto:priya@disasterstrategies.org). If you're having trouble seeing the interpreters, you can change the size of the zoom screen to do so. You can click on the frame that separates the interpreters or the videos from the shared screen. You can see if you're accessing today's presentation visually.

You can see the highlighted area in the red box and you can click that frame, drag it left or right to change the size of the videos. CART is embedded in Zoom and you can access it via the CC button, click once and then click show subtitles. You can edit the size of the text or the color of the text via the edit settings button. Once you click the CC button once you can also open the CART transcript in a separate link. That link is put in the chat for you.

A huge thank you to our entire team. Access team for making today possible. Thanks.

So today is going to be there will be a number of opportunities for folks to be involved. We really, really want you to participate because that's what makes trainings interesting and fun.

There's a number of ways for you to participate. You can either raise your hand using the raising your hand feature in the bottom of your zoom screen or you can type in chat. Again, if chat is not accessible to you,

please do email Priya at disaster strategies dot org (priya@disasterstrategies.org) with any of your responses and we'll make sure that they get read.

You can also raise your hand or type in chat or email us for any technical assistance or to alert us to an issue.

So I'm going to end with some friendly reminders regarding accessibility for today's training and this also helps us create an accessible post-production archive for you guys.

So first and foremost, please do identify yourself before speaking. As I said, there's a number of opportunities for folks to chime in and share their experiences or add questions. Please do just state your name before doing so, so that those who are following along via CART are able to do so and identify who is speaking.

As we noted earlier at the beginning of this training, please don't. Please do keep yourself muted

and don't talk over others. Again, this helps folks who are accessing the CART transcript to access a clean version and follow along with the conversation.

Please do keep yourself off of camera if at all possible. This helps us create an accessible post-production. If you're having any difficulties muting yourself or turning off your camera, we will have partnership staff available to assist you in muting or turning your camera off.

And then finally, please do avoid using acronyms. I know that we tend to use the jargon that everyone we assume everyone's familiar with, but we don't want to assume anything. And avoiding acronyms and whatnot allow for folks to, again, stay on the same page, albeit in the same part of the conversation.

And with that, thank you so much. And I'm going to pass it to Melissa.

**Shaylin:**

This is Shaylin. Melissa, sorry you're still on mute.

**Melissa:**

I should be unmuted now; is that better?

**Shaylin:**

We hear you loud and clear.

**Melissa:**

Thank you so much. I apologize, everyone. Good morning. I'm Melissa Marshall and I am. I'm a white woman with I used to call COVID gray hair I'm now modifying it to call it silver hair and I am wearing a black jacket and a print and a print shirt underneath that today. And I wear glasses and I am the Director of Operations for The Partnership for Inclusive Disaster Strategies, and I am joined here today by Co-Executive Directors Shaylin Sluzalis, and Germán Parodi, Priya Penner and Jean Grover from our team are also with us today.

And The Partnership is the nation's disability led inclusive emergency management subject matter experts.

These are our team members, and we're the only U.S. disability led organization with a focused mission of equity for people with disabilities and people with access and functional needs throughout all planning programs, services and procedures before, during and after disasters and emergencies. Next.

And I want to acknowledge and I want to thank our sponsor, the Connecticut State Independent

Living Council, the Connecticut SILC and Molly Cole, who is the Director of the Council The Executive Director of the Council.

And next slide, and we want to thank the planning committee.

And the planning committee was so big it didn't fit on one slide. So thanks to Gretchen Knauff, of the Office

of Disability Services and the City of New Haven, Molly Cole as I said, the Connecticut State Independent Living Council.

Rick Famiglietti from the Center for Disability Rights, Rich Luby from Independence Northwest.

Eileen Healy Executive Director of Independence Northwest. Heather Kwolek From UConn. From the UConn UCEDD

Next.

Susan Schott with the American Red Cross. Christina Thompson with Independence Unlimited. Melissa Thompson with Independence Unlimited. Julie Ferrucci from Access Independence Walter, Guam. The Connecticut Council and Developmental Disabilities. Carmen Correa-Rios from the Center for Disability Rights and Brynn Hickey, the Disabilities Network of Eastern Connecticut. And again, I love being at home.

I am in West Hartford, Connecticut. I'm usually training to national audiences, so it feels great to be close to, if not literally, physically I'm kind of closer to you in distance. So that's nice. And I know many of you and it feels like, well, it is coming home because I've done disability rights advocacy in Connecticut since the, heaven help me, middle eighties.

So thank you so much. Let's go through some ground rules.

First of all, maintain confidentiality. Pretty basic. We're all professionals. We all know that means don't

share any one's specific circumstances or their name or their address. You know, maintain confidentiality,

as we all know. Second ground rule is to ask questions. If you have a question, I guarantee you someone else in this virtual room has that same question. You might have it, they might have it later. Or they might have it tomorrow morning. So ask the questions.

There's no such thing as a bad question. Please ask all of your questions,

and it's really important to ask and get that information out there because that's how we learn

is by asking questions. You won't sidetrack me. And as Priya said, you can put your you can raise your hand

or you can put your questions in the chat.

And I might say to you, we're going to get to that a few minutes. I might say we'll talk about that offline. And I might say to you and I might just answer the question then. Today is number one of a two part series of trainings.

We're going to be discussing disability bias in emergency management planning today and next Wednesday,

the 22nd, at the same time at 9 a.m., we're going to talk about legal obligations around emergency management. So this is really exciting. So that's how we divided it up. So that's ask questions, have fun. Having fun is really important because human beings learn better when they're relaxed and they're having fun and having a good time. And to facilitate you having fun today, I have with me virtual fabulous prizes. And for those of you who know me, I give fabulous prizes when I do trainings, I think gifts you might get prizes, you might get a children's birthday party.

They're not big valuable prizes, but they're there to motivate you.

And I'm giving people virtual fabulous prizes today because we're virtual. But when I see you,

I have a bag of prizes with me and I'll have to give you that, that maybe it's a Little red Corvette. Who knows? So.

So maintain confidentiality, ask questions, have fun. And if anyone else has any other ground rules, they'd like to suggest, please, please raise your hand or put them in the chat. You see any hands raised?

**Priya:**

This is Priya. I do not see any hands nor any comments in chat.

**Melissa:**

Thank you. So our objectives today are for you to be able to recognize implicit and unconscious disability

bias and recognize ableism in emergency management. Interrupt disability bias during planning and response and use most appropriate disability etiquette during planning and response. And if you have any individual goals, please put them in the chat or please raise your hands if there's something else; now

a number of you were really amazing and asked some really great questions in the registration. And thank you so much. You told me about who you were, what you wanted to know; many of those questions

we're going to deal with next week.

So if I didn't get a question you asked, I'm probably going to get it to next week because next we'll be talking about legal obligations and most of your questions were closer to legal obligations than to bias.

So we're going to be discussing those next week. Just so you know. Next please.

Now we're going to do a few activities. I just want to say something before we get started, though, because you might be sitting here thinking, why do I have to come? Did someone invite me to come to this module

on disability bias when I'm an emergency manager? Why do I need to know these things? Why don't I just need to know the law and what I have to do?

Before you can comply with the law is really important to look at some bias issues around that. And when people look at bias issues around that, I'm not saying anyone intends to be biased or anything like that. We'll get to that. But you need to look at these things before you're able to plan inclusively and before you can comply with the law.

Next, please.

So we are going to do an activity. And what I would like you to do is Priya is going to be doing this

on the whiteboard. Priya?

Is what do you do? What do you think of when I say disabled person and a disaster? First thing you think of in your head. There's no right answer. There's no wrong answer. There's nothing you shouldn't say. What's the first thing that comes to your head? First thing.

**Shaylin:**

This is Shaylin. I see Carol saying more needs.

**Melissa:**

Thank you.

**Shaylin:**

I see Diane saying keep safe.

**Melissa:**

Thank you.

**Shaylin:**

I see Andy saying help them.

**Melissa:**

Thank you.

**Shaylin:**

And I see Gretchen saying better planning.

**Melissa:**

Thank you, gretchen.

**Shaylin:**

I apologize if I mispronounced something, says someone who would need assistance. Gary says transportation Monica says can't access services as easily as most. Jamie says What would they need

if they need to evacuate a shelter? Christopher says power outages. Greg says hardship. Gretchen says people with disabilities need better understanding of their rights. Michelle or Michael, I apologize, says special needs. Andrew says ask questions. Michelle says fear. Steven says preparing for assisting them with their needs. Denise says more awareness. Sue says transportation. Carmen says more barriers. Jennifer says someone who is in a panic but can't speak. Andy says special situations. I lost my spot, Carly says Communication and Gretchen says, include more people with disabilities in the planning in the planning process. And Raymond says, inability to respond in a normally expected fashion to assistance in a disaster. Jubenal says someone who knows exactly what they need. And Gary says, again, wheelchair access. And I see another comment around fear as well.

**Melissa:**

Thank you and thank you.

It's great to have all your responses. I really, really, really love it. All of you get virtual fabulous prizes. Who was the first person who responded?

**Shaylin:**

The first person that responded was, Carol.

**Melissa:**

That's right, Carol. You get a virtual fabulous prize and you get a very small Super ball that has glitter inside it. That's what your fabulous prize is. It is lots of fabulous prizes today because there are literally infinite.

Next, please, next slide. Oh, thank you.

What more do you think of when I say when I say deaf person, in a disaster. What word of words do you think? Virtual. Thank you. Thank you, Carol. When I say deaf person and disaster, what do you think.

**Shaylin:**

This is Shaylin

I see Diane saying, communication, and Sue also saying communication needs and I see Steven agreeing the ability to communicate with them. Gretchen says no interpreters at press conferences. Jennifer says lack of those being able to sign. Monica says communication barriers; see other communication needs being mentioned.

