

The Politics Classroom

Host: Professor Floros

Ep. 2023.05: Introduction to Disability Culture

In the Classroom: Dr. Margaret Fink (UIC Disability Cultural Center)

Professor Floros 00:01

There's been a lot of activity during the last several years, especially around the topic of DEI: diversity, equity, and inclusion. While many have embraced efforts to combat the systemic determinants of discrimination and inequity, or at the very least acknowledged the problem, others have taken steps to keep "wokeness" out of schools and workplaces. Increasingly, state and local elections are being contested by people who want to remove books about LGBTQ characters from libraries or ban Critical Race Theory in schools. Note, CRT is not taught in K-12 schools. The latest flashpoint is the curriculum of the recently established AP African American History course for high schoolers. There are also efforts to prohibit DEI offices on state-funded college campuses and block employers from requiring diversity training of their employees.

In almost all of these situations, the diversity being discussed is either regarding race, or a little less prominently, LGBTQ issues and identity. One category of diversity that is frequently ignored or undervalued deals with disability. Conversations about accessibility, usability, and accommodation rarely make headlines, or drive the, these conversations, even among those who are proponents of DEI. Throughout society, barriers to participation in academics, the economy, and mainstream culture isolate millions and substantially affect the well-being of many of our neighbors.

My conversation today will hopefully shine a spotlight on some of these critical barriers, and the work that's being done at the University of Illinois at Chicago to create a thriving disability culture. So, let's get started in The Politics Classroom, recorded on February 6, 2023.

Intro Music: Three Goddesses by Third Age

Professor Floros 02:49

Welcome to The Politics Classroom, a podcast of UIC Radio. I'm Professor Kate Floros, a clinical associate professor of political science at the University of Illinois, Chicago. You can find me on Twitter and TikTok @DrFloros, and the podcast can be found on Instagram @polsclsrn and at thepoliticsclassroom.org.

Today, I'm so pleased to welcome into the Classroom Dr. Margaret Fink, the director of the Disability Cultural Center at UIC. Dr. Fink received her bachelor's degree in English and Art History at the University of Wisconsin-Madison, a master's degree in humanities from the University of Chicago, and a PhD in English Language and Literature, also from the University of Chicago.

Since becoming the director of the UIC Disability Cultural Center, Dr. Fink has, among other accomplishments, hosted a virtual symposium on Disability Cultural Centers, been involved in the introductory conversation and dissemination of a special issue of *Lateral*, the Journal of the Cultural Studies Association called "Crip Pandemic Life: A Tapestry," and she is teaching a Graduate College course on the Foundations of College Instruction. Before arriving at UIC, Dr. Fink was the assistant director of the Writing Program at the University of Chicago.

Dr. Margaret Fink, welcome to The Politics Classroom.

Dr. Margaret Fink 04:21

Thank you for having me.

Professor Floros 04:23

So, I always start off my interviews by asking my guests how they came to be in the careers that they are in. So, how did you become the director of a Disability Cultural Center?

Dr. Margaret Fink 04:37

When the Disability Cultural Center Director position was posted, it was incredibly exciting for me because it was a new type of position. There aren't very many Disability Cultural Centers in the country at all. And that was even more the case even just three years ago, but I was excited for this opportunity because I had been working as an administrator of sorts in a writing program, and I enjoyed just some of the getting people organized element of it. And I was doing a lot of work with graduate students who were learning to be writing instructors. So, working with and collaborating with students who were kind of partaking in the work of whatever we were doing. That was really, really fun for me, though, that was something I was excited to continue, and try to bring my experience to this new position. But the part that was extremely exciting, was the focus on disability experience, anti-ableism, accessibility, and building community around those things, was something that I was kind of sneaking in, on the side, you know, with, with my job as the Writing Program, I had a lot of wonderful opportunities and collaboration to do, like, accessible pedagogy workshops and that sort of thing, but usually kind of a walled off type of conversation and event. So, having a job that brought the two things together was really, really cool.

Professor Floros 06:07

That's great. Thank you. I want to ask about some of the terms that you just used, but at a more basic level, what do folks typically mean in the disability community when they use the phrase "disability"? Is it physical ailments? Is it cognitive? Sensory? Can you just give a brief yet expansive overview of what, what is all encompassed under, under "disability"?

