>> Vivian Bass: Greetings! Welcome to our webinar - An Untold Narrative: Immigrant Women with Disabilities. We are so pleased to be here today joining the global community at the NGO's 65th commission on the status of women. My name is Vivian Bass. I am a white woman with brown hair and glasses, and prefer the pronouns she, her and hers. I am wearing a blue jacket. Behind me is a virtual backdrop that is a step in repeat with the name of our organization, RespectAbility. I invite each of you to think about through a disability lens why I took the time to describe myself and what's behind me. To whom in the disability community might such audio descriptions benefit? Feel free to add your responses to the chat box. I am extremely pleased to be here representing an organization that means so much to me, RespectAbility. I am a vice chair of RespectAbility's board of directors. I want to say how pleased RespectAbility is to partner with the commission on the status of women bringing you today's training and discussion. For those new to RespectAbility, it is a national non-profit that fights stigmas and advances opportunities so people with disabilities can fully participate in all aspects of community. We are also placing relevant links in the chat box throughout our talk. All four of our awesome panelists today are trained speakers on RespectAbility's national disability speakers bureau - women and non-binary persons division. Before beginning our discussion with them, I will cover some accessibility tips. We will add these tips to the chat box now and periodically through the training for those who arrive later. First, we have live captioning and American Sign Language interpreters to maximize this experience and to model best practices. Of note, there is no universal sign language. It is said that there are somewhere between 138 and 300 different types of sign language used around the globe today. Many countries that share the same spoken language do not necessarily have the same sign language as each other. We wish we could have all these sign languages interpreting for us today and for this conference. While we opted for American sign language today, as it is the common language among our panelists, we look forward to the day when these events can have simultaneous translations in sign language, just as we now have in audible languages. That day will soon come. So here's how to access. To view American sign language - ASL interpreters use the gallery view. Click on the grid icon in the upper right corner of your Zoom window. To view interpreters during the PowerPoint, watch in side-by-side view. For captions, which support the experience for people who are deaf, hard of hearing and English as second language learners, click at the bottom of your computer screen on CC. Again, this is also in English, given that it is the common language among our panelists. Okay. Now I have the great privilege of introducing my colleagues who have joined us today. Khadija, as a fellow RespectAbility board member thank you for joining us. Khadija works for the workforce development department at visions services for the blind and visually impaired in New York City. Khadija's bio is in the chat box. I also want to add that when Khadija is not busy with visions, we are so excited to share that she is also a new entrepreneur along with her day job. For those in New York City, I recommend trying out Khadija's new women-owned, minority-owned and disability-owned restaurant on the lower east side called meat and bread. We're adding the link to our website. It's in keeping with this women's forum to support a new woman-owned, disability-owned, minority-owned business. Khadija, I invite you to introduce yourself.

>> Khadija Bari: Thank you so much Vivian. [Speaks in different language]. Hello everyone. My name is Khadija Bari, and I was born in Lahore, Pakistan. Giving a physical description of myself, I am a South Asian woman with medium to deep skin tone. I have long black hair, brown eyes and today I'm wearing a white button-down collared shirt. In terms of my disability, as Vivian mentioned I am visually impaired. I have been diagnosed with Stargardt's Disease, which is a genetic degenerative eye disease. Today I call Queens, New York my home, where I live with my husband, my stepdaughter and our dog. In terms of my educational qualifications, I hold a Master's in economics from Hunter College and I hold a Bachelor's in economics and finance that I obtained from Lahore school of economics. I have built my career in helping college students from underrepresented communities develop academically and professionally. Over the last four years I have been working with Vision Services for the Blind and Visually Impaired as a student career coordinator, where I help college students and people with disabilities connect with employment. As Vivian mentioned, I'm also a small business owner of Meat and Bread and I'm also a member of RespectAbility's Board of Advisors. Thank you for having me today.

>> Vivian Bass: Thank you Khadija. Next I'd like to introduce Laka Mitiku Negassa. Laka, welcome. Laka recently completed her Master of Public Health MPH degree with a concentration in health policy from the George Washington University Milken Institute School of Public Health. She was a policy fellow in RespectAbility's National Leadership Program for two summers. Her focus is on how current health policies ensure access to equitable health care and addressing solutions to the gaps in reaching this outcome. Laka's bio link is in the chat box. Laka, welcome. I invite you to introduce yourself.

>> Laka Mitiku Negassa: Thank you Vivian. [Speaks in another language] Greetings to everyone. My name's Laka Mitiku Negassa, my pronouns are she, her and hers. I'm a black woman with brown skin tone and very short hair and I'm wearing eyeglass, wearing a black top with flowers, and wearing earrings -- earrings. The two languages that I just said my greetings with are -- Oromo and Amharic, which are two of the prominent languages in Ethiopia. I was born and raised in East Africa [unintelligible] Ethiopia. I recently graduated with a master of public health degree with a concentration in health policy this past December, December 2020. And I'm [on] RespectAbility's national disability speakers bureau. And lastly, I am a traumatic brain injury survivor. I'm thrilled that I got this opportunity to share my story and perspective with you. I thank RespectAbility, especially Debbie Fink, Director of Community Outreach and Impact, and of course Jennifer Laszlo Mizrahi, President of RespectAbility, for giving me this opportunity. Thank you.

>> Vivian Bass: Thank you Laka. Next I'd like to introduce Baksha Ali. Baksha, so good to have you here. Baksha was a community outreach fellow in RespectAbility's national leadership program last year. She graduated from queen's college with her bachelor's degree in sociology. Baksha is launching her career with Amazon. Baksha's bio link is in the chat box. Baksha, I invite you to introduce yourself.

>> Baksha Ali: Thank you very much for that introduction Vivian, I greatly appreciate it. [Speaks in another language] Good morning everyone. My name is Baksha Ali. I was born in Bangladesh. Besides pursuing a college degree in sociology, in my spare time I volunteer at the NYC Andrew High School Braille and Talking Library, where I coach visually impaired and blind individuals how to use assistive technology. It's a honor to be here today, and I'm deeply and immensely grateful to speak to you all about my experience as a woman of color with a visual disability.