Andy says, How do you know? And Wendy says a lack of interpreter.

**Melissa:**

Thank you. Thank you. Let's go to the next slide, please.

What do you think of when I say a person with an intellectual disability during a disaster?

**Shaylin:**

This is Shaylin. I see Olivia saying overwhelming for them, Harley saying communication. Sue saying needs support. Carol says increased potential fear and Denise says might not understand what is happening. Monica says, can they fully understand/recognize what's going on? Gretchen says prior planning. Stephen says communication. Jamie says what they need to remain comfortable. Raymond says inability to respond normally to directions. Wendy says feels lost. Jose says comprehension.

Ryan says overstimulation. Heather says very individualized needs. Andy says understanding the context

following directions. Rich says familiar supports necessary. Suleyman says support. Justin says misinterpretation of their behavior by emergency workers and Ryan says needs to communicate and break down what is happening at time of emergency. And Barbara says emotional support.

**Melissa:**

Thank you all. What do you think of now going to the next slide? When I say person, can we go to the next slide Priya. I'm going to let you fill it in. Sorry about that.

Sorry about that. I'm using a different screen. So if I if I'm off, that's why. So what do you think of when I say person with a mental health condition or psychiatric disability in a disaster

**Shaylin:**

This is Shaylin. I see Carol saying triggers Mikayla saying crisis management. Suleyman saying care. Wendy saying challenging. Lisa saying increased anxiety. Rich saying access to necessary medication. Monica saying anxiety/mental status increases. Andy says challenge. Amanda says increased emotion. Sandra says anxiety. Jennifer says understanding. Carmen says a lot of fear. Christopher says meds. Gabriel says stress. Olivia says inability to process information efficiently. Jamie says understanding individual needs. And Raymond says, unable to comprehend in a normal fashion to direction, let's say, says anxious.

Gretchen says everyone has different needs, so plan ahead. Greg says extra resources and Heather says need familiar supports.

**Melissa:**

Thank you so much. And I'm going to give you one more phrase to associate and to get your responses to. What do you think of when I say autistic person in a disaster?

**Shaylin:**

I see this is Shaylin, and I see Wendy saying support. Diane saying overstimulation and disaster. Raymond says someone on the spectrum. Ryan says extreme overstimulation. Posey says lost. Carol says routine disrupted. And Gretchen says, learn what the person needs and plan for it. Stephen says ability to communicate with them and Julie says triggers.

**Melissa:**

Thank you.

Next slide, please.

So if you look at the responses or think about the responses we just made, I don't see many positive responses. I didn't see a person with a disability in disaster. No problem is all handled were planned.

I heard a lot of we don't have plans. I heard a lot of people with disabilities need. And that's true. People with disabilities do have needs. Guess what? There's no such thing as a special need. Or we all have special needs, depending on how you look at it.

We all have needs and so we're looking at people with disabilities and what they need. I heard the theme of planning coming up, which is great because as the topic we're going to talk about today and people, disabilities tend not to get thought about in disasters, which is one of the reasons I wanted you all to get thinking of a variety of people, different disabilities and disasters.

Now, one thing I didn't hear is recovery specialists, people bringing aid. And I want to acknowledge that Germán and Shaylin remember 2017, we had Hurricanes Harvey, Irma and Maria and Germán and Shaylin went as rescuers delivering water, helping people, doing things, meeting people's needs, serving the people in the community. Germán is someone with quadriplegia, which I'm allowed to share, and Shaylin has a disability and they were people with disabilities, bringing the resources to the community.

So sometimes we need things when we're in disasters and sometimes we are the people bringing the assistance. And I think that's really important to think of.

We almost never think of people with disabilities. The best we get is people with disabilities are well served.

We almost never think of people with disabilities where they're the experts in their needs. And some people said that. But we tend not to think of them as the emergency management specialists that come in.

Just an interesting note just to start you off.

Next slide, please.

So now I'm going to I'm going to keep talking to you. This is totally interactive, and I love that. So I would like you to share a time first. When maybe someone who hasn't spoken, but if you've spoken, it's okay to share a time when you're completely comfortable with the person with a disability. It was just air quotes normal. I know normal isn't real, but it's normal when you're hanging out with someone with disability and it was normal.

Can anybody give me an example or two?

**Shaylin:**

This is Shaylin, while folks either write in the chat also want to remind folks if you prefer to voice your comment, you can feel free to raise your hand. This is Shaylin.

I see Diane sharing. I took my friend on a photography shoot. As it was her passion.

**Melissa:**

Yep, do we have another one? I'm sure we have another one where someone with a disability and it was air quotes normal regular.

Just another day.

**Shaylin:**

This is Shaylin, I see Raymond saying every time.

**Melissa:**

Every time. Anyone else? Okay. Now, okay.

**Shaylin:**

Hold on one second. Andy sharing. As a scoutmaster, I have had many great experiences out in the woods and Barbara says on the job. And Lisa says, I believe every day.

**Melissa:**

Thank you. Now I'd like you to share a time when you're less than comfortable with someone with a disability or you didn't know what to do. It might have been just like a little encounter you had with someone and you weren't sure what to do or you weren't sure what to say. Or sometime

you know where you're uncomfortable.

Someone with a disability.

**Shaylin:**

This is Shaylin. I see Raymond sharing when someone becomes violent.

**Melissa:**

That would make me uncomfortable.

**Priya:**

So this is Priya. I believe I saw Mary raising their hand. Mary did you want to come off mute and share?

**Mary:**

Yes, I would thank you. I work for emergency management and during an exercise there was an individual who was blind. And I felt the need to help them and guide them. But she taught me that I was there to support her and let her teach me to to help her through that event, not lead her, but work with her. And that was a great learning experience for me.

**Melissa:**

Mary, you get a brand new matchbox sized red Corvette. Just saying, that's your fabulous prize. Thank you.

And two things, Mary. Thank you for sharing an uncomfortable experience. And you framed it really well. I felt a need to lead her. You weren't saying. I thought, you know, you felt the need and really care is about your need, not about her need. And then you're open to her need. And you heard that. So that's a great thing. Anybody else?

**Priya:**

This is Priya.

**Melissa:**

Also you get bonus points

because it was about emergency management.

**Priya:**

This is Priya. We have a number of fantastic stories in chat. Stacy shares that I apologize. I lost the comment. Stacy shares that people struggle with my husband who has a speech impediment. Lisa shares when I was a child and didn't know what the disability was, Monica says tried to help a visually impaired person across the street, but she said she was okay and her dog could help. It showed me that she was very capable of crossing herself.

**Melissa:**

Mm hmm.

**Priya:**

Christopher says someone with Tourette's and a public lecture Rich is commiserating with Mary and says, Yes, I have been there as well, Mary, misunderstanding the needs, Ryan says, trying to communicate with

someone whom is nonverbal and myself, being someone who's Deaf, made it difficult to communicate with someone. At a meeting in a nursing home, I tried my best to work with a person to better communicate, Stacy shares as well. He, meaning her husband, is also a wheelchair user. Some people aren't comfortable

when he is pushing a stroller or carrying kids on a foot rest.

**Melissa:**

Mm hmm.

**Priya:**

Eugene shares with an inability to talk. How do I know exactly what is wrong with them medically? And Raymond shares when language was a barrier.

**Shaylin:**

And this is Shaylin. One additional comment in the chat I saw early on from Michael was dealing with mental illness when in a mixed group of people

**Melissa:**

thank you.

For all of those shares those are all really important and everybody has a disability that they're uncomfortable with. And we'll talk we'll talk about that in a little bit. In a little bit.

Thank you for all of this.

Next slide.

So now we're going to do another activity called us and them and us and them is where we categorize people who are perceived as different as human beings. We like to categorize people. If we're if I was there in person, I do an activity with masks and I'd be putting on masks and about how we characterize people.

But this is a different activity demonstrating a similar kind of thing. We want to Know who's one of us and we want to know who's one of them as human beings.

And think about if you've ever felt like someone with a disability was more like one of them than one of us,

any times raise a hand show of hands, Do we see hands up?

**Priya:**

This is Priya. Yes, I see several hands. I also apologize. I seem to have lost my slides. Apologies. But yes, there are several hands. Okay, great. Great.

**Melissa:**

Yeah, that's. That's that's, you know, that's. That's just par for the course next slide, please. You got the slide Priya?

**Priya:**

This is Priya. Yes, we're on the next slide. Okay.

**Melissa:**

So I would like you to imagine and you see this gentleman and I am opening it up so I can see my speaker's notes. You see this gentleman? He's near your workplace and he's coming down the street and he's young, black. He's a young black person. A young black person in brightly colored clothing and a manual wheelchair, and he smiles while using his phone at an intersection. So you see him on the street

outside your office. You see him coming toward you.

He puts his phone down and it comes towards you and you don't know him. He's coming toward you. Anybody feel that discomfort. Like. Like he's one of them or you don't know what to do or someone in the audience. And I wish I could give a credit for this because I thought it was so brilliant, said she wasn't quite sure where to put her eyes and you feel you see yourself staring because you want to look.

Then you hear your mother's voice in the background saying "don't stare!" And you look away and you stare. You look away, you look away and stare. You do this kind of thing. It's hysterical from the vantage point of a wheelchair user, and people do it. And I don't enjoy people being uncomfortable, but it's a funny set of motions, I have to admit that people go through what they're trying to stare and not stare and struggle with that.

So anybody feel like this person is more like ... you don't know him, he's coming toward you like you're a little bit uncomfortable. Are there people saying that they're uncomfortable? He's more like one of them

and if so, Priya, can you move him towards the box?