Dr. Margaret Fink 06:37

Yeah, no, I'm glad to and the way that I'm using disability and the way that the Disability Cultural Center, and even, like, the Disability Resource Center, uses that term is super expansive, like it's super broad. So like disability community, the way that I'm interested in being part of it is really invested in recognizing distinct communities around different - one word is impairment - or different condition, recognizing those communities, but really interested in having cross-disability solidarity. So yeah, I mean, we're talking physical disabilities, disabilities that impact mobility, disabilities that are, you might call them sensory, in the sense that it's about, you know, a hearing disability or people who are blind or have low vision. It can be chronic illness, chronic pain, other medical conditions that impact how you function day to day. It can be a huge umbrella, like mental disabilities, like intellectual disabilities, learning disabilities, like people that process information differently. Autism, it can be ADHD, it can be people with like, psychiatric disability.

It's really fun to talk about all these different cultures and community for different conditions and different takes on different conditions. So, the big answer is that it's very broad, and the way we usually talk about it, trying to simplify it, is at least from our perspective, we're interested in keeping that social justice perspective, so, we define it against a socially constructed norm, which is the non-disabled, way of functioning and way of being. So, people that don't necessarily fit into some of those standards, about how a body or mind "should" big air quote, function or look or be.

Professor Floros 08:38

Is disability, the word that is preferred and referring to people as disabled or persons with disabilities, what's the preferred language?

Dr. Margaret Fink 08:49

That's such a great question. It's something people are really curious about too. So, there's a difference between person-first language and identity-first language. So, person-first language is saying, a person with a disability. Identity-first language is saying, something like disabled people or disabled person. We use either when we're talking about disability generally. So, my background is in cultural studies and English and art history. But I'm interested in thinking about how the way we use language shifts over time and like with use in different communities.

So, I think it's important to be aware that there are conversations happening in particular disability communities, where there may be a preference for one or the other, somewhat strong. And then of course, there are people that say, I'm thinking of like autistic community. There's been a pretty heated conversation, kind of between autistic self-advocates and people who, like parents or sometimes like organizations that work on issues with, you know, people on the autism spectrum, that kind of language. And those are pretty strong preference for identity-first saying something like an autistic person in that conversation.

But yeah, I think in terms of person-first and identity-first, we use identity-first sometimes in a sentence that feels a little nicer to use person-first. And so, when we're talking about disability, generally, they are both fine. And it's helpful to know why people might prefer one or the other. And then like I was saying, just trying to respect people preferences, whether it's part of a community conversation or a personal preference. But I will say that there's a hashtag that I really liked called #SayTheWord, and that's about, like, just say "disability" it's not shameful. It's not something that you have to tiptoe around. Sometimes people will say things like, differently-abled, or like handi-capable. And some of those are maybe euphemism then they are reinforcing the idea that disability is something shameful to avoid talking about directly. So, I like the word disability.

Professor Floros 11:10

Okay. And I know that you're not a lawyer, but when you were talking about that expansive definition of disability and encompassing a broad range of, of conditions, is that... In the United States, we have the Americans with Disabilities Act. To your knowledge, does that law encompass that broad range of people? Or is the law more limited than the community itself identifies as?

Dr. Margaret Fink 11:43

That is a really good question. And I will like, let's definitely take this with a grain of salt, because I'm not a legal expert, but my understanding is it's very capacious as well. I wish I could just rattle off the language about the "naturally limiting life function". Don't totally quote me on that. But I think the law is meant to be flexible in terms of who is protected and even more so since ADAAA, which is the ADA And Amendments. So, the ADAAA, I know, was meant to revise out some of the more gatekeeping aspects of who would qualify for the protections. So, trying to align the ADA as it was implemented more with the spirit of the law, which is to remove barriers that just impacted disabled people's access to full participation.

And one thing that I was looking up recently, because I was interested in knowing whether they quote unquote, counted under the law was something like, I've heard it called different things like an esthetic disability, like so say somebody has maybe a scar on their face, and they work in a customer service or

like that type of a public facing job, if they were to be reassigned or even fired based on how that might impact customers. That, to me is just like, obviously, disability discrimination. And it is also included in the ADA.

Professor Floros 13:19

Okay, what about, since we're talking about language, you have participated in a project called "Crip Pandemic Life: A Tapestry." And the use of the word "crip" makes me a little uncomfortable saying it, and I don't know if it's one of those things that only people in the community can, can say and others shouldn't. But, can you talk about the use and reclaiming of, of that word?

Dr. Margaret Fink 13:49

Yeah, I'm happy to. Thank you for asking. And that project is so wonderful. I really recommend everyone check it out. I was not one of the co-editors, but the co-editors are Theodora Danylevich who is at Georgetown and Ally Patsavas, who's a professor here in DHD, at UIC.