>> Vivian Bass: Thank you Baksha. Last but certainly not least on our esteemed panel is Dr. Nelle Richardson. We really fondly refer to Dr. Richardson as Dr. Nelle. Dr. Nelle, it's wonderful to see you again. Dr. Nelle is an ordained pastor, motivational speaker, counselor, life coach and self-advocate. She recently received her certification from Cornell university in women in leadership, navigating the double bind. Congratulations. As a motivational speaker Dr. Nelle addresses disability and racial bias. Dr. Nelle's bio link is in the chat box. Dr. Nelle, I invite you to introduce yourself.

>> Dr. Nelle Richardson: Thank you very much Vivian and good morning to everyone. It's a pleasure to be here today. Thank you so much for the opportunity to speak with you today. My name is Dr. Nelle Richardson. I was born in the island of Saint Vincent and Grenadines in the West Indies. My preferred pronouns are she/her/hers, and I'm of medium brown skin and I have short brown hair. I'm wearing a black sweater today with green accessories. I'm a certified international life coach. I received a certification in women's leadership from Cornell, and I'm a speaker with RespectAbility's women's speakers bureau. I also run a non-profit organization "The Will to Win Ministry," where I help women to get back on track who have certainly lost their way in some ways due to illness or you know setback. And I'm diagnosed with a traumatic brain injury, cognitive difficulties, back and neck injuries due to two accidents. And you know, I'm just grateful to be here today and I thank you for having me.

>> Vivian Bass: Thanks Dr. Nelle. So now that you have met our fabulous panelists, let's get moving! To start our discussion on immigrant women with disabilities, our panelists will first present basic disability facts, both global and United States specific. Once our panelists build this framework together, we will then enter into a very meaningful and moving discussion. Feel free to add any questions you may have to the question and answer box at the bottom of your zoom screen at any point. Also please note that the accessible PowerPoint will be available online, and all the images include alt text.

>> Khadija Bari: Thank you so much Vivian. So before we begin sharing our stories, we would like to present a quick PowerPoint to everyone where we will be sharing some facts and figures about disability. Slide number two shows that disabilities can be of different types. We have disabilities that can be temporary or permanent. Disabilities can be visible or invisible, and disabilities can be acquired from birth or can occur later in life. On this slide we have three pictures. The left picture is that of a black woman in a wheelchair, the middle picture is that of a woman with her two children and the picture on the right is that of a woman of color who is smiling. Slide three please. All right so there's three basic facts that you all should know about disability. Number one: anyone can join the disability community at any time. It can be due to illness, accident, trauma or aging. So no one is exempt at any point in life from joining this community. Number two: the disability community is diverse, as you can see from the panelists here today. And people who have disabilities and also belong to other underrepresented communities can face double or even, in our case, triple discrimination. Next slide please. Now let's talk about some definitions of exactly what is disability before we dive into this topic. So according to the centers for disease control and prevention or CDC, disability is any condition of the body or mind that makes it more difficult for the person with a condition to do certain activities and interact with the world around them. In this slide we can see pictures of three very prominent women which shows that disability doesn't really have a face. We have Whoopi Goldberg, the late Justice Ruth Bader Ginsburg as well as Judith Heumann. Next slide please. The world health organization or WHO identifies disability as a public health issue. The WHO outlines disability to have three dimensions. Number one - disability can be an impairment in a person's body structure or function or mental functioning. Another dimension - disability can consist of activity limitations such as difficulty seeing, hearing, walking or problem solving. And the third dimension is that a disability is a condition that causes participation restrictions in normal daily activity. Now I'd like my colleague Laka to continue.

>> Laka Mitiku Negassa: Thank you. Now that we have a definition of what disability is and in what forms it can appear, we looked at the prevalence of disability around the world. Different reports reveal that about 15 percent of the global population - which is about 1 billion people of the world - have some kind of disability. And that can be visible or non-visible disability. This is before -- pre-pandemic. Next slide please. Further, as noted by the world bank, twenty percent of the world's poorest people have some kind of disability. And now considering and looking at the -- health status of people with disabilities around the world, the World Health Organization's 2020 report stresses the fact that people with disabilities experience, first, poor health outcomes, and have less education, and, third, have less access to work opportunities, and lastly, they also experience health services that that are of poor quality or under resourced. And now Dr. Nelle will start discussion on women and disability. Next slide please.

>> Dr. Nelle Richardson: Thank you so much Laka for that great presentation. Now we're gonna deal with women and girls with disabilities. Women and girls with disabilities experience exclusion and increased abuse of all types based on gender and disability. And here we have our National Disability Speakers Bureau. All of these women have a disability in some form. Next slide please. According to the United Nations report, girls and women with disabilities are generally among the more vulnerable and marginalized section of society. Girls and women experience significant barriers to participating in social life and development. Women with disabilities are more likely than men with disabilities to be institutionalized. And women with disabilities have barriers to accessing health services. Next slide please. The United Nations department of economics and social affairs states: women with disabilities often face disproportionately high rates of gender-based violence, sexual abuse, neglect, maltreatment, and exploitation and discrimination. Next slide please. And according to the UN's department of economic and social affairs, disability laws and acts are instruments through which countries abolish discrimination against persons with disabilities and eliminate barriers towards the full enjoyment of their rights and their inclusion. And I will pass it over to my colleague.

>> Laka Mitiku Negassa: Thank you Dr. Nelle. As we just discussed the importance of disability rights -- rights and laws, and we wanted to know how many countries around the world have disability rights laws. And out of the 197 countries or sovereign nations around the world, 121 countries have official disability right laws. Thank you. Next slide. Baksha?

>> Baksha Ali: Thank you very much Laka. So according to UNESCO, about 90 percent of children with disabilities do not attend school. I will now speak about the ADA law. Next slide please. So the Americans with Disabilities Act is a civil rights law that was passed by the US Congress and signed by George H.W. Bush in 1990. It prohibits discrimination against individuals with disabilities in all aspects of public life. Next slide please. The Americans with disabilities act, also known as ADA has three -- sorry, has five main sections. I will speak about three of the sections and then hand it over to Laka to talk about the remaining two. So Title I prohibits employment discrimination. Title II addresses state and local government in regards to public buildings, transportation and services being accessible. Title III regards the public accommodation. And now I will hand it over to Laka.