**Priya:**

This is Priya. If you feel. I don't see anything in chat. If you do feel that he could potentially be one of them, you can feel free to raise your hand or react with the reaction button or put in chat.

**Melissa:**

Yeah. Just like you're uncomfortable. You don't know what to do. We see him coming down the street and most audiences, and I've been doing this activity not virtually, but I've been doing this activity for a long period of time. Most audiences, some people will feel like this person is more like one of them.

I'm just going to put him in the box for right now.

**Shaylin:**

This is Shaylin. We've got quite a few comments

in the chat. I want to voice. I see. Diane says first us and Suleyman agrees. He's one of us. Carol also says us. Christopher says, I think the smile helps me feel more comfortable.

Yes. And Barbara says, smile at them. And we do have a question from Gretchen asking what is them?

**Melissa:**

Those are other people. Others kind of one of them, one of us versus one of them. And I do this physically with dolls and I do this. I put people in boxes now. Okay.

**Priya:**

So this is Priya I'm also going to jump in. I see a couple more comments. And I also see Rick raising their hand. Barbara says, Smile at them, Jose says US. Suleyman adds, I'd say hi just as if there was a person without a wheelchair, Michael says, physically overcompensating when getting out of the way, Wendy shares his face makes me feel comfortable.

Provide assistance if needed. Sandra says, US, Rick, do you want to go ahead and share?

**Rick:**

You know, I'm just wondering where people who are answering, are or are they a similar disability? So I'm in a wheelchair, so I'm going to look at this guy. And so he's one of us. Yep.

**Melissa:**

Okay, great. Most you think you feel like he's one of us. Now. For anyone who felt a little twinge, if you did and didn't voice that like he's one of them, I'm going to add I'm going to give you some more information about this gentleman. He's that guy. That used to be a temp in I.T. and he calls you by name

first and then you're uncomfortable because it's that sensation of someone that you don't know calling you by name and he calls you by name and you realize he's a guy in I.T. and you sit and you talk for a little while

and he says, can you believe this? I broke my leg last winter. I'm going to be ... I was in a cast for a while.

Now I'm using a wheelchair and it's going to be another three or four months. And there really isn't enough accessible parking around. And you make plans to get together for coffee or lunch sometime and you both probably know it's never going to happen, even though you'd like it to.

Do you feel a little more comfortable with him? To people that didn't feel comfortable. Now you know who he is. And it's temporary. A number of people talked about how he was smiling, and I think that's a really interesting phenomenon. Sometimes I feel and I choose to do this as my profession, and I've been doing advocacy, advocacy and bias training since I was 17 years old; I didn't call it that then, I called it awareness training. But, you know, we didn't use the word disability then.

I'm not even sure what we used then, but one. So I choose to represent myself. Sometimes I think a lot of people with disabilities feel it's necessary for them to look pleasant all the time and approachable, particularly people of color. I'm not a person of color, so I can't speak for people of color, but my friends of color have told me that because they want to, as a black man, he wants to look maybe unintimidating. So that's another thing. And he just happens to be smiling in this picture.

Okay.

**Priya:**

Is this is Priya just wanted to read Raymond's comment. Your answers may be different. If you were asking a different audience who is less empathetic.

**Melissa:**

They might be okay, next and next slide, please.

Okay. And I like to imagine you see thisngentleman coming down the street. He's a middle aged white man and he's coming down also by and by another office. He's dressed in a tie and white shirt and dress pants and he's using a cane and has dark glasses on.

And it appears to that he's Blind. Anyone feel slightly uncomfortable with this person? Or not know what to do. Do you ever feel a need to announce yourself? I have a friend who's Blind, who says lots of people,

sometimes cough when they're near her, shouldn't really, really shouldn't do that with COVID.

This is before COVID. But to kind of announce their and say they're here and notify people, anybody feel a little uncomfortable? Just a twinge. And tell me what we're seeing. Priya, please.

**Priya:**

This is Priya, Lisa says US and Andy shares. I think we are biologically wired to respond positively to a positive reaction and adds, I want to move out of his way, not caused not to cause him additional difficulty.

Christopher says. I would just feel the need to stay out of the way, Andrew says. Try to move out of the way

and/or make a noise to announce presence.

**Melissa:**

Mm hmm.

**Priya:**

Raymond has a question. What's the armband?

**Melissa:**

I do not know what the armband is so. I do not know what the armband is. So let's ignore the armband for now. But that's a very good question, Raymond. Thank you for asking that. So, yeah, a lot of times people

sometimes I've kind of felt the need to announce myself. Sometimes my scooter makes a little noise, but I forget that it makes a little bit of noise. And I've done the coughing thing, but not since the pandemic. Someone mentioned with the person who used the wheelchair and with the blind person kind of overcompensated.

Some people went just out of the way. Some people talk about overcompensating. I've stood and watched during the pandemic and just starting to go out into the world, even though there's still COVID another subject for another time. But I remember there were six or seven people, I think they were together in a group standing at a at a crosswalk in West Hartford Center.

You know, they push the button, they're ready to stand. And as I came as I came within six feet of them. All. Of them in unison, moved two steps to the left. It was really funny. And they were six, seven feet away from me. It's what some of these people do some of the time.

Now I'm going to give you some more information about this gentleman.

He's your mentor. He is the person who you go to for advice. He is the person you ask things for. He is the person who talked your boss out of A) firing you and B) killing you that time you did that really, really not wise thing. That thing we've all done it at certain points. He's your mentor.

Feel a little bit more comfortable with him now, a little bit more like he's even more like us?

**Priya:**

This is Priya. While folks are responding to that question. I'm going to read other comments, Diane says us and then give space Jose shares feel like I have to increase his situational awareness. Gary says Not at all. I always wonder if it is someone I know and introduce myself, Raymond says he obviously knows the photographer is present. Jose says yes. In response to your question, does this make are we more comfortable with him. and Stacy shares at a curb ramp I wish more people moved out of the way.

**Melissa:**

That is true. That is true.

They weren't at the curb ramp. But they just it's funny because they all moved in unison the exact same amount of space as it was one of those amusing moments. Okay. I'm going to Go to the next slide, please.

**Priya:**

Absolutely. And Raymond says, of course, familiarity always raises level of comfort.

**Melissa:**

Exactly. Exactly. And Now we have a person and she's in a city near you.

She's not at your workplace. She's presumably outside. And she's a white feminine appearing person, covered by a blanket on a dirty concrete floor. And they have a hat, a hat on them and a plaid shirt.

And there's a trash bag sits next to them. On the day that you see them, the person is standing up and kind of talking. Not very loudly, little bit of a rant, but not loudly and making lots, lots of gestures to people that you don't see there. Anybody feel a level of discomfort with this person?

**Priya:**

This is Priya as folks respond to that question. Excuse me. As folks respond, going to read Christopher's comment, Christopher shares in Germany, people who are visual impairments can wearnyellow armbands with three black dots.

**Melissa:**

Thank you! Thanks Christopher. That's really that's really helpful. That's a relatively new picture and I've always wondered that. Yes. So what are people thinking? This person, this woman?

**Priya:**

Yes, absolutely. So Andy shares. Yes, Raymond says "them." The least of God's children. Lisa says, Not at all. Greg says no. Jose says yes. Don't know if there are any weapons under the blanket. Andrew shares might depend on the location. In Connecticut I rarely feel discomfort, but in San Francisco I felt very nervous.

**Melissa:**

Thank you. Thank you.

Thank you for those answers. I really appreciate it. So she's kind of more like them to most people. And I've use this particular example for many years and I've never gotten a situation, including in homeless shelters, when this person wasn't more towards them and towards us.

When I talk to people about it and we're going to leave her in that box for now, and there's something I'm obligated to say that whenever I talk about people's psychiatric disabilities, mental health conditions, whatever, however you choose to describe it, people people with psychiatric disabilities are no more likely to be -- are less likely to be violent than other people, they're not more likely to be violent. They're less likely to be violent. What what they're more likely to be is victims of crimes. So people with psychiatric disabilities, people with mental health conditions are not more likely to be violent.

They're less likely to be violent. Just I feel I need to say that every time, especially as we look at mass shootings which occur all the time and sometimes more than others, but they're all the time in our society. That's just something important for all of us to understand. So it wasn't total sidetrack, but next slide.

Now I'm going to describe this woman. For those of you that don't know her, she's a young black woman wearing a purple plaid jacket and has a yellow bag over her shoulder. And she's looking into a camera, into the camera.

And I don't have to introduce you to her because she's your sister in law and less family gathering when you at least thought she was alone in the kitchen. You heard her talking and making gestures and kind of ranting a little bit to people you also didn't see there. Are you more comfortable with her than you were the previous woman? Sometimes people say this is an exercise in family dynamics and in-laws. More and more that is a disability. This piece of it.

**Priya:**

This is Priya, as folks are responding to that question. Stacey had shared from for the previous question with the person on the street. Stacey says, I agree with Andrew, Barbara says, True. In response to your acknowledgment that people with mental health disabilities are less likely to commit crimes and be violent commit violent crimes. To be clear.

**Priya:**

Carmen says, thanks for that statement. Barbara says they are compassionate, I believe is the word that they meant. Lisa says, I feel the same.

Raymond says, No, it I believe that's in response to do they feel like them? Andy says she has family, so that would be more of a sense of belonging. Greg says yes, family. Andrew says, more comfortable due to context. Part of the family. Monica says, yes, more comfortable because I know her. Jose says close quarters, heightened situational awareness. Amanda says she is family always more comfortable around family. Stacey says us. We are always more comfortable with what is known.

**Melissa:**

Thank you. And you've made all my points.