Professor Floros 14:08

Uh, DHD is Disability and Human Development.

Dr. Margaret Fink 14:11

Yeah.

Professor Floros

Okay

Dr. Margaret Fink

That's good job unpacking the acronyms of UIC. But yeah, it's such a cool project. But yeah, thank you for pointing our attention to the word "crip".

So many thoughts there, but I think one of my favorite explanations of it is from a writer, a trans-disabled writer named Eli Clare. I think the quote is on our website, the DCC website, because people asked about that word a lot. The quote about how it kind of meant to shock and it's a, it's a reclaimed term, similar to the way that the term queer which has been an insult was reclaimed by queer community. So, I mean, there's that element of a reclaimed term. And I think there's some appreciation of how, when you're using the word "crip", you're kind of trying to get at this idea that it is a version of kind of inhabiting a disabled experience that is opposed to the norm or critical of the norm, or just interested in questioning some of the received understanding about what's normal and typical and valuable.

In terms of who's allowed to use it, that I think one thing is, like the word "crippled" historically, has usually been used when we're talking about physical disability. And I can say that the way that the word "crip" is circulating in disability community that's a lot looser than that. And Professor Carrie Sandahl, also here at UIC, wrote about that phenomenon. And yeah, so it definitely applies beyond physical disability. And I don't know, I'm trying to think if I think as a verb, you could pretty much anybody could use it. It wouldn't be weird to be talking about crippling something if you're trying to name this way of critically questioning something along the lines of anti-ableism and disability experience.

Professor Floros 16:18

Okay, and just so folks know, I have a companion website for the podcast, and I will post links to all of the folks that Dr. Fink references, will link to the quote will link to dates, that we may or may get wrong

as we go along. And that's on The Bookshelf page of the podcast website at thepoliticsclassroom.org. So, if you want more information about the things we're talking about today, check out thepoliticsclassroom.org and click on The Bookshelf section, and this episode, and there'll be all kinds of good further information there.

I'm sorry that we're spending so long on definitions, but what are considered invisible disabilities?

Dr. Margaret Fink 17:09

Oh, that's a great question. And I've been learning that some of the preferred language is non-apparent or apparent. I think invisible and visible disability is really, really common. And it's not like it's wrong to say that per se, but I think non-apparent is trying to think through how some people aren't visual, they're not getting information visually in any circumstance. Some disabilities become apparent in ways that are not visual. So, they might be how somebody sounds or something like that.

But I think the basic idea of non-apparent disability is, when you meet someone, you might not know they're disabled. Sometimes you would have cues that would suggest that they have some type of disability, that would be more of an apparent disability. And sometimes you meet someone, and you do not know based on anything that you can perceive that they have a disability. And that can change day to day for some people; that can change with context. But yeah, that the basic idea, and I think a lot of people with non-apparent or invisible disabilities tend to encounter skepticism and doubt about when they disclose their disability or their need for accommodation, their access need, unfortunately, because people can't see it readily.

Professor Floros 18:31

Yeah. Okay. And you've mentioned anti-ableism a couple of times. So, what is ableism? And how can we recognize it?

Dr. Margaret Fink 18:44

I got another something for your Bookshelf.

Professor Floros

Okay.

Dr. Margaret Fink

Very basically speaking. Ableism is something that we're trying to think of in terms of a system of privilege and oppression. And I really, I love the four "I"s of oppression for thinking about how that operates. I don't know if people have heard about this, but before either the oppression or the interacting interlocking ways that oppression and privilege can play out. So, there is ideological or ideas about disability, and there's institutional - the way that ableism is built into our laws and procedures and policies. There's interpersonal when people are interacting and something goes sideways, or there's some type of stigma or discrimination, and there's internalized, which is when people start to believe some the idea about, about disabled people that are negative and use them against themselves.

So, this system of privilege and oppression, and the quote that I wanted to share, there's a really, really fantastic and extremely thoughtful definition of ableism that was written by someone named to Talila "TL" Lewis, in conversation with other people. And the kind of long but I think like the thing that it points out helpfully is ableism is about "assigning value to some people's bodies and minds" and not other people's and like devaluing other bodies and minds. And it's all done through socially constructed ideas of "normalcy, productivity, desirability, intelligence, excellence, and fitness." I think this definition

does a really great job of naming how those ideas are really “rooted in” and enforced by things like “eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism.”