>> Laka Mitiku Negassa: Thank you Baksha. And title IV of the ADA addresses telecommunications. Telecommunication companies offering telephone services to the general public must have telephone relay services to individuals who use telecommunication services for the deaf or similar devices. This act requires telephone companies to provide continued voice transmission relay services that allow people with hearing and switch impairments. Next slide please. And finally, title V of the ADA covers miscellaneous provisions, which include coercion on or threatening or retaliating against individuals with disabilities and those attempting to aid individuals with disabilities. Thank you. Khadija?

>> Khadija Bari: Thank you so much Laka. So for those new to the disability inclusion space, this was likely a lot of information. This PowerPoint will be available for you to refer back to as a resource. For those who are not new to the disability inclusion space, we invite you to watch a number of webinars RespectAbility offers on a wide range of topics. We are adding a link to the webinars and the references used in today's presentation in the chat box for those who want to learn more. Back to you Vivian.

>> Vivian Bass: Thank you to our marvelous panelists for providing such a solid framework together furthering our advocacy for women with disabilities all over the world. I am now so excited to begin our discussion with Khadija, Baksha, Laka, and Dr. Nelle. I will be posing a series of questions for our panelists to answer and to discuss together. We will turn over the last 15 minutes or so to make sure to answer any questions from you, our participants. Make certain to send those questions into the question and answer box throughout the discussion. Our first question: what was your reason for immigration to the U.S.? Let's start with Dr. Nelle.

>> Dr. Nelle Richardson: Hi, thank you Vivian for that question and thank you again for having me. So my reason for migrating into the U.S was that, back in 1988, well actually back in 1986, I had met my husband and so I was studying and his family had migrated to the United States so he had traveled to New York. However, due to my studies, you know I stayed back for another two years. He came we got married and I stayed for an additional two years completed my studies and then I migrated to to join him here in New York. So that was my reason for coming to the United States. Back to you.

>> Vivian Bass: Thank you. Laka?

>> Laka Mitiku Negassa: Thank you Vivian. As I mentioned earlier, I was born and raised in East Africa in Ethiopia. I moved to the U.S. with my whole family in 2005. My dad, who came to the U.S. two years prior to my mom, my two sisters and I invited us to join him. Thank you.

>> Vivian Bass: And Baksha?

>> Baksha Ali: Thank you Vivian. So I was born in Bangladesh, but my reason for migrating here was actually due to medical reasons. So when I was five I was diagnosed with retinitis pigmentosa. And due to being diagnosed with such a disability at that time, my parents thought it would be a good idea to migrate to America to seek certain opportunities to see if there is a cure for retinitis pigmentosa. Retinitis pigmentosa is a interesting disease because it's a group of genetic disease that causes the retina to degenerate, and as of yet there's no cure for it. However they decided that it would be best for the family if we were to stay here so that I would have more opportunities when it came to being a self-reliant individual. Back to you Vivian.

>> Vivian Bass: And Khadija.

>> Khadija Bari: Thanks Vivian. So in my case, back when I was five years old, I'm now 31, and when I was living in Lahore Pakistan with my family, that's when we applied to immigrate to the U.S. But by the time that it was our turn, all paperwork and processes were completed, and officially my family and I landed on August 11, 2012 to New York to call it our new home. We had to leave our friends our family, the life that we knew all of it behind, when we came here and my disability, my visual impairment, was a major reason -- was a major part of that decision to come to the U.S. because of the opportunities that are present here. So I'm still looking for those streets that are paved with gold that were promised to me as an immigrant. I haven't found them yet but I have come across many opportunities and one just needs to be willing to take the risk. Back to you Vivian.

>> Vivian Bass: Such compelling stories, thank you for sharing and for your candor. What were some of the misconceptions you held about disability, prior to having your own disability identity? Start with Baksha on this one.

>> Baksha Ali: So one of the biggest misconceptions I had was that I didn't think it was possible for people with disabilities to be self-reliant and do daily tasks. Now I did mention that I was diagnosed with retinitis pigmentosa when I was really young. However, at that time, my disability was not visible, meaning I was pretty much able to do a lot of things as a sighted person, with the exception of possibly walking in the dark. And so I was really unprepared to know what to expect when I would lose my vision. And it wasn't until I was losing my vision, which was around the time I started college, that I realized there are so many services and accommodations that people with disabilities have, that if we take the time to learn them anything is possible. And so that would be one of the biggest misconceptions I had, now back to you Vivian.

>> Vivian Bass: Okay thanks, and Laka?

>> Laka Mitiku Negassa: Thank you Vivian. First, I wasn't really aware of all the accomplishments people with disabilities are able to achieve if given the opportunity means and accommodations. Second I wasn't really aware of how variable or different a disability can be or can come in different forms. And I wasn't aware of the details of the Americans with Disabilities Act and the protection provides for people with disabilities. And lastly, I wasn't aware of the depth of the discrimination people with disabilities encounter in different years of their lives, and the depth of misconception the general community holds about disability and people with disabilities. Thank you, Vivian.

>> Vivian Bass: And Khadija?

>> Khadija Bari: Sure Vivian. Thanks. So for me, I started to lose my vision at the age of eight. So I guess -- I've been visually impaired since I was eight years old. But it's interesting, because at the age of 22 is when I came to the U.S., and I found out that I qualify as quote unquote "having a disability." And the culture and the society that I grew up in most of my life attached a very negative stigma to the word disability. So for me I thought -- so I used to have a brother who had cerebral palsy and severe developmental disabilities, and that's what I thought disability meant: someone who doesn't have any ability to be independent and someone who needs constant care. But after moving to the US I learned I was very wrong on that front. Back to you.

>> Vivian Bass: And Dr. Nelle, your reflections as well?

>> Dr. Nelle Richardson: Thank you Vivian. So for me I have worked for 22 years in the disability community, helping persons with disability my entire career. So finding myself on the other side of that spectrum was really sort of a challenge for me. What I've learned, however though, was that disability has no color, it has no gender, it has no financial status, it has no class, and you know for me -- disability can happen to anyone at any time. I mean I find myself on the disability spectrum because I was rushing to one apartment because she was suicidal -- trying to save her life, and find myself on the disability spectrum. So it doesn't really matter who you are. Disability can happen to anyone at any time, and it has no status, and that's what I have learned. Back to you Vivian.

>> Vivian Bass: Can't say that enough. I mean, some disability is congenital from birth and others can be acquired, any disability at any time later in life. So let's make this personal. How was it like for you starting life over with a disability identity -- spoke about that -- Khadija?