You're more comfortable with her because you know, by the way they have the same psychiatric label or diagnosis. They both have the same diagnosis. They both prescribe the same meds, they both have the same disability. So anyway, and you've answered this a lot, but I want to go to the next slide, please.

What changed?

You've talked about familiarity. What else changed as you got more comfortable with people? I'm going to ask a bigger question now. Who changed? Did their physical or other disability Their disability didn't change as they became as you became more comfortable with them, what changed? Who changed?

**Priya:**

Gretchen says you changed. You changed. Jose says concentrate and focus on talking with her. Try not to confine her. In regards to the last picture, Andrew says I change perception based on context, Su says You change because you have more familiarity to them. Carmen says us.

**Melissa:**

Yeah, and I don't want to lose that. That's very, very important.

And for people that don't have as much experience with people with disabilities is that when what this means is you can become comfortable with any person with any disability by getting to know them and get them to spend more time with them because it's not something artificial in them, it's in us, in our openness. And we all have a disability. We're all going, yeah, but x disability makes me uncomfortable. It just does. And I'm not going to say out loud what it is because I'm uncomfortable with that. But but I have x disability that just makes me uncomfortable and I shouldn't, but I do.

And it's you and it's getting to know the person and the story I tell and some people on this call will remember this well, will relate to the story. My very first boss in the disability rights movement was a man who had cerebral palsy. His name was Elliot Dober, and it was great to work with him.

And he had CP and I have cerebral palsy, so that's great. Another person with cerebral palsy is great.

And at first meeting him and he drooled sometimes on his tie.

And at first it made me uncomfortable.

Kind of like the dissonance in my head. He's my boss and he's drooling and he's my boss. And how can you be uncomfortable and it's cerebral palsy and how could you be uncomfortable?

And they got louder and louder, louder in my head until we had our first disagreement. And I had to persuade him to support a piece of legislation or not support a piece of legislation that I didn't want to support and went back and forth. And we engaged in a friendly argument, a friendly, persuasive argument. I don't remember if I won or if I lost. I just remember that we engaged in that argument. And then his disability was gone forever and I saw him as the person.

So it's seeing that person, it's taking that time. I'm going to go to the next slide, see if we have any questions. Then I want to move on and if you could put your questions in the slide, if you in the chat, if you have them, that would be great.

**Priya:**

And this is Priya. I just want to make sure I'm reading all the comments for access.

**Melissa:**

Thank you. Yep, absolutely.

**Priya:**

Eugene says more comfortable setting makes you more acceptable?

**Melissa:**

Absolutely. Eugene.

**Priya:**

Monica says, my reaction change. Not the person. Bill says we changed. Andy says plus one to Gretchen and meaning he shares Gretchen's opinion. Raymond says Knowledge. I haven't changed. Olivia says more familiar, more comfortable. No more details. Sandra says, I changed. And Lisa shares: Elliot was my cousin, and that is who I was referring to when I said I didn't know what his disability was when I was a child.

**Melissa:**

Oh, it's wonderful. Oh, Elliot was Elliot was my first boss in the disability rights movement.

And we get way past and we work together for years. The Office of Protection and Advocacy, which is now Disability Rights Connecticut. And I was a legal intern then, so that is so cool. That is so cool. Thank you for sharing that and any questions if you could put them in the chat. But I would like to move on to the two key terms and principles.

**Priya:**

Yes, absolutely. That's where we are. And then want to also voice Gretchen says mine too. Yes.

**Melissa:**

Yes, exactly. Exactly.

So I knew Gretchen would get it. And so. Why do you need to learn about key terms and principles? These are key terms and principles around disaster. These are key terms and principles around disability.

Why do you need to learn them? And we need to learn them. So we have a common understanding and that's really important.

So I'm going to go on and go to some of the key terms and principles I'd like you to talk about.

Next, please.

Okay. Disability and we're doing next week. We're talking about legal. So you're saying why is she talking about the Americans with Disabilities Act? Because I can't stop talking about the Americans with Disabilities Act because I talk about it all the time.

But it's something I want you to know about when you when you know I'm talking when I say disability, what I mean, under the Americans with Disabilities Act and the Rehabilitation Act, disabled peoples are individuals with the physical or mental impairment that substantially limits one or more major life activities.

Individuals with a record of having such an impairment or regarded as having such an impairment. And I just want to say, under the ADA Amendments Act, it's substantially broadened to disabilities that aren't apparent and includes much more major life activities. We'll talk about that in more detail next week. But I want to give you a bit a basic definition, but go to the next slide though.

**Priya:**

This is Priya. I want to read a comment from Raymond. Raymond shares, The ADA failed to include those among us with social disabilities

**Melissa:**

We'll talk about that more next week.

But yes, thank you for that comment.

Okay. So let's go to the next slide.

And over 42 million Americans have severe have a severe disability under, according to Forbes. It's higher than that probably, but 96% of them are unseen.

And I just want to make the point that most disabilities are not apparent. So we can go the next slide. And examples of non apparent physical and mental conditions include dementia, affective disabilities, post-traumatic stress disorder or. PTSD. Acquired brain injury, diabetes, cancer, lupus, Crohn's disease, fibromyalgia. Those are just a few examples.

Next, please.

Absolutely.

As we move on, I just want to note that affective disabilities are also known as mood disabilities. These include depression, anxiety mental health disabilities. Thank you, Priya for including that. And thank you for the person who said that they want to know more about dementia.

That prompted me to add that slide because I think we needed to spell that out. So thank you for adding that.

Another key term in principle is somebody asked to talk about we're going to be talking a lot more about this. Are people with and functional needs. This includes an individual who needs assistance due to any condition, temporary or permanent, that limits their ability to act, to have access and functional needs does not require that individual have any kind of diagnosis or specific evaluation.

Let's go to next slide.

Individuals with access and functional needs may include but aren't limited to people with disabilities, temporary and chronic health conditions. Older adults. Children, pregnant people and includes people might require assistance accommodation, or modification to a situation that's temporary or permanent. If that limits if that limits their ability to take action in an emergency

Next please.

And again, individuals access and functional needs may include but are not limited to populations having limited English proficiency. People have a limited English proficiency, people limited access to transportation, and people with limited access to financial resources to prepare for, respond to and recover from an emergency and information maybe in multiple languages before an event. And we need to have things available to people in multiple languages and including emergency announcements, including preparation, including all of those things, materials that are disseminated as well.

Next, please. Other individuals with access and functional needs include people who are marginalized, stigmatized or excluded.

That's people that are people of color, people who are from LGBT community, LGBTQ plus communities, all kinds of people, people experiencing homelessness, people with multiple marginalized identities, people who are members of more than one oppressed group.

Next, please.

So bias with this whole training is about bias. You might wonder what it is. Bias is prejudice in favor or against one thing person or group compared with another. Usually in a way considered to be unfair. Often bias is unconscious or implicit.

Next please.

Unconscious or implicit bias is prejudice, which the holder of the bias isn't aware. It communicates that the person the bias is directed to is less valuable than others. And people to whom unintentional bias is directed may not be consciously aware of its existence and effects, but they experience them.

Next slide, please.

And this is a slide. There is a photograph and is a teenage

White guy.

And he's dressed in jeans and a t shirt using a manual wheelchair, sitting in, facing a set of concrete steps. There's a hash marks for parking behind him. It looks to me like it might be a school, and above it is written key terms and principles.

Implicit bias.

Implicit bias can manifest itself in concrete ways. Get what I did there, my corny joke. But Seriously, no architects sat down 50 years ago when this building was built and rubbed their hands together and said, I'm going to oppress a teenage or some day in the future and make it hard for him to get to where he wants to go.

Because I hate people with disabilities.

No one said that they didn't think about it. But I want you to think about this kid, this guy, and depending on where he is in his life, he might not take it personally or he might take it very personally, see it as something that's against him.

And if you ask me at various points in my life when I was 14, I saw everything as personal as was, I guess, developmentally appropriate, age appropriate for 14 year old whatever. And I have seen a personally or might have been the 50,000, 50,000, 50,000 barrier that he's encountered in his lifetime or that week or that month, you know. And so sometimes implicit bias benefits self manifests physically.

Next, please.

**Priya:**

This is Priya. Before we move on, we have a question from Suleyman. Previous slide is the holder aware or unaware?

**Melissa:**

The holder is unaware. In one is implicit bias the unaware of it? They don't know they have bias. So this person's asking for bias in general. Is the holder aware, unaware? They might be aware of it. They might be unaware of it.

Yeah. You can hold both conscious bias. And unconscious bias. Yes, absolutely. Thank you. And thank you. Okay. And on the slide, key terms of principles, ableism.

And I'm going to give you a definition of ableism from two sources. One is ableism from Merriam-Webster. The dictionary is ableism, shows you how to pronounce it.

Has it broken down into syllables. And this is the definition of ableism, discrimination or prejudice against individuals with disabilities. That's Merriam-Webster. Now, the lawyer in me says that's not discrimination. Discrimination is a legal term.

So I'm giving another definition, and that is oppression based on physical, mental, intellectual, cognitive, sensory or other ability or perceived ability. Melissa Marshall

I've been using that definition for a long time. I did not coin the word ableism at all.

I have no credit for that. But it's a term I've been using since the early, early eighties when it first started getting used. So ableism. The name we give to the oppression that we experience. And you hear it more and more now. Okay. Why did you.

**Priya:**

This is Priya. We just want to encourage folks to keep themselves muted as we move onto the next slide. I want to read a comment from Raymond. Raymond says, We have come a long way?

**Melissa:**

Let's praise our lack of progress as much as we view our lack of it.

Yes. Yes. And we are a young movement and we're a new movement. And I agree. Thank you, Raymond. So that's ableism.