I love this definition, because it's really thoughtful about drawing connections between these different systems of oppression and a student of US history, I think it would be hard to avoid making some of those connections, but I also think they're not talked about enough, so I appreciate that about this definition.

Professor Floros 21:06

What are things that people should be looking out for? Because I think that folks who have not had a lot of experience, looking at the world through a disability lens will miss a lot of these baked-in ableist systems. So, what should people look for, if they're trying to see whether what they're doing or a building or a system is enforcing these ableist positions?

Dr. Margaret Fink 21:42

A primary way to notice how our sense of, like, business as usual, is really built for people that we assume to function a certain way or think a certain way. I think that's one thing to just start noticing is that typical or usual ways of doing things favor non-disabled bodies and minds and they do not favor, they devalue, disabled bodies and minds. So, that can be a really simple shift, you know, when a disabled person shows up and experiences inaccessibility, instead of understanding that as some problem that they have individually, thinking of it as this misfit between the environment and the way that their body or mind works, or the way that it is, and deciding that actually the thing that should change is the environment. And this is like a basic move from disability studies, and it comes from disability activism, kind of like what underwrites the ADA, which is something that we started talking about.

So, I think that piece, it's just important to maybe recognize any assumptions that you might be making about what's going to work for everyone in your classroom if this is sort of a classroom-focused podcast, but also, with events and that kind of thing. That's one piece. And the other piece that I share this, I really, in the position have learned a lot about some of the outstanding fights to be fought, you know, so for example, people who are disabled and are, you know, rely on federal assistance just to get their basic needs met, in terms of funding, you know, benefits...

Professor Floros

Sure.

Dr. Margaret Fink

They often will risk losing their benefits if they want to get married. So, they're kind of like the de facto marriage inequality situation going on. There's a lot of issues like that, that are outstanding, and I think, not, quote, unquote, needing to pay attention to some of those things, because it doesn't impact you, it's one way that a lot of us experience privilege. Though, I think it's like educating yourself about that sort of thing. Like, one of the recent things I learned about is in the city of Chicago, under 100 intersections have accessible walk signals, so like, a lot of the signals are visual, but they don't have an auditory element. So, I think that's one piece. And then when things are inaccessible, and it required resources to change them, and time and energy, that's where a lot of ableism tends to crop up where you get idea about like, oh, well, thinking through whether that person's inclusion is quote unquote, worth the trouble or experiencing it as a burden on everyone else. When it's really the setup is not equitable, though changing it is how you would create equity in this situation.

Professor Floros 24:50

Absolutely. Can you talk a little bit about what disability justice is?

Dr. Margaret Fink 24:56

I am happy to. Yeah. There's a lot of really great stories about how disability justice came into being. I can make a few more recommendations for The Bookshelf. But I learned the most personally from reading "The Disability Justice Primer" by Sins Invalid, which is an organization in the Bay Area. I've also learned a lot from Leah Piepzna-Samarasinha's "Care Work." So, the story is in the early 2000s, at some radical organizing conferences, a group of queer, trans, disabled people of color got together and the conversation was kind of around feeling like a lot of disabilities spaces were dominated by white leaders, feeling like a lot of spaces that were organized around other forms of organizing, so like queer spaces and racial justice organizing spaces that were inaccessible, or maybe not thinking about things like ableism, and the need for an intersectional movement that centers disabled people and queer people of color.

And, the other thing that I like to make sure in like a quick, a quick recap is I've learned that there's a lot of interest in a justice framework as opposed to a rights-based framework where the distinction is kind of that the rights-based framework is lobbying for a seat at the existing table for disabled people, so to take privilege and like, widen it and have more people be kind of in the privileged spot. And disability justice is, and I learned this from Mia Mingus, which is another activist interested in rethinking the whole structure of the table to begin with. You know, like, why are some people enjoying this type of privilege, and other people are not getting their basic needs met? Like, we're not interested in just continuing this organization of our society, because it's just not livable for a lot of people. But yeah, that's like the seat that the existing table, rights-based framework, and then, like, rethink the whole organization of our society for justice is the justice-based.

Professor Floros 27:18

That seems like it would be harder to achieve.

Dr. Margaret Fink 27:20

I think people are doing it on the ground. Like, a lot of the abolition framework that I have learned so much about since coming to UIC, I think are really thinking through, okay, in the meantime, how do people connect with one another and care for one another, so like community care kinds of effort, like mutual aid and things like that, and then also playing the long game of structural change?