>> Khadija Bari: Sure Vivian. So like I mentioned earlier when I actually discovered that I qualify as being a person with a disability, I was shocked and I was in denial. And like I said I have had a very negative association with the word my entire life, so now to be in that light -- that spotlight of being a person with a disability, it gave my visual impairment a whole new meaning for me. So something else I started doing when I moved to the U.S. is I started using a white cane -- a guide cane -- in order to be able to travel safely when I'm using public transportation in New York City. For me that was difficult because being someone who -- wanted nothing to do with a disability, now the first thing that anyone would know about me when they saw my white cane is that I am a woman with a disability. However over time, thankfully, in New York City, I met other other blind professionals who had careers and families and enjoyed life and went on vacations. And that -- those people became my role models and that gave me so much more confidence. And now I am proud to be a woman who is part of the disability community. Back to you Vivian.

>> Vivian Bass: And Baksha?

>> Baksha Ali: Thank you Vivian. So as I mentioned before, I started to lose my vision when I started college. At that time I would say restarting my life as a disabled woman was full of emotion, like a roller coaster. Some days were good, some days were overwhelming. Because not only was I starting a college life but I was basically having to come to terms with the fact that my vision is going bad every day was a new experience. And relearning things was difficult, as sometimes, especially due to the fact that I wasn't comfortable with the fact that people would now see me and see my disability very visible. For example, relearning how to walk well, in a sense, with a cane was a uncomfortable feeling at first. However the more I used the guide cane and saw it as a assistive device that basically helps me be self-reliant and navigating on my own, it gave me more confidence in myself. And pretty soon I immersed myself in learning different things, different services, how to -- for example -- use technology with the screen reader. And frankly, relearning everything was a humbling experience for me because it solidified the fact that people with disabilities are able to do anything and everything with the right accommodation and services, and that's what I really value the most. So back to you Vivian.

>> Vivian Bass: Different stories, Khadija and Baksha, but still some common threads. Next, Laka. We've heard you speak on capitol hill about your story, and thank you for sharing it today with our global participants.

>> Laka Mitiku Negassa: Thank you Vivian. So my newfound journey living as a person with an acquired disability began in January 2013, when I was hit by a snow plow truck as a pedestrian waiting to cross the street, and then dropped close to 90 feet in Cleveland Ohio. Ohio is a state located in the north eastern part -- part of the midwest of the United States. The only organ in my body that was functioning at a bare minimum was my heart. All my other organs were lacerated and bleeding heavily. There were multiple bone fractures as well. I was in a coma for almost three weeks and I had to undergo five major surgeries. I pushed through almost three years of physical, occupation and speech therapies, as I had to relearn how to walk, write, understand then process information, and then generate easily understood information. I was like a baby growing up and learning new skills. Thanks be to god I'm in an excellent health condition as you've all probably gathered -- all better. And as I mentioned earlier I just received my Masters of public health degree from George Washington University Milken Institute School of Public Health with the concentration in health policy this past December, December 2020. Thank you. Dr. Nelle?

>> Vivian Bass: Okay.

>> Dr. Nelle Richardson: Thank you so much Laka. Your story [unintelligible] one of resilience and strength. And I really applaud you for the courage to be able to move forward and be where you are today, so I really thank you for your story. I have a similar story as well. My story began back in 2008 when, as I said before, I was trying to get to one of my clients and so I missed the step. This client was suicidal, and in an attempt to save her life I missed my step, and I fell, hurting my back, hurting my neck, my shoulders. I've had two back surgeries, I've had two neck surgeries, I've had shoulder surgery, and then I was able to have that work done and everything, and went back to work. And there we go again, I had a car accident where I was walking across the street, going to lunch, crossing the pedestrian crosswalk and this minivan just came around the corner and hit me. I hit my head on the windshield of vehicle. I totally lost my memory. And so that took me where I had to have a year of rehab and the struggle was having to relearn everything I knew, because nothing was existent anymore. I had to start over from scratch, learning how to -- as you said, I had to learn to walk again. I had to learn to ride again. I had to learn to navigate around the house and my locations, you know, things that I knew every day. So I understand the challenge in having to start over. Now I do still have some cognitive difficulties, but you know, I continue to move forward. The point I'm trying to make is that it doesn't matter what happens in life, we can't look back. We may have challenges and difficulties but we can't look back. You know, you may need to start from scratch, but the point is do it. Just start. Just start where you are. Don't push yourself but start where you are. And you know, your resilience will kick in. So that's where my story began on this disability spectrum. Back to you Vivian.

>> Vivian Bass: Okay sure. You both -- Laka and Dr. Nelle -- both underwent such extraordinary and extensive rehabilitation efforts and lengthy as well. During that time, what was your experience with the American health system? I'll start with Dr. Nelle.

>> Dr. Nelle Richardson: Well thank you again Vivian. So from my experience, I've had good and some very bad experiences here with the American health care system. Initially when I started my treatment most of my injuries were internal and invisible, and so when I started -- when I got to the [unintelligible] very very good hospitals because those were really recommended doctors. They were supposed to be the best hospital, and then they just saw an African American woman with an accent. They didn't see my diagnosis and they weren't willing to push forward to see what was even wrong with me. And so the challenge was that I had to advocate for myself. You know, I said okay, I appreciate and thank you for the advice you're giving me, but you know, I have to advocate for myself. So eventually I had to leave a lot of doctors. I had to find new doctors. And you know, they then give me an MRI. They were rushing then, "oh my goodness," like, "why did you wait so long?" And I had to explain myself that it wasn't the fact that I waited long but the doctors weren't helping me. So my advice to you is that a lot -- when you're given a diagnosis, or you're meeting one-on-one doctors, and you feel that you're not getting the help that you need, it's okay. Get another opinion. There are other doctors, there are other facilities. Get another opinion, and you're your best advocate. Get the help that you need and you find the doctors that can help you. Thank you, back to you Vivian.

>> Vivian Bass: Thanks for your candor. Laka, what were -- could you share your experiences and what you recall, what remains with you about those times?