Next slide, please.

Intersectionality.

Intersectionality is a framework to analyze the interlocking effects of people of multiple marginalized identities, that people with multiple marginalized identities experience. And it was created by Dr. Kimberly Crenshaw in the 1970s.

And black indigenous people of color, BIPOC and other multiple marginalized people with disabilities experienced disproportionate bias, ableism and discrimination.

Intersectionality is a concept that we experience that disproportionate bias that people -- not we – BIPOC people experience that disproportionate bias. That's by Kimberly Crenshaw And that's really important and we've got some resources that Kimberly did, and I encourage you all to look at them; next, please. And intersectionality runs throughout all of this. And as BIPOC people, LGBTQIA people, other members with multiple marginalized identities.

Next please.

Now, another term, microaggressions.

What are microaggressions?

Microaggressions are the everyday. slight put-down indignity or invalidation unintentionally directed towards a marginalized group. And quote from Dr. Derald Sue, a professor of psychology and education. And he coined that term originally around race, and it's been expanded to other oppressed communities. Now we're going to look at what that is and play with what that is.

Next please.

We use some examples of disability microaggressions. So let's say. You're at a disability resource center and someone discloses that they have schizophrenia or bipolar and somebody pulls back just kind of millimeters. They're not doing it consciously. They don't know they've done it. It's barely noticeable.

Touching someone's durable medical equipment or assistive technology without their permission. I'm just going to take your tablet and write what I think on it and just doing that, I'm going to put my arm around your wheelchair and I would say, don't put your arm around my wheelchair or touch my wheelchair in any way unless you have the kind of relationship with me that you put your arm around me or touch me in other ways.

Those kinds of examples of microaggressions. Microaggressions aren't coming from a mean place. It's not coming from I want to dominate people with disabilities. It's people not thinking things through. People have internalized and kind of societal labels, and we've all learned ableism from our society.

Next, please.

Assuming a disabled person can't complete their own FEMA application or can't do their own paperwork, having inaccessible Disability Resource Centers. Using patronizing taunts. I'm so glad you came here today. And that high voice that you. Might use for a child. Isn't it nice that you're here and you got out

Next please.

And I talk about the microaggression equation. Microaggression plus microaggression plus microaggression equals alienation, depression, low self-esteem, lower productivity at work, and discrimination. The cumulative. So it's not like somebody did one thing to me and it was insensitive, and I got all upset and that ruined my life. That's not like that.

What it is, is accumulation of microaggressions over time contribute to how I see myself as a person and studies around that have been done around this recently or on lower, lower productivity.

Next please.

**Priya:**

This is Priya, before we move on to the next slide,

we have a couple of comments. Gretchen says pat on the head, I think in response to your tones. Yes, absolutely. Verbal pat on the head.

**Melissa:**

Yes. It's so lovely that you got out of bed today. And we're going to we have we have something we're going to see about that. Yes. Okay.

**Priya:**

And then we have another question from Suleyman. Which is wonderful. So many virtual fabulous, fabulous prizes to him. They ask would asking someone if they need assistance be considered a microaggression? No.

**Melissa:**

I think you ask someone and you get you get a water squirter that is shaped like an elephant and squirts water. It's a little one; for all your great questions.

So, no, not if they need help. Their problem with that, frankly, I see that as their problem. If you say, could you be of help, can I be of help, that's fine. But when you say to someone, it's sort if you said, I'm going to help you do this, but you said you need help and the person says, no, you just go on with your life. If they say no and you help them anyway, that could be a microaggression. But no, that's not a microaggression.

Thank you for asking that. Next please.

**Priya:**

I'm going to move to the next slide and read Raymond's comments. Raymond says It is so unfortunate that once that once where many gestures of love are now interpreted as microaggressions.

**Melissa:**

I think gestures of love are still fine. I just think it's you need to look at and ask the person, you know, is it okay if I do this? If as a person you have relationship with?

And I think that a gesture of love as a gesture of love, if you do it to anyone and if you speak to everyone that way and you interact with everyone that way, that might be different. But you want to make sure it's not coming from a place that you see that the person with a disability, if they're an adult, other than somebody who is the age that they are, if that makes sense.

But thank you for that. And you get .... A blue Lamborghini. You get a fancy fabulous prize. Okay, next, please.

**Priya:**

So this is Priya. I am on the next slide. Want to just read these comments and then we're going to move to the next the next the slide here. But it's so fantastic that we have so many.

**Melissa:**

Oh, this is I love this. This this is wonderful. Absolutely this is exactly, exactly what we were hoping for. Gretchen says, would you touch someone if they weren't in a wheelchair? If not, don't touch it.

**Melissa:**

Thank you, Gretchen.

**Priya:**

And then Bill says also, don't micro-aggressions become internalized by the person.

**Melissa:**

Yep. This is Melissa. Yes. Yes. Okay, so let's go to the next slide, please.

**Priya:**

I am there.

**Melissa:**

Okay. Thank you.

So why is it important to include Why is it so important to include disabled people in planning?

**Priya:**

This is Priya. I am on slide 45 institutional bias.

**Melissa:**

Oh, I am sorry. Wow. Institutional bias.

We have we have like we're going to talk about this a lot next week, but institutional bias is the unconscious or conscious belief that people disabilities belong are better off in institutions including nursing facilities. It's reflecting policies to steer disabled people to institutions. Ageism is always but not often, a factor. And we're going to talk about that at length. And we're going to talk about some stuff that The Partnership has written about that we're going to talk.

There was part of that we wrote for the National Council on Disability about that. I'm going to talk a lot about that next week. So. And next slide, please. And I just talked about why it's important to include disabled people in planning. Let's go to 47.

Please. Next slide, Priya?

**Priya:**

It's great. I just I'm so sorry. I want to read these comments for access if possible. If possible, home is better for care to be provided.

**Melissa:**

Absolutely. Mm hmm.

**Priya:**

And Gretchen says never.

**Melissa:**

This is Melissa. Absolutely.

**Priya:**

I am going to apologize ahead of time. If I mispronounce your name.

Please do feel free to please do correct me because I getting people's names is so important. Getting people's names right is so important. Juvenal I don't know if I said that right, but they said because they are subject matter experts with their situation. Raymond says personal space should never be invaded without permission. In this case, that includes a person's wheelchair, even his/her crutches. Barbara says, I have known blind people who have been able to live independently. And Raymond says, We are all in this together.

**Melissa:**

Thank you. Okay, now we go to the next slide. Are you on the did you know slide?

**Priya:**

This is Priya. Yes, I'm on the on slide 47.

**Melissa:**

Thank you so much. Did you know people disabilities are 26% of the population.

Next slide, please.

Did you know that people with disabilities are 2 to 4 times more likely to be injured or die in disasters? I'm going to be unpacking that. Hence, some of that's about us not being involved in planning.

Next slide, please.

And if you're going to hit the video and this is a 60 second clip from a video called The Right to be Rescued. And we can give you the link to that. And if you can hit that Priya.

**Priya:**

This is Priya I apologize. I am trying to hit all the buttons at once.

**Melissa:**

Thank you for that. Priya does all the hard stuff in this, by the way, in case you can't tell.

**Priya:**

Not at all. A team effort.

All right. Here we go. It's a flooded New Orleans intercut with various interviews. It was when the levees broke and the war colleges. The captioning is not on. Just too many buttons. All right, let's try this again.

A flooded New Orleans intercut with various interviews.

It was when the levees broke and the water came that the problems really started occurring. No one knew what to do for the city in general, let alone a population of people who are normally overlooked. For people with disabilities, the impact is greater.

I just lay there for five days and watched helicopters fly around the fields. I said, Fanning, what are you doing still there? She said, they've abandoned me. When you know in advance who is likely to be the most harmed by a disaster and you don't do anything about it, then that is a choice. It's about whose lives are more valuable and which ones aren't as valuable. Water recedes, revealing the text the Right to be Rescued, a Rooted in Rights original documentary. Thank you.

Next slide, please.

So using an intersectional framework that we just talked about. After a natural disaster, it's important to know that white people accumulate wealth while residents of color accumulate less wealth. Well, that's just something to understand, using an intersectional framework. Next please.

And did you know that people with disabilities are underrepresented?

**Priya:**

And so I'm just going to jump in here with this slide. Before we move on, I apologize. It's important to note that after disaster, communities, specifically white communities, receive more funding than communities of color.

And that's really what this is saying. More resources are going into white communities than communities of color, which really delay and prevent any sort of recovery for communities of color. Thank you. And exactly. And multiple marginalized people with disabilities are disproportionately impacted and to a greater degree by disasters. Yes.

**Melissa:**

Next slide, please.

Thank you Priya.

Did you know that people with disabilities are underrepresented in disaster planning?

You can put your hands up. You don't you know, that's a rhetorical did you know? I'm just I'm guessing many of us know that.

Next, please.

Disaster planning includes preparation, mitigation, response, recovery and reconstruction in emergency management and public health emergencies.

Next please?

Why is inclusive disaster planning necessary?

People with Disabilities are experts in our own experience and how to best meet our needs and disability. lived solutions are inclusive, effective and often cheaper. And as we're going to be talking about extensively next week, by the way, it's the law.

So that's why inclusive disaster planning is necessary.

Next, please.

And as a statement goes, if you haven't heard it, nothing about us without us, because and what that means is if there's any going on of this, any disaster planning going on, it shouldn't be going on unless we're at the table and involved in planning. And right now, we're going to take a five minute break. Go ahead, Priya.

**Priya:**

I apologize right before the break. I just want to read this comment from Raymond that's changing for the better. Thank you.