Professor Floros 27:43

Sounds like there's a lot going on. And, yeah.

Dr. Margaret Fink 27:48

It's been really cool. Like, we're, you know, one of the years, I really hope it's next year, we really want to do a series about disability history, including disability activism, because there's just so many amazing efforts that have happened. One that I'm thinking about was in California when there were a bunch of wildfires in 2019, and it had to do with PG & E, which was an electric company not really maintaining their grid, because it wasn't, money they didn't need to spend.

Professor Floros 28:18

And that was actually, their equipment was sparking many of these wildfires.

Dr. Margaret Fink 28:25

Yeah, exactly. Yeah. There was this pretty amazing heroic effort on the part of disability activists but in coalition with a lot of other people to crowd fund for generators and batteries and to get masks before masks were a thing, to get air filters, to get hotel rooms, and like, transportation for people because the

brownouts or like the shutdown of the electricity, were extremely dangerous for anybody who needed any type of equipment that relied on electrical supply or medications that needed to be refrigerated, refrigerated, and then just the air quality was like really an issue for a lot of people. So, I liked that because it got the mutual aid like direct support community care piece, and they also were doing a lot of activism around demanding that California regulate things like PG & E, like those big picture, structural changes.

Professor Floros 29:23

That's really interesting.

Let's take a break. You're listening to The Politics Classroom, a podcast of UIC Radio.

Music interlude: Gotcha! by Avocado Junkie

Professor Floros 30:04

You're listening to Professor Floros in The Politics Classroom, a podcast of UIC Radio. Today I'm speaking with Dr. Margaret Fink, director of the Disability Cultural Center at UIC.

So, you are the director of the Disability Cultural Center at UIC. So, what value does a Disability Cultural Center... or what is the value of having one on campus? And, who is it for?

Dr. Margaret Fink 30:38

I can start with the second part, that who is it for. It's for everyone, definitely. We're interested in building community that would include non-disabled allies. So, community for social change. And it's really interested in building community for disabled people and people exploring the relationship to disability identity. There's a lot of people that are kind of like, they don't necessarily identify as disabled or having a disability, but they're thinking about it, they might have some condition that would have them next to or they are just exploring that relationship. I think that's so important because dominant understandings of disability or like more mainstream common usual understanding, thinks of it as an individual problem, to put it a little more bluntly, or like an individual condition that you know, you quote, unquote, deal with, and it's very isolating, and there's a lot of shame that kind of comes with it. And so, meeting other disabled people can be extremely transformative.

Like, I know that with my experience. I'm deaf, and I've been deaf since I was born, but I didn't really meet other disabled people or think of myself as disabled until I was like, 24,23 22, pretty, you know, like, a little ways into my life. And it was kind of amazing; it was a really amazing experience of just being like, "Oh, you're really great. I completely believe in your right or your, like the fact that we should, you should be included in what we're doing. Like you, your access needs are so valid, like, we should just do what we need to do so you can participate too." And that, for me was really powerful. Because it just helped me feel the same way about my own access needs, even though I had kind of been socialized to be like, "Oh, I'm so sorry that this is a big problem," or like, try to minimize it, you know. That's a big piece, is community building, kind of in the service of self-acceptance and sharing experiences kind of being with people who get it, strategizing on a kind of a personal individual level. People getting together can make change happen.

Professor Floros 32:57

So, I understand, and I think you said earlier that not many universities have Disability Cultural Centers. I know you, our center was involved in a program last summer talking about this. So, can you talk a little

bit about that program and why UIC has a Disability Cultural Center and why most universities don't, but some are creating them?

Dr. Margaret Fink 33:25

Yeah, I'm happy to. Okay, I'll start with the symposium. The symposium was this event that we hosted last summer, and it was really kind of a situation where we came into some grant funding and just because we were one of the first Disability Cultural Centers, but the number is really glowing, we wanted to get together and just share our stories. And we get a lot of emails and I think many of my, our peer Disability Cultural Centers get a lot of emails from people that are interested in starting a Disability Cultural Center, and they're curious to learn, okay, how did it start? And the thing that I loved about getting to know people at the different Disability Cultural Centers is the story is so different for each one of how they were founded. And I imagine that has to do with just differences in institutional configurations and like culture and that kind of thing.