>> Laka Mitiku Negassa: So thank you Vivian. So my experience and journey in the American healthcare system actually inspired my interest in health policy and the healthcare system in general. My interest and curiosity came about as I was continuously transferred from one health care facility to another while getting treatment, which ended up being five different healthcare facilities in less than one year. During the course of my treatment, I was treated in seven healthcare facilities across two states. My treatment -- the first five healthcare facilities was in one state within eight months. After months of interruption because of different medicaid rules, my treatment continued in the other two healthcare facilities in the second state. This was my first encounter with barriers to healthcare that too many people with disabilities come across, unfortunately on regular basis, especially people of color with disabilities. This is especially true for immigrants with disabilities, especially for women immigrants with disabilities. Thank you.

>> Vivian Bass: It's been mentioned that mental illness is considered, you know, and certainly is a disability. Can you please address this in a little more detail, but I want you to focus more on in light of the pandemic and the toll that it's taken on our mental health. Dr. Nelle?

>> Dr. Nelle Richardson: Well thank you Vivian. I just really want to -- first of all let me say that I know that many people around the world are struggling right now in this pandemic, and a heartfelt gratitude for, you know, allow me to speak on this topic, because it's not an easy one to navigate around. So my condolences to the people who have lost loved ones, and I just pray for strength for the ones who are going through right now, and healing and love, that you will be able to to get through together -- we all will be able to get through together. I know it's not easy. Mental health is a big topic, and I have worked for the past 22 years in the health -- in the mental health field, my entire career. So I understand the challenges that it can pose on families, but especially women who have to be the pillar for home -- she has to be the strength of her home. And so I just want to -- and I know around this pandemic it has doubled. For some families it has tripled. You know, people are struggling with anxiety. People are struggling with agoraphobia - they're afraid to go outside. People are struggling with panic attacks, you know? All sorts of different disabilities really right now. And so it's a challenge. So right now I just want to encourage women all around the world -- the importance for you right now is self-care. Self-care, because if you cannot -- if you're not taking care of yourself, you can't take care of anybody else. And an entire household, sometimes an entire community, is resting on your shoulders. So it's important for you to take care of yourself. And number two: access support. Don't be afraid to ask for help, because I know a lot of the times the challenge becomes that people are just afraid or ashamed to ask for help. It's okay to ask for help, to ask for that help if you do need it, and access the support that you need so you can be better to take care of your family, you can be better to take care of your children, to be better to take care of your household and all the responsibilities that's on your shoulders. So if you're not well, you can't help anybody else. We have some resources available here from the National Alliance of Mental Health Global Partnership Initiatives, and they're listed there in the chat box I believe. So you know, look. Check out the website. Take care of those resources that's available. For the ones who may need immediate care, call 911. Let them come and access the situation and can give you the help they need. We also have a national suicide number, so if you're feeling suicidal or you're feeling threatened in any way mentally, access the help that you need. And in the box we have resources available. Check them out again NAMI is a great resource. The national suicide number is 1-800-273-8255. That's 1-800-273-8255. And if you do need help, please access those numbers and get the help you need, and we'll get through this together. This too shall pass. Back to you Vivian.

>> Vivian Bass: Thank you Dr. Nelle. Hard to think of anything more significant and important for us and pertinent. Last July, in 2020, RespectAbility held - virtual of course - a very major summit in celebration of the 30th year of the Americans with Disabilities Act. We had over 80 speakers and over 10,000 plus attendees. And I know you've seen just -- today's PowerPoint highlighted as well some of the key elements of the Americans with Disabilities Act or the ADA. But again we want to make this personal. So how has the Americans with Disabilities Act helped you get to where you are today with regard to education and health care and employment? And Dr. Nelle?

>> Dr. Nelle Richardson: Sure Vivian, thank you so much. So for me, I acquired my disability a little later in life. As I said I had -- I was already 22 years in my career, I was already married and had my children. So I started a little later in life. But the ADA has helped me to get that time off I needed, one year off for rehab. And so the ADA -- thank god for the ADA, because had I not had the ADA, I would not have been able to preserve my job. So I'm really grateful for that. I was able to get the medical time off, I had my treatment, I was able to return to work. So for me, the ADA really helped me in that area to have that medical leave, and so I can have my therapy and my rehab and you know, be fruitful to get back to work. Back to you.

>> Vivian Bass: Really relevant. And Laka, what have your experiences been with regard to the ADA?

>> Laka Mitiku Negassa: Thank you Vivian. I honestly can say without the ADA and the right it affords people with disabilities, I absolutely would not have come this far in my education, and be able to look forward to make the difference that I want to make, not only in my education but also in everyday life, such as access to transportation. Thank you.

>> Vivian Bass: Okay, and Baksha, Americans with disabilities act?

>> Baksha Ali: Thank you Vivian. So the ADA has helped me gain the confidence and courage to advocate for myself and let people know if I need certain accommodations or services. For example, when I was in college, one of the accommodations that I required was being able to record my lectures, so that when I would go back home, I can listen to it and take my time to type it out on my laptop which has a screen reader. Another accommodation that I required was having extra time, because since when I take -- or took an exam, I had to listen to what a screen reader informed me was in the document. It took a little longer for me to understand what the question was being asked and what options were available. And I would say if it wasn't for the ADA I wouldn't have a successful or confident college life that I pursued after learning about what accommodations I require, what services I need. And I'm really grateful for that. Now back to you Vivian.

>> Vivian Bass: Okay, and Khadija?

>> Khadija Bari: Yes, so -- being in the U.S., I mean, I must admit it's really nice to be in a society where I don't have to explain on a daily basis what it means to be visually impaired or what is a disability. So for instance, back when I was in Pakistan pursuing my Bachelor's degree, every semester, every time I had a new professor, I had to walk up to them on the first day of class, explain to them I have a visual impairment. And it's kind of funny now that I look back, but I used to wear glasses that actually had no powered lenses, because throughout my high school life and before, teachers used to ask me when I told them that I'm visually impaired "oh, why don't you wear glasses?" So just to avoid that question, I used to wear glasses that did absolutely nothing for me. In contrast to that, when I came to the U.S. and enrolled in graduate school, so I was in the admissions office submitting all my final documentation, and they said "oh, you should you should take a trip down to the office of services for students with disabilities." And I mean, I was shocked. I was like, I was so surprised, I was like "wait, you have a whole office dedicated to students with disabilities?" So I mean, I'm very fortunate being in New York and having lived experience with a disability myself and working with people with disabilities, there's a whole map of services that are sponsored by the government laid out for individuals, all the way from birth 'til, I mean, there's no upper limit in each stage of life, from childhood to being a successful professional. So being in a country where not all but most of the population knows about rights of people with disabilities gives me a lot of confidence and a sense of authority. I mean, just being here at this prestigious forum and being able to speak everyone, to have a voice and to have a right to express it is incredible. While I was researching in preparation for this event, I was really happy to learn that in 2011 in Pakistan, they ratified their first legislation regarding disability rights: the convention on the rights of persons with disabilities. And I hope one day that women and persons in general with disabilities in Pakistan can feel the sense of confidence and agency that I feel here today thanks to the ADA.