**Melissa:**

Thank you. So we're going to take a five minute break. That's a hard 5 minutes. It's now 10:15. And we're going to start promptly at 10:20, everyone. So be real quick. Take a real quick break. Thank you.

We're all back; Priya, are we back?

**Priya:**

This is Priya yes. And I just want to add clarity and I to thank Suleyman for bringing this to our attention. I really do apologize. I misunderstood their question and and I want to provide some clarity. When we were talking about unconscious and implicit bias, the slide said Unconscious or implicit bias is prejudice, which the holder of the bias is not unaware. I want to correct that to say in which the holder of the bias is not aware. Sorry about that. I apologize. And thank you once again to Suleyman for bringing that to our attention.

Thank you. Thank you.

I'm going to get us started because we got lots to get through in the next 40 minutes. So let's look at the consequences of disability bias in emergency management, because that's really the meat of this and the heart of this.

Next

**Priya:**

As we're moving on again just for access, I do want to read these comments. Carol asks, Would you see the need to include with disabilities of all types in planning sessions? Carol, you are absolutely on the money. You are correct Shaylin and Germán respond in short, yes.

**Melissa:**

In all support functions. Planning. Yes. I seldom have a one word answer. Yes, Priya can attest to that. Okay.

**Priya:**

I apologize. I just one more question again, for access with a wide variety of disabilities, whom should you have at the table when planning a disaster recovery? Shaylin and Germán respond: Cross Disability organizations such as Centers for Independent Living and Protection & Advocacy Agencies are good sources.

Area agencies on aging are also a good resource

**Melissa:**

You want to get as many disabilities as possible, representation of as many disabilities as possible, and people with mental health disabilities, people people that are Deaf, people that are Blind, as many as possible. Are we ready to move on?

Yes. Thank you. Okay. So let's go to the next slide.

Okay. So the consequences of disability bias, bias in emergencies, emergency management planning now what are the consequences for the individual? They could include for the individual their service animal losing training because the service animal's denied access to a shelter.

People who are Deaf, not evacuating because they do not get equally effective notification that they should leave. A failure to receive accommodations and illness, including COVID 19.

So those are some of the consequences for individuals.

Next slide

has more of the consequences for individuals. And things like unnecessary hospitalization, separation from family, institutionalization, we'll talk about that loss next week. And finally, sadly, death.

Now what are the consequences of disability bias in emergency management for state and local governments?

The consequences of bias for them is, failure to provide accommodations because you kind of didn't understand how to do it, failure to understand your legal obligations, violating the law because you didn't know what it was. Miscommunication with people with disabilities and not benefiting from the important expertise that people with disabilities bring to the table. Any other examples you can add of consequences of a disability bias and emergency management planning?

And let's go to the next slide. Priya, let's jump ahead two slides.

**Priya:**

This is Priya, absolutely.

Just want to read this comment from Gretchen. As a reminder, folks are more than welcome to put their put their comments in chat or raise your hand if you would like to to comment verbally or ASL interpreter to make your comment. Gretchen says Chaos. Andrew says making people with disabilities feel less than as they see they weren't included in planning. Carol says not being aware of possible simpler solutions brought to the table by people with disabilities.

**Melissa:**

Whoever says chaos because a little tiny airplane. Just saying that, right? Okay. Yes, absolutely, positively. Now, let's look at reducing disability bias and some things you can do to reduce bias.

Next, please

Use respectful language, and You want to refer to people with disabilities or disabled people; and some people right now prefer people with disabilities and some people prefer disabled people but you can use either of those and that's okay for right now. Mainly you don't want to use language that presupposes a negative.

She's a victim of cerebral palsy.

She's suffering from cerebral palsy. I'm not a victim of it and I'm not suffering from it. Sometimes I suffer, I think, but from a lot of other things. Sometimes I'm a victim, but not not from a disability. You want to avoid language that groups people: THE mentally ill and mentally ill isn't the most progressive term, but the mentally ill, THE disabled.

Another thing you need to that I hear all the time. from the Emergency Management disability community. So underline the emergency management disability community as well as the broader emergency management community, we talked about people with access and functional needs and it's abbreviated sometimes to AFNs. People talk about the AFNs. Hey get an AFN over here. I'm in AFN and it's something we all do and that's something we want to discourage people from doing

Next please.

You don't want to use endearing terms.

Like honey, sweetie, baby, dear or Infantilizing terms like mama and baby. You want to treat people of the age that they are. How old? How old you talk? How do you gear your language to somebody of an intellectual disability?

If they're 40, you talk to them like a 40 year old. You might have to adjust your vocabulary, but you talk to them like a 40 year old. Same tone. Maybe some different words, maybe not. Let's look at some strategies for mitigating disability bias.

**Priya:**

This is Priya. I want to read Jose's comment: awful terms for people to use.

**Melissa:**

Yes. So strategies include acknowledging your conscious or implicit bias. Hey, I got some bias here.

Acknowledging your privilege. I'm coming from a different place of privilege, rectifying bias when you can, interrupting bias when you can, I'll add and asking people with disabilities what you can do to mitigate disability bias in your situation.

Next, please.

So interrupting disability bias in emergency planning. Remember, we all have biases.

Bias is not the person's fault. It just means they learn from our society and never seek to embarrass anyone. I'm going to quote Molly Cole here who has always the expression public humiliation is never a good option. Just just don't don't go for that. Just don't go for that. And I laugh whenever I think of it. Because I always think of Molly saying it, not that not that I saw a setup do it before I knew Molly, but it's just it's one of her trademark sayings. It was great.

Next please.

Sorry, I'm having some issues with my stuff here.

Sorry about that. Oh, okay. Okay. So let's look at some ways to interrupt. Disability bias in emergency planning tactics include deflecting a bias comment.

Someone says something about those people in there, that person can't. You want to deflect it towards something positive about that person educate without being overbearing. You don't want to say. You should know that people with disabilities don't want to use this term and they're twice as likely to be impacted by disasters. You don't want to do that. You don't want to be overbearing. You want to talk about your experiences with people with disabilities.

Next slide.

Still having some tech issues. On my end in my screen. So you want to interrupt disability. You want to interrupt disability bias. If someone with a disability in the community. I'm sorry, I just lost my screen entirely. Hold on a second. Bear with me for a second. I started using a stylus in the last few months and sometimes it just doesn't work. Yeah, if you can if you could move my screen down. I totally apologize for this. Priya, if you want to read the

**Priya:**

This is Priya, absolutely. Yes. So we're continuing to talk about additional tactics you can use when interrupting disability bias. You can you can introduce people to disabled leaders that are in your area. If someone is unfamiliar with disability or the disability community, this is also great because as we talked about earlier, people become more familiar and more comfortable with individuals once they realize, oh,

you know, they're just like me.

You can we want to highlight but we don't want to shame anyone for saying the wrong thing. We want to make sure that we create a safe space for people to learn. But that doesn't mean that we don't hold people accountable for what they're saying.

So we want to ensure that, you know, people feel that they can share their opinions and perspectives while we also say, hey, maybe we don't want to use those terms, maybe we want to use this instead. We're not shaming them first for saying those things, using that term or just saying these are better or these are more comfortable for the community, or this is what I personally use.

**Melissa:**

Okay, this is Melissa. I have my screen back. Thank you so much. And we're on slide 69 over 70. We're going to be moving to 70.

Okay. Thank you so much. As I said in the last few months, I've moved to using a stylus in a tablet and sometimes it still mystifies me. So what I'd like people to do is think about when you hear a comment, does it reveal bias or lack of information? Ask yourself, are people being excluded? And what can you do to interrupt any bias or action based on lack of information, based on any any bias or action based on lack of information?

Next, please.

So imagine you hear the following statement. Someone says they're involved in emergency planning and they say to you or to a colleague, let's all imagine emergency planners right now. We're not disability advocates. If we are, we're all emergency planning planners. Now, I don't know how to find disabled people, so I can't invite them to emergency management Activities and ask yourself, does that reveal bias or lack of information?

Are people being excluded? And what can you do to interrupt any bias or action based on that lack of information or bias? So if someone says, I don't know any disabled peoplebso I can't invite them, I don't know where to find them. I don't know where they are.

**Priya:**

This, this Priya, as folks respond to this statement and as I respond to the statement and the questions, I want to read Gretchen's comment. Gretchen says You invite people with disabilities into the planning process as an acknowledgment that they are, the experts and can assist with the lack of knowledge or experience by others. Jose says as a response, direct resources to them to educate them. Andrew says initially lack of information, if information is given and ignored, it becomes biased. Andy says, I don't know, is there bias? Yes, they are being excluded, Suleyman says, you can provide them with resources if they need. Jose adds. You don't know what you don't know.

**Melissa:**

Thank you.

And the good news is you're going to have resources about how to get in touch with people with disabilities and Centers for Independent Living. So you'll be getting those so you'll know where people with disabilities are. Next slide, please.

Someone says, I don't know how to find disabled people of color, so I can't invite them.

Does that reveal bias or lack of information? Are people being excluded? Yeah. What can you do to interrupt that bias or action based on lack of information?

What can you say?

What can you do? Additional question you can ask yourself What do you not want to do? You want to be reaching out to places where people of color go and places where people of color live and centers obviously serve people of color. So you want to ask centers not just, you know, not just to include white people, to include BIPOC people, to include people of all races, people of all orientations, you know.

**Priya:**

This is Priya.

Andy says, excuse me, Andrew says, ask where they have looked and provide information on how to assist. Andy says, same answer, leverage your resources and find a way to include all. Lisa says, introduce them to people of color who are disabled. Right. Christopher says many answers are the same as the last question. Yes. And Jose says, don't isolate.