But the story at UIC as I understand it, I was hired you know, after it was a done deal, so I was kind of just trying to interview people and find out what, what happened. But, the story at UIC goes back many, many years because you know, UIC is one of the first places that had faculty in disability studies, the first PhD in disability studies in the country. There's kind of a history here and there the history in Chicago more broadly of disability rights activism. So, there was kind of that element in the air, if you will, and then in 2012, a lot of effort from faculty, staff and students to get disability to be recognized as a facet of diversity was realized when the Disability Resource Center, which is the accommodations office was included in the Office of Diversity, when it kind of got founded in its current mode. So that was a really big deal. And they did cultural programming. But in about 2017, students started lobbying for more space, and a dedicated budget and staff for cultural programming, because they wanted to make sure it would happen, even though making sure accommodations happen can really take up somebody's full plate.

Professor Floros

Sure.

Dr. Margaret Fink

So, they had a petition, had a bunch of like students and alum, and faculty and staff sign it. The Chancellor Amiritis, who is now you know, has moved on, but at the time, that Chancellor was new and had open office hours, so, a group of students went with like some talking points every single time and were like, "We gotta have a cultural center; it needs to happen!" And then I think there was a direct action where there was a sit-in in University Hall, there may have been like a visit up to the provost's office. I don't know the details on that. But the whole story is one of the videos of the symposium if people want to check it out. We had different people from different DCCs just tell the story of how they were founded. But yeah, it was just students saying that they wanted it to go beyond like individualized accommodation to recognize community and culture and identity.

Professor Floros 36:49

So, you mentioned in addition to the Disability Cultural Center on campus, there is a Disability Resource Center, which deals with assessing the need for accommodation, recommending accommodations. And I know that as a faculty member, students present me with letters of accommodation every semester. And so, what do you think faculty should keep in mind when a student presents them with a Letter of Accommodation? And how does one determine what a "reasonable" accommo-, reasonable in quotes accommodation is?

Dr. Margaret Fink 37:28

I would say you actually can do quite a lot by shaping the culture of your classroom to be one that sends cues to student that the LOA is welcome, and it's going to be, you know, respected. And it's really simple stuff like putting something in your syllabus and saying something on the first day of class, like, "Please let me know if you have a Letter of Accommodation. I'm happy to talk about how we'll implement the accommodation." Just that type of permission-granting can go actually quite a long way.

In terms of reasonable accommodation... Luckily, the DRC determines that, so the faculty members don't need to decide if something's reasonable or not. If it listed on the LOA, it's something that students are entitled to use in your classroom. The trickier bit can be working with this student, and you can get support from the DRC. But the tricky bit can be working with the student to figure out the implementation for your particular classroom. Some types of accommodations are really straightforward, like, you know, extended time on an exam, there's a process for that. Other ones...for example, extended deadlines or flexible deadline kinds of accommodation. That is a situation where it's really helpful to have a conversation at the beginning of the course. Usually, my advice is to come up with an agreement for how people can use it and what they should do in order to use it, you know, so usually a heads up of some type. You can check in with students about whether they anticipate any problems with that.

Professor Floros 39:06

I think, I mean, so like a lot of things faculty have to figure things out on their own. And this is one that I had to figure out on my own. I mean, I didn't have to; I didn't know how to not figure it out on my own. But in conversations with folks at the DRC, it made me realize the importance of having those conversations with the students because every once in a while, an accommodation will be something about needing to miss class for disability related reasons. But many years ago, I had a student who came to a quarter of the classes. And so, I was very frustrated by that because even though it's only a very small portion of the final grade, I do keep attendance to encourage students to come. And so, to give a student 100% attendance, who attended 25 percent of the time...And so, you know, now, this semester really is the first time I'm really trying to implement it, is saying like, "Okay, what are we going to agree to?" and have that conversation and say, "What is reasonable for you, knowing that if something happens, we can revisit this?" So far, so good. I hope that didn't dissuade people from actually providing the letter because they didn't want to talk to me. Guess that could be something.

Dr. Margaret Fink 40:27

I, yeah. I am thinking about that myself. Because I have erred on the side in the past of not having an agreement. Yeah, I kind of learned that, just from teaching, that I want to have some agreement going into it, so I'm not only really reacting to a situation. One thing I'm thinking about lately is makeup work, or makeup options, or maybe recording the session and sending it to someone. And I think the other thing instructors have to be thoughtful about is...I mean, you could think of it with access needs, like you have access needs as an instructor, and students have access needs, and how do you have everyone's needs get met? Considering also that as the faculty member, you just tend to get your needs met. That's usually the default is you have control over how things go to some extent.