>> Vivian Bass: Great, thanks. Anything further that -- wish to share with regard to reasonable accommodations that you personally use and benefit from in your day-to-day life? Anything additional to add Khadija?

>> Khadija Bari: Sure. So for myself -- and Baksha touched upon it earlier in the previous question as well, the accommodations that I use today, that I used in school and work over here, I must preface by saying I certainly wish I knew about them and I had done the research back when I was in Pakistan to know how I can obtain them. So in terms of the accommodations that I use, on a computer I use a combination of magnification - so blowing up the size of the font on the screen - as well as a program called a screen reader that Baksha referred to, which essentially is a program that --everything a person sees on a screen, that software converts that text to speech. And the individual using the computer can listen to it. So in Pakistan, I mean, I understand not a lot of these accommodations would be sponsored by the government. They would have to be privately funded. But there are certain things that can be accessed by people with a visual impairment anywhere in the world. Fr example a MacBook, which is an Apple computer, comes built in with with Zoom, which is magnification, and VoiceOver, which is that text-to-speech function. Similarly Windows comes in with Windows magnifier and Windows narrator for text-to-speech. Cell phones -- every cell phone, whether it be an Android or an iPhone, comes built in with accessibility features that you just have to turn on. And they have tutorials there on how to use it as well. So yeah, I mean, back when I was an undergrad in Pakistan, for me it was asking for large font, and like 25 percent extra time on my examinations. I thought they were doing me a favor. So yeah, it's good to know that these things are available to anyone in the world.

>> Vivian Bass: Okay. And Baksha, could you share more about the reasonable accommodations at work, in school or online?

>> Baksha Ali: No problem. So Khadija fairly covered a good portion of it, but I will just go over some of the things I use. Similar to Khadija, I use a text-to-speech program called Jaws screen reader. I use the voiceover screen reader on my iPhone and my Mac laptop, because it's always good to have a backup plan. You know, if one thing doesn't work, another will -- surely will work. As I mentioned before, I used a recorder to record lectures when I was in college. I also use it as a way to remember certain routes that I need to go if I'm traveling somewhere far, just to remember there are certain landmarks that I need to pay attention to. I use a guide cane. I know the white guide cane is fairly popular, however with capitalism as it is, we have so many options. So I prefer to use a cane that is red and white because I feel like the red color stands out more. You know, it's a personal preference. Besides that I use a really light vacuum, because -- I think that is a normal device, but I've noticed if it's a smaller and more light it's easier for me to navigate it. And again it's a personal preference. Now back to you Vivian.

>> Vivian Bass: Okay, and Laka?

>> Laka Mitiku Negassa: Thank you Vivian. So as I mentioned earlier, I am a traumatic brain injury survivor. And so it takes me a little more time to do work such as exams and homework. This accommodation made it possible for me to finish my graduate studies. Thank you.

>> Vivian Bass: And lastly, Dr. Nelle?

>> Dr. Nelle Richardson: Thank you Vivian. So for me on returning to work, I was really grateful that I was able to get a [unintelligible] because the original office I had was really noisy. The area was noisy. And so I was able to relocated office in a more quiet location. So that was really great for me. Also I was provided with headphones, because I couldn't move mine and so forth for the phone. So I was provided specialized headphones, and that was really helpful. And you know, as I said I was able to have that time off for work, so they provided me that time to go to therapy after I returned to work. That was really really great for me. So yeah. And also, time to finish things, because I was a little slower when I returned initially because my memory wasn't fully back yet, and so I needed time to process things. The recall is still -- still very difficult, but because I've had so many years of [audio issues] I was able to manage and maneuver over some of those challenges. I was really grateful for that. So those were my accommodations. Back to you.

>> Vivian Bass: Thank you. We want to move along as swiftly as we keep the flow going here. And we all know the significance, importance of disability advocacy. But I kind of want to break that down into some of the different elements. And if you could each give us a couple sentences about your thought -- I want to start first with Khadija. You being a board colleague of mine and new board member at RespectAbility, and share that experience having a seat at that table.

>> Khadija Bari: Absolutely. So yes, I was so fortunate to be invited last year in July by RespectAbility to join the ranks of their board members. It was such an honor. I mean essentially, representation is so important. If you are incorporating a group in the conversation you have to have a member of that group on the decision making table, because the insights from the lived experience those people bring -- it's invaluable. Thanks Vivian, back to you.

>> Vivian Bass: Thank you. And just a couple thoughts quick, Laka, on education. I know you've been through undergraduate, graduate school - and some of your perspectives as far as disability advocacy.

>> Laka Mitiku Negassa: For me -- thank you Vivian. For me, disability advocacy is educating the community, creating awareness by putting faces to the problems the disability community regularly encounters. This is done by telling stories of how a policy or societal outlook or perspective is negatively affecting the community. And most importantly, it is all about pushing for a work, change in the laws that hindered this community from being all they could be or God created them to be. Thank you.

>> Vivian Bass: Okay thank you. Okay, and Baksha, in the workplace -- I know you're embarking on a new job here at Amazon, and from other positions you've held as well.

>> Baksha Ali: Okay thank you Vivian. So when it comes to advocacy in relationship to work -- in a workplace I think it's really important to let your employer know what sort of accommodations you may require, because if they're not aware of it -- and sometimes they might not be aware of what accommodations are available out there, and services -- then they wouldn't know how to help you and support you to have a good work environment and be successful in your workplace. So I would say when it comes to letting people know what sort of accommodations and services you require in a workplace, let them know at the very get-go because if you go into work and you realize there's something unique for you to do your work successfully, and you're hesitating, that will prolong your job and your -- prolong you actually from doing your job successfully. And that's why I think it's really important to really have that confidence and let your employer -- or speak to co-workers if your employer is not available and let them know if you need a certain accommodation and see if they can easily help you bring that to fruition. Thank you.