**Melissa:**

I want to add before we move on to the next slide, I just want to add that it's important to note that if you're inviting people with disabilities, that's always a great first step. You always want to note who is not being included, who is not at the table. If people with disabilities are at the table but they're mostly white, then you should be looking at, okay, how do I include disabled people? These are all important to ask yourself. Or if they're people with disabilities, are they all people with disabilities who happen to use wheelchairs, you know, just those kinds of things. Yes.

Next slide. Please. So you hear someone saying or someone says to you, your colleague because you're all emergency managers. Now, I have an advanced degree. And no offense, but what can someone with an intellectual disability teach me that I don't already know? Does it really reveal bias or lack of information? I'm guessing we're all going to agree on bias. There are people being excluded. Yep. What can you do to interrupt this bias? Or action based on lack of information? What can you do when someone says that?

**Priya:**

This is Priya. Oh, excuse me.

Andy says in response to the previous my previous statement. Yes, look around at to see who is missing. And he also adds that is bias and bias is in caps; capitalization. Jose says bias. Denise says, Denise says, Today is my first time ever seeing an interpreter that is black or brown.

I'm a woman of color and I appreciate seeing an interpreter that looks like me. Raymond says Spend some time with them. You will soon change, Lisa says again. Introduce them to someone with an intellectual disability and let them see for themselves.

**Melissa:**

I think that's really important and I tell the story .... I always tell my Connecticut stories. I once had to get to a place and my gps had broken and I was up this guy with an intellectual disability. So obviously I'm the lawyer, right? I mean, gets there and I'm like, I thought it was a house. I'm in the wrong place. My gps isn't working. He's like I'm guessing you're the silver SUV outside my apartment; he gets in the car.

I'm like I don't know how to get there; and he's like, it's a church, we'll figure it out. We can get directions to the church. I can get you to the city, and once we get there and he's like, did you did you happen to refuse an update on your phone today? I'm like, yes. He's like, I'm not promising it'll work, but turn your phone on and off.

And bottom line is, the person who gets services from the Department of Developmental Services in Connecticut got the attorney there. And I couldn't figure out how to do it myself. Just saying

we all have compensatory skills.

And even if he didn't, he's got a different perspective than me that's equally valuable and really important, that I don't have.

Next, please

People with disabilities; this is a statement someone says in in emergency management people with disabilities should just worry about their own personal preparedness. They got enough on their plate.

Does that reveal bias or lack of information for people with disabilities being excluded?

And what can you do to interrupt any bias or action based on lack of information?

**Priya:**

This is Priya. Gretchen says yes. In response to your comments, Lisa says absolutely, in response to I believe it is it bias. Andrew says bias sounds like “That's not my problem.”

Barbara says bias. Andy says, would you apply that same attitude to others? Sandra says bias. Wendy says bias.

**Melissa:**

For everyone who says that this is bias? What can you do to interrupt this statement? If you hear this from somebody? One thing I've found is a way of interrupting bias that's subtle where I don't say to the person, you're wrong ....

Of course, people with disabilities should be involved in all aspects of planning. Also, my experience has been when people with disabilities are involved, we get better solutions. We get cheaper solutions, we get a deeper understanding of the problem. And by the way, we kind of gotta do that legally.

You know, That's one example of how to just interrupt it kind of gently rather than saying you're wrong and everyone should worry about personal preparedness, but everyone else that's also does

planning.

Next slide please Priya.

**Priya:**

This is Priya; just for access I want to read these comments and then turn to the next one. Raymond says we all need assistance eventually, we need to bring back a charitable attitude. Everyone today is for oneself. Andy says highlight compliance requirements. Sandra says, educate them. Heather would tell the person, "We should plan for people with disabilities. Just as we plan for people without disabilities. We don't ask people without disabilities to do everything for their own preparedness. In the case of a major disaster." Lisa says, I would ask if they would leave a loved one in emergency. In an emergency, if they were disabled. Suleyman says, make them reflect on how they would feel if they were disabled. And Eugene says, don't instill excuse me doesn't instill confidence in the emergency preparedness system. They will have the services they may need in any way. Christopher says, People are people, disabled or not.

**Melissa:**

Thank you. Next, please. Yes. Okay. Imagine someone says you should call the acronym police because we have acronyms in here. Abbreviations, and I apologize. Someone says, don't state agencies like the Department of Developmental Services and Department of Mental Health and Addiction Services handle all the emergency planning and planning for people with disabilities.

Does that reveal bias or lack of information? Are people being excluded? And what can you do to interrupt? And we got a bunch more slides to go through. So in 20 minutes. And I'm going to volunteer the answer that is no. It's simply no. And sometimes if there are group homes, people are required to do that. If they're institutions, people are required to do that. But the short answer is no. Do we have any comments here?

**Priya:**

Absolutely. Yes, we do. And I'm going to move us on to the next slide, but I'm going to read these comments. Jose says both. I believe that means both bias and lack of information. Lisa says Lack of information. Raymond says, absolutely not. All emergencies start local and end local. Andy says no. Gretchen says it is a lack of information.

**Melissa:**

Hey, I'm going to give fabulous prizes to everyone who answered in the chat, everyone who answered in the chat today gets to pick a fabulous prize of their choice. It might be a finger skateboard, it might be a plastic balloon. It might be a car or truck of your choice. It might be a plastic word game. It might. It can be any number of things. It might be a teeny, tiny, rainbow colored slinky. These have all been fabulous prizes. Okay. So. So make sure that everyone who puts in chat has gotten their fabulous prizes. Okay.

And when I see you, you're going to have to hit me up for them. Okay. Next slide. You're calling saying don't people with disabilities have enough to worry about? Bias or lack of information or people being excluded? And what can you do to interrupt that?

**Priya:**

This is Priya, Gretchen says Don't we all? Andy says. Does that even justify a response?

**Melissa:**

Andy, to your question, Fortunately, no. Yeah. I've heard people say stuff like that.

These aren't things I'm making up out of the air and pulling out of the air. These are real things I've heard people say. Yeah. No. Okay. And again, it's. We all need to take responsibility. We all need to get planned. Next slide. Absolutely. So I'm going to move on.

**Priya:**

I'm going to read these comments. Raymond says that's the problem. They have more than enough to worry about every day. I believe Stacy is agreeing with Andy. Andy adds, Yeah, I get it. Jose says, Lack of info. Opportunity to educate.

**Melissa:**

Absolutely. Thank you. Okay. Shouldn't families be planning for people with disabilities?

Same questions. Does it reveal bias or lack of information or people being excluded? And what can you do to interrupt any bias or action based on lack of information. And I would move it to we're not talking about personal planning. My family never planned to. My family of origin never planned for my being involved in a disaster. I kind of do disaster planning in my family because that's what I do. But I think it's the idea that families take care of those people. We need a plan. We need something comprehensive, we don't need. Just the personal preparedness plan.

My family's not going to help me if I don't live with them and I'm Deaf and I'm not being notified. My family's not going to be able to help me. If material is an alternate isn't an alternative format, my family's not going to be able to help me if the shelter's telling me my service dog can't get. Those kinds of things. Are there any comments Priya?

**Priya:**

There are. Raymond says that's difficult. Too many fractured families today. Lisa says everyone should plan for everyone. Jose says same answer I gave, which is lack of info and an opportunity to educate. Eileen says not everyone has family available. Greg says planning always positive. Amanda shares, everyone should be planning for people with disabilities. Wendy says it is a family team decision, Suleyman says there could be many barriers, financial communication, etc.. Sandra says both.

**Melissa:**

Plus, family may not be in the area.

This is Melissa. Sometimes It's a family decision. Often it's not. It's not a family decisionbabout what happens to me. It's not a family decision for many people I know with intellectual disabilities that are their own guardians and stuff. So sometimes it's family decision, but it often isn't a family decision.

Does that make sense? Okay, next slide, please.

**Priya:**

This is Priya. I'm there.

**Melissa:**

Okay. What's so bad about a disabled person Temporarily going to a nursing home if a shelter is inaccessible? Does it reveal bias or lack of information? Are people being excluded? Are there comments, Priya?

**Priya:**

This is Priya. Absolutely. Stacy says UGH you stay there if it's so great. Suleyman says people being excluded. Heather says lack of information and bias, exclusion. Lisa says, I believe both. Raymond says, Try it and find out. Jose says, again, uneducated. Julie says everyone should have equal opportunities.

**Melissa:**

Okay. Adds both. Okay. And what can you do to interrupt that? And afterwards, I'm going to go to slide 80 please. Do we have other comments?

**Priya:**

This is Priya. Comments are rolling in. Suleyman says make shelters accessible.

**Melissa:**

Well, that's the law. We're going to learn about that next week.

**Priya:**

Yes. Gretchen says plan for accessible shelters and then Heather shares share information about disability history and nursing homes.

**Melissa:**

Yeah. And I'm going to give you a spoiler alert. It's not because shelters aren't accessible.

And we're going to talk about that a lot next week about why people end up in institutions and how they do it. When you can have accessible shelters and a plan for accessible shelter and still people end up in nursing homes. Okay. So can we go to slide 80 Priya if there are no no other comments?

**Priya:**

This is Priya. I'm there.

**Melissa:**

Okay. Next slide, please.

Talking about disability inclusive planning.

The big deal with planning is exercise. You can have pages and pages and pages of screens and screens and screens of plans and that they can be perfect.

They can be done. If they're not exercised, they're not that worthwhile a lot of the time. Planning must be implemented through exercises such as tabletop, we call it TTX for tabletop and tabletop exercises are discussion-based exercises or full scale exercises. You know, full exercises where, as Marcie Roth, our friend, would say, you bring your toys, you bring you bring your trucks, you bring your fire engines, you bring all those things.