Professor Floros 41:23

Yeah, I actually, I do lecture capture in my classrooms. And so the recordings are always available. And I think that students who don't have accommodations, still miss class but could get it. So...

Dr. Margaret Fink 41:38

That's like a universal design principle, like, you know, when you make it available to everyone, it just improves accessibility and engagement overall, and then people don't have to ask for it specially or, you know, on a case-by-case basis,

Professor Floros 41:53

Yeah. So, I am really terrible about putting alternate text on my visuals. And I created two videos this afternoon, that I was really proud of, to help so that students could go back and watch the video if they can't remember something about an assignment. And then I was transitioning from the video to getting ready for this conversation, and realized I had not turned on the caption on the videos. And so, there are no captions. So, I now have to redo the videos.

Dr. Margaret Fink 42:31

I have been thinking about that a lot because I'm teaching again, after not teaching for a while; it's been amazing. It's been very interesting to notice, when some of the videos that we are assigned, like, you know, there's really wonderful famous videos from Columbia University about teaching. And sometimes the instructor will have like a visual behind them. And they'll be like, "Keywords just like that are exactly what we think of when we think of this concept." And they don't read out what the keywords are. And it's just like, okay, darn it, I really should have written a video description for those moments when literally would not know what the information is if you're not a visual person.

Professor Floros 43:20

So, things like fonts that can be read by screen readers, and captions on videos and transcripts for podcasts and alternate texts for visuals. A, how important are those things for accessibility? And what other types of things like that might someone who does not have different accessibility needs, might they not think about doing?

Dr. Margaret Fink 43:52

They always provide accessibility. The thing that's great about doing things like captions and offering transcripts and offering visual descriptions and alt text is the accessibility's built in. People don't have to request it on an ad hoc basis. And the requesting of accessibility on a case-by-case basis is actually one of the ways that ableism plays out, in my opinion, in many contexts. There's a thing in disability culture, disability community called Access Labor. It's just like the work of getting your access needs met when most situations are not set up for you. It logistical; it's like emailing people. It's like explaining to people what you need, you know, emotional labor, people are resistant. So that's one big perk of doing that doing some of that accessibility work from the start just as a matter of habit. It makes it so people don't have to make requests that, an individual requests. And like you were saying, usually even if somebody could technically, like, access the material, a lot of those measures like adding captions or having a visual description, will benefit people that don't technically have accessibility needs, but it makes it more accessible for them. One of my favorite things to talk about is how when it comes to accessibility, especially for format, redundancy is a really good thing, offering multiple ways to access information is really, really good in that context. A lot of people just don't know what makes something more accessible. I think it's fun to learn about.

Professor Floros 45:30

Well, so if someone wanted to learn more about this, if faculty were interested in improving the accessibility of their courses, how might one go about learning more about this?

Dr. Margaret Fink 45:45

Actually, CATE had put together a really wonderful website of resources, some linked to the Disability Resource Center, some linked to the Disability Cultural Center, some linked to, I think Diversity has an Inclusive Classrooms Initiative.

Professor Floros 46:02

And just, just FYI, that's C-A-T-E, the Center for the Advancement of Teaching Excellence, what I like to call the Other CATE.

Dr. Margaret Fink

That's right!

Professor Floros

I will link to the Other CATE's website, on accessibility in, in The Bookshelf,

Dr. Margaret Fink 46:20

It's a really good go to, and yeah, there's just so many good tips out there. Especially at the beginning of the pandemic, people were really sharing a lot of best practices and just wisdom from teaching accessibly. And one of the resources that we put together in the early stages of the pandemic had a bunch of accessible teaching tips, mostly for online, but many transfer to any type of teaching.

Professor Floros 46:48

Yeah. Okay, well, so I think I have ADHD. My therapist thinks I have ADHD; I have an ADHD vibe. But when I take all the assessments, it's kind of inconclusive. And I've never been like, officially tested by like a specialist in testing. So, the idea that I have ADHD makes so many things in my life makes sense. And I'm wondering if I test inconclusively because I've come up with so many accommodations, that things that are typically problematic, I have come up with ways to deal with them. So that when they say, you know, "always," "sometimes," whatever, it's "rarely," but it's because I've built this accommodation. Is that...I mean, so (a), it doesn't need to be about me, but sometimes it can be; but (b), I imagine that some of the non-apparent disabilities are hard to diagnose by the fact that they are not apparent. So, is that part of the community conversation about non-apparent disability? Like how do people in the community think about the difficulty of diagnoses for certain types of disabilities?