>> Vivian Bass: Thank you. Quick, your perspectives as well, Dr. Nelle, but specifically as related to healthcare.

>> Dr. Nelle Rihardson: Well thank you Vivian. So especially in this pandemic there are so many different disabilities all around the world. And now in this current pandemic, it has just magnified. So my advice to you would be to have the courage to advocate for yourself and to advocate for others. Speak up! You know, don't always accept the first decision that you're given, maybe by a doctor or anyone else, because you are the lived experience. And so you know, your disability is unique, so get a second opinion, a third if you need to. And you know, you know your needs, so don't stop until you get the answer that you deserve. Vivian, back to you.

>> Vivian Bass: Okay, and in closing, because I'm seeing lots of questions coming, we want to make sure we have ample time if you could just give just words of wisdom, just a few chosen jewels on what advice you would give to other women who might feel empowered to engage in disability advocacy in their home country? You could -- what do you feel is of paramount importance? If we could each just share a sentence or two. Baksha what'd you say?

>> Baksha Ali: I would say if you want to do advocacy work in your home country, it's really important to do the research. Because what might be okay for one person with a disability might not necessarily be okay with another person with a similar disability. We are all different, whether we have a disability or not, so our experience and our skills will be vastly different. So do your research and be please be aware that just because one article says one thing about a certain disability, that might not necessarily be true for everybody.

>> Vivian Bass: Okay. And Laka, if you could just give us a sentence that you feel would be most helpful in empowering women in their own countries?

>> Laka Mitiku Negassa: Thank you Vivian. So my advice is to be proactive and talk to legislators or lawmakers in your countries or regions. It is very important to find ways to be involved in arts and media, to portray disability in good light. It is to show that women with disabilities specifically are able to live full lives if given the opportunity and means. Thank you.

>> Vivian Bass: Thank you. And your sentence of wisdom to share from your experiences, Khadija?

>> Khadija Bari: Sure Vivian. So I want to acknowledge first that today being a woman of disability, I do sit now in a seat of privilege in the country that I am today. But back in my home country of Pakistan, I mean, I know the government doesn't take much responsibility for advocating for rights of people with disabilities, and it's generally NGOs and grassroots organizations who take this initiative. So I would say support these organizations in whatever way you can. Volunteer, donate, if you are part of that top 1 percent of society where you can afford it. Include your friends and family in these efforts as well. And social media, as mentioned before, is such a powerful tool, whether you are an individual with a disability or an ally. Utilize it to highlight the successes and achievements of people with disabilities in your country. Thank you.

>> Vivian Bass: Thank you. And lastly Dr. Nelle, if you could, your advice for women in other countries? Just a sentence.

>> Dr. Nelle Richardson: Thank you so much Vivian. Thank you. So I'm sitting here also as a woman with disabilities, and so I speak for women all around the world. Whether you're in Africa, whether you're in the Caribbean, Canada, Europe, wherever you may be - you have a voice. So speak up! Advocate for yourself and then you advocate for others. You are the lived experience. So write letters, send emails, let your presence be felt wherever you are. Because your presence is the power that is needed for you to advocate. Get others involved who can help you. You know, write to Congress -- we have Congress here in the United States, but where you are, find the leaders who can help you. And know that you're more powerful than you think, so advocate and speak up. Thank you.

>> Vivian Bass: Thank you so much for those precious words. Okay, with that said we want to now open up the questions from any and all of you. And today's event's director and producer Debbie Fink will now moderate the questions. Debbie give us a wave, and let's get started.

>> Debbie Fink: Hi everybody. So glad to be here with all of you and to see this come to fruition. I'm Debbie. I'm a white woman with long brown hair and glasses I prefer the pronouns she her and hers, and my backdrop is the name of today's event and the photos of the fabulous speakers and wonderful moderator that we have all just learned with. So I am going to start with questions that you have been asking. The first one is how has the lack of internet connectivity or tools in New York City and beyond affected education for young children with disabilities due to COVID? It just so happens three of the women on the panel live in New York City, so who would like to take that question?

>> Baksha Ali: Thank you -- you can go Dr. Nelle.

>> Dr. Nelle Richardson: I'm sorry. So -- well thank you, thank you for that question. So my children and adults are young adults. But I've worked with people in the community who who does have young children. And so the challenge has been some of these women, right, have lost their jobs, and so they couldn't afford internet anymore. And so now that the children had to work at home, it really posed a challenge for the families to now provide internet for the children, because, you know, they need their computers at home and they need internet. So it's really been a challenge for families during this pandemic to navigate around the children and internet service while they're sitting at home to educate these children. Thank you.

>> Debbie Fink: Thank you. I would also say that New York City's public school system has been held up by Randi Weingarten who is the head of the American Federation for teachers, for really managing to keep kids in school during the pandemic. It's been really a sort of a hallmark in the entire country for a large complex public school system to have maneuvered and managed to stay open for a good part part of the pandemic. So the next question is how do you connect ideas of global inequities and experiencing a disability as a woman -- excuse me -- as a woman of color? Who would like to take that? Let me repeat: how do you connect ideas of global inequities and experiencing a disability as a woman of color?

>> Khadija Bari: I can take this question. So to those of you in the audience today, congratulations on taking the first step to doing so. Accessing resources. So the internet is a very powerful tool, and if you are in a place in the world where you have access to it, please utilize it. Google is your friend. There are so many platforms where, whether it be on LinkedIn or Facebook or other blogs, where, as Dr. Nelle mentioned in our presentation, people are voicing their thoughts and their experiences. Partake in them. Be a part of that conversation, or at least read about it just to learn if that's where you are -- where you stand today. So I would say your online resources for understanding a global perspective would be the place to go.

>> Debbie Fink: Thank you. Who else would like to answer that? Anyone? Going once. Going twice. Okay, on to the next question. A kind participant said thank you for your wonderful presentation. To proceed treatment I guess financial condition would become a very big issue especially for immigrants what kind of solution is there? I'd like to ask Laka to please address that in terms of how your health care and financial condition sort of played into your eight facilities.