Or you can have an exercise where people physically leave the building and and do that without having all the equipment there, at least have a tabletop discussion. And the exercises must go beyond fire drill and fire drills and take an all hazards approach. So if you do a tabletop, it can be about any kind of a disaster. Sometimes Is one likely happen in your area? Sometimes it's not. And you could you know, it makes sense.

Doing is appropriate for your area and you want to go beyond the fire drill. You want to have injects, okay, there's an earthquake, everyone's leaving. But then someone has a heart attack and then some someone has a panic attack.

What do you do?

And then another building collapses or it's a power outage and it goes on longer and longer. All of those kinds of things you've got to do exercise, it's not just about writing a plan. The people in the tabletop development need to be people with disabilities.

The people involved in the planning must be people with disabilities. But just know having people with disabilities is just like having anyone else without a disability just write a plan isn't adequate.

Next please.

**Priya:**

This is Priya, as we move on just want to read these comments very quickly. Raymond, and this is regarding the sheltering conversation. Raymond says planning shelters around accommodating those with disabilities. Mark says, unfortunately, sometimes that is the only choice in a disaster. Most people lose their aides and their electricity. If they don't have their aides, they can't function at a shelter.

Jose says educate leaders and invite all of the stakeholders to the table. Last comment is in regards to exercises right. And I'm jumping in people, there's an obligation to provide personal assistance to people in shelters. Well, we'll again, we'll talk more about this later. Again, slide 82.

Exercises should be conducted through local and state emergency management. They should be conducted regularly, not just every five years, not even once a year.

We'd like to see people doing them a bunch at first, then go to once a year and they need to include disability led organization and disabled people through the process.

Now, hospitals, nursing facilities and other facilities are required to conduct exercises. We're going to talk more about that next week a little bit.

Next please.

Being inclusive in exercises and other planning activities. Why they include people with disabilities. Exercises are not effective unless they include people with disabilities and whole community. Resilience and recovery is not possible without resilience of people with disabilities. Everybody's going to recover. Otherwise the whole community is going to get dragged down.

Because people with disabilities do child care, people with disabilities contribute to the economy. People with disabilities are important parts of the world.

Next please.

People with a wide variety of disabilities, including disabled people with multiple marginalized identities, should be included in all aspects of planning and implementation. Without this there is no equity. The good news is the State Independent Living Council, Centers for Independent Living and other disability related stakeholders can identify people with a wide variety of disabilities across the state.

Next please.

You want to create a culture in your emergency management structure where it's easier to include people with disabilities in planning than excluding them.

So you want to develop standard operating procedures, SOPs that require that physical meetings are always in accessible spaces on a bus route. If your area's public transportation, sign language interpreters and captioning is provided as necessary.

Next slide, please.

And you want your SOPs to require that material inviting people with disabilities and disseminated during and after meetings is accessible to people who do not read print in multiple alternative formats. All people publicizing materials and meetings has statements probably SOPs above.

Next, please.

And disabled people should be involved as planners, players and observers and all other roles and exercises. Never have somebody without a disability simulate they have a disability. It just doesn't work. And also also related to that point, adjacent to that point, never have somebody with a disability similarly having a disability that they don't actually have. It doesn't work for all the same reasons. It doesn't work to have someone without a disability simulating that.

Next please.

**Priya:**

This is Priya as we move on this … excuse me. Raymond says disability advocate organizations should seek out local and state management agencies also. There should be a two way street. Invite each other to each others tables and we'll be talking about that.

**Melissa:**

There is a checklist, slide 88. and there's some things we agree with on this and some things we do differently. But it's a checklist that that that's out there and from the AUCD. And there's a link to that. Next please.

When you plan accessible meetings, you need to start by creating a budget for transportation that includes wheelchair accessible vehicles.

Sign language interpreters, which are legally required. You want to create a budget for spoken Language interpreters; it's not required under disability rights laws. CART captions because artificial intelligence AI captions are not equally effective and other access needs. So you can't just say we don't have a budget, put it in your budget to begin with and build it from the beginning.

Next please.

And if you grant something to someone, if they're writing a grant put the requirement for that budget in their RFPs.

For in-person meetings, planning in-person meetings, never assume a space is accessible even if it's brand new.

Confirm with somebody knowledgeable of access requirements if venue meets ADA requirements. Not all people with disabilities know ADA requirements. Don't assume that they do. Not all wheelchair users know ADA requirements. It's someone who needs to know state local building code and they need to know the ADAG technical requirements is a very specialized skill set. And sometimes you have to pay for use of that skill set.

Next please.

Transportation.

You want to make sure you host the event on bus route near a transportation hub so you don't want to have it on the bus route that's far away or even isn't far away. This is Connecticut, but it still takes 3 hours to get to and again budget for transportation if necessary.

Use rideshare as needed. But keep in mind rideshares aren't wheelchair accessible, so that might work for someone with a disability that doesn't drive or doesn't own a car. Who doesn't use a wheelchair but it doesn't work for someone who uses a wheelchair. Use accessible taxis if and when they're available. Next, please.

**Priya:**

This is Priya, I just want to read a comment from Christopher. Christopher says that it's such a valid point when we're talking about creating a budget for accommodations.

Okay, next slide on 93.

**Melissa:**

Use the platform that is most accessible such as Zoom, make sure ASL and when it's in virtual meeting, make sure ASL interpreters are spotlighted. It started again so everyone can see them. CART captions should be given access to Zoom type captions. You want to secure an external link for people to have access CART captions in separate windows if possible.

Next please.

And again planning. When you're planning in-person virtual meetings, you need to make sure you have ASL interpreters, CART captioners and other spoken language as necessary. So with our 3 minutes left, we have some resources for you and I'm going to remind you that next week we're talking about legal. Okay. I'm just going to note that if people want, I can go I can go a little bit over if people are willing to stay.

So that's really nice. So I want so won't have to rush through all your questions and it's great you've had so many questions and I can't tell you how much I appreciate it and value that.

But I want to go to next week is legal obligations of emergency management planning professionals before, during and after disasters. We're going to get into your legal obligations, what they are. What they aren't. What you got to do. And the best ways to do them. We're also going to get into some areas. We've asked you've asked discrete questions on your application. Some of it I've gotten to already, some of it I'd gotten to already in the presentations. And for a couple of them I did a little extra small section. So come next week and see. So that's next Wednesday, June 22nd, Wednesday, June 22nd, from 9 a.m. to 11 a.m. Eastern Time. It's the same Zoom links so it's next Wednesday, June 22nd.

**Priya:**

This is Priya. Susan says thank you for thank you ASL interpreters Andy says yeah legal with both exclamation points for each word. Harley asks, will these slides be available? Yes, they will be available and accessible. Screen reader accessible slide deck will be provided as in addition to the post-production archive.

Andrew asks I am sadly unavailable next week for part two. Will the recording be available for download afterwards?

**Melissa:**

This has been great. Andrew Yes, the recording next week will also be recorded and the post-production archive will be available in the coming weeks afterwards. And then I just want to highlight the survey that we put in chat. We will also be sending this out to you all via email, but please do take 5 minutes to fill out that survey. Your feedback is so integral to us continuing these trainings and improving these trainings.

Thank you, guys. Yeah, the survey is an evaluation of the training. Sometimes it confuses when people say survey. I think it means something else other than what it actually does and how we use it. So yes, please fill out the evaluations. It helps us grow, it helps us improve, and it could help us adapt things for next week. So, it could benefit you directly. Any other quick questions? Because we do have interpreters and CART until 11:15. Any other questions? Thoughts? Ideas?

**Priya:**

This is Priya. I just want to note all the thank yous in chat. We want to thank you guys for attending. This has been absolutely fantastic. Like Melissa said, you've been a fantastic audience and I especially highlight our access team, our ASL interpreters and our CART captioners; we will not be able to do what we do without you all. So thank you so much. And I do believe I saw another question. I apologize. Give me one moment. Okay.

**Melissa:**

This is Melissa. While you're looking that up, I just want to echo what Priya said. I really want to thank the Access Team. I want to thank The Partnership team and I really want to thank the State Independent Living Council on the planning team.

You know, we've been talking about doing this for over a year as one day I was having a conversation with one of you and we just started talking about doing it. And, you know, we were chosen from we did a bidding process and we were chosen for that. But I know that the planning teams put a lot of work and a lot of thought into this and I really appreciate all that they've done to get this here today and to bring us bring us to you here today.

Absolutely. Absolutely.

The as I noted, the videos will be available in the coming weeks. You will be getting that link in an email when that post-production is ready. And again, thanks to everybody and as well as the Connecticut SILC Planning Committee. Thank you all.

This one thing I want to mention, there's a videonthat's 9 minutes long and we skipped it today because the thought is more important that we hear from you than another person who is a speaker and it's a TED Talk.

And it's by a woman named Stella Young. And it is the name of it is I'm Not Your Inspiration. Thank you.

And she was she had osteogenesis imperfecta. She passed away about four years ago. I want to say; she was a great woman who I never had the pleasure to meet. And there's a great video on that that you can take a look at as well. It will be the best 9 minutes of your day. Just saying that; it will feel good and you will see that. And that's a great video. So when you get the slide deck, you can watch that, which is really exciting.

Thank you, everybody. So thank you. Any more questions Priya or comments?

**Priya:**

This is Priya a bunch of thank you's in chat and then Raymond shares never noticed the "color" of the ASL interpreters until it was brought up. Thank you. Thank you again to our access team and to our interpreters.

**Melissa:**

So thank you, everybody. Have a great rest of your day. We've made it through Wednesday. Have a good upcoming weekend and then I'll see you again next Wednesday morning. Thank you so much, everybody.