>> Laka Mitiku Negassa: Thank you for that question. That is a very difficult question because we have to like discuss about the -- I mean talking about America, the United States of America, we have to talk about the American healthcare system and the inequities faced by a lot of people within the healthcare system. So we have to like go back to the root of the American healthcare system, maybe trying to find a solution - that's why I study health policy actually. Maybe there's a solution for having access to equitable health care for all. So that I guess that's the means, but I guess you have to find ways to get Medicaid and or like county services, that's a possibility that I can see. But health care is a big big discussion that needs a lot of research and advocacy. Thank you.

>> Debbie Fink: Thank you very much for that. Dr. Nelle, could you address that as well, given whether it was your experience or the experience of clients that you have served over the course of your many years?

>> Dr. Nelle Richardson: Well thank you Debbie. So for me personally, because you know, I've had a year in rehab when I had my first accident, so I'll talk about that first. So what I had to do -- well thank goodness I had good health care, however I've been out of services -- I mean of work for one year. So the job -- you know I had to switch health care services and insurance in order to continue my health care, because the time was just too long to be out of work and so forth. So at least I was lucky to have that -- to have my husband's insurance to switch so I can continue with my services, because it's very expensive to be in rehab for a full year. Lots of the clients we have -- because I've worked in mental health incarceration -- so a lot of the clients who has been incarcerated and is coming home, we had put [unintelligible] for them, where we would have -- we'll apply for medicaid, some of the medicare. So when they're here, it's really important to have health care services in place, because then if they're out here -- they're having mental health issues, and a lot of them medical issues, and there's no stability in the community, then the community is at risk. So we put in place where we would apply for medicaid, would apply for medicare and make sure we have services in place -- connect them with doctors and so forth -- so when they're out here in the community, they're stable and the community is safe. So that's some of the things we put in place, and those are things you can look into as well. And those are really valid resources that you can use. And if you don't qualify for those services for the government, there's also a sliding fee scale, so don't think that you can't have the treatment, right? You can also work it out with the doctor and have a sliding fee scale where you can still see the doctor for fee. So those are resources that I have used in my career for that purpose.

>> Debbie Fink: Thank you so much Dr. Nelle. Actually could you and possibly Laka or any of the panelists talk about short-term disability and long-term disability, which is sort of a benchmark to some degree of supporting people with disabilities in the US? There are five states that require an employer, from what I understand, to offer short-term disability. The other states do not require it. But New York is one of them. So can one or both of you or all of -- you know, address the role of how it served you or did not?

>> Dr. Nelle Richardson: Right sure. So for me -- I'll speak in terms of the job. So in short-term disability, if you're having a disability and an injury that is going to require a few months of treatment, then the job -- if you're working -- would pay for you to -- well it's in two phases. So if you get hurt on the job, they will pay for you -- they'll have disability for you, disability insurance, because you pay for that while you're working. So the job will pay for you to be out and have your treatment for a couple of months, let's say maybe two, three months. They'll pay for you. And then you can have your treatment and return to work. However if you're having a longer term treatment, then it might be a different case. You know, if you're going to be out, as I said for a year, then you may have a different challenge. So most insurance wouldn't probably pay for a year, so you may have to put some other things in place where you can -- whether it'll supplement -- I mean, some of them may go out of network and you might have that service as well where you can go out of network. If it's an out-of-network insurance, they may pay for your year, but it's only that your co-payment might be larger, but at least you'll have that service. All right. But for the shorter term you may not have that.

>> Debbie Fink: Thank you. Hopefully that helps and you can explore in other countries, participants, to see if that's even an option. And if not, you can always push for it. So I'd like to close it out with one final question that I'm actually going to ask you to answer. What is one piece of advice that you would give yourself or another woman who newly acquires a disability?

>> Khadija Bari: Sure. I mean it's very easy for me to say, because I've spent most of my life with a disability. But for someone who's new to it and maybe Laka and Dr. Nelle could add as well -- be strong. I work with people on a daily basis who are in NYC where they are new to their disability and thankfully they're in a place where they have a system and resources and services available that they can access for support. But if you are in a place where that is not the case or maybe it's out of your financial reach, I take this opportunity to reach out to families and friends of people who are going through a difficult time, especially a woman, in where developing countries women don't have much ground to stand on in the first place or a voice that's usually heard in a serious tone, so I highly urge the families and friends of these individuals to please support them. If there's anything that you can do to provide emotional support, financial support -- to do what you can. And remember that the person may be experiencing a new way of living life, but there's still that same person that you love and you care for. They're still the same. They may look a little different or they may sound a little different, but you know, still give them the authority that they deserve.

>> Debbie Fink: Thank you Khadija, that was fabulous. An excellent excellent end, way to summarize the last question. So I turn it now back to Vivian Bass, and we thank Vivian for being the champion of this whole event. So Vivian, it's all yours.

>> Vivian Bass: Okay, well thank you so much for joining us. And once again, RespectAbility remains available as a resource to you as you continue to explore disability inclusion and advocacy wherever you are in the world. Thank you everyone for participating today. And I thank my fellow board member Khadija, our colleagues Dr. Nelle, Laka and Baksha. You all truly embody empowerment and are beyond motivational. Thanks to RespectAbility's Debbie Fink, who directed and produced this event, to Maya Cohen-Shields, who managed the event, to Autumn Blalock, who supported the beginning of this process, and to Jake Stimell and Eric Ascher who worked together with Debbie as the behind the scenes team. Also want to thank all of RespectAbility's board and staff members for their determined work, led by our tireless leader President Jennifer Laszlo Mizrahi, and by our board chair the Honorable Steve Bartlett. Also want to express gratitude to the New York Women's Foundation and the Coca-Cola foundation that funded the inception of our national disability speakers bureau. And most important, thanks to each of you who participated, bringing your open minds and your hearts to learn today. Together we can envision a world where women and girls feel and are empowered on every level. More specifically, together we can envision a world where immigrant women and girls with disabilities feel and are truly empowered to be full participants in all aspects of community, wherever they may be. The doors are open. We thank you for walking or rolling through and continuing on this journey individually and collectively. Lastly, it is not too early to mark your calendars for a sure to be notable event: RespectAbility Summit 2021, taking place this year June 7th through June 10th. It promises to be filled with meaningful and educational panels and panelists. We are placing in the chat box the link to register. Wishing everyone a safe good day or a good evening, wherever you are. Thank you.