Dr. Margaret Fink 48:19

Oh, yeah. Okay, so many things to talk about here. I mean, I don't know that there's a conversation around that. I know that there's been a lot of critiques against diagnosis being the only way to access certain accommodation. We haven't really talked about the medical and the social model directly, but the fact that medical documentation is required for accommodations; that's sort of baked into the law. We're not going to just believe people in terms of what they say they need. That it worth maybe being critical of and being thoughtful about. Also, I like what you've been saying about, like, you figured out some ways to make do, you might talk about it as a "crip hack," just like making it work, kinds of ways of getting your access needs met, when they, your, the way your brain works, or the way your motivation works is something that if you don't figure some system out, would quote unquote, get you in trouble with how you "should" be functioning. I think some of the, at least the ones online, like the self-diagnosis kinds of questionnaires are about are you functioning in the "normal" way? And so, if you are managing to function in this way that we all "should," then you don't register, like that kind of thing.

Professor Floros 49:45

And I just I'm just making a note all of the air quotes that you were using around "should" and "normal" and things like that.

Dr. Margaret Fink 49:52

I was. Like, you know, the thing that I really get like on a deep level how validating an official diagnosis can be even while we're kind of skeptical about needing a diagnosis to access, you know, what you need. Because a lot of times, at least students that we talked to and people that I know, a lot of times you're working understanding of what's going on is really filtered through these harmful narratives, like you're somehow lazy, or, you know, you are unintelligent, where being intelligent is the way that you become valuable as a human. And so, understanding that it's actually just your brain doesn't work the way neurotypical people's brains work. Pretty amazing, and it just helps you understand a lot of things about yourself and how you need to try to do things. There's a lot of really cool and interesting conversations around people who are in limbo in terms of diagnosis, and just how diagnosis can be really validating.

Professor Floros 50:52

Yeah, it's really hard. I mean, this is why I have a therapist because I can be kinder with myself for, you know, mistakes. And, and I understand why I wait till the last minute to do absolutely everything and et cetera, et cetera, right. And yet, at the same time, there's an issue of self-reporting, your I don't know, I don't know what the right word is. But telling people about maybe an otherwise, non-apparent disability.

Dr. Margaret Fink 51:24

"Disclosure" is a word that people often use to talk about, you know, sharing some identity or access need.

Professor Floros 51:32

Yeah. And so, I mean, I'm sure there's a lot of angst about, should you disclose? To whom? How much? Which I would imagine is part of the, what did you call it? The access labor?

Dr. Margaret Fink 51:48

Oh, yeah. We talk about disclosures, so much. And it's like, it's, uh, I think everybody has to figure out what works for them. In our, you know, like our kind of line on disclosure is it should always be a choice, you actually do have rights about not disclosing the specifics of your disability or your condition, your medical history. That's a big piece of how the Letter of Accommodation is meant to function is you, you've got the approval or the measures, you can just talk about the accessibility measures, then you don't need to get into your medical history. Unless you want to, and that's the flip side is that we often don't want to reinforce stigma around never talking about disability. But it's really the case that in different situations, it's going to feel more welcome and more safe and, you know, more relevant and, like, needed than others. So, I think it's important for people to, yeah, just make all the options possible. But it's also I think, a big function of disability community, like the kind we're trying to build at the Disability Cultural Center, where we can just check in with one another about, "Okay, this feels kind of bad. And I'm trying to figure out what's going on with that. And like, what are some of the ways that you disclose in this situation? And how has it gone for you?" Just sharing wisdom and strategies.

Professor Floros 53:09

Yeah. I think this is where not having a diagnosis makes it awkward, because like I do say to students, and I have for a couple of years, you know, that I'm under, under a doctor's care for depression. And

more recently, I'm unofficially, I've been unofficially diagnosed with ADHD, because I want students to feel comfortable asking, like, "I really need an extension," even if they don't have a documented accommodation. Right? And I feel that if I am open about the fact that I need accommodation sometimes, then hopefully, that will make them more willing to ask for help if they need it.

Dr. Margaret Fink 53:54

Yeah.

Professor Floros 53:55

I feel weird saying like, I have ADHD, because I haven't been diagnosed with ADHD. But I'm pretty sure I have ADHD. So, can I say I have ADHD? I don't know.

Dr. Margaret Fink 54:05

I know the imposter syndrome can be really real. Like, my sense of it is, and now I am speaking for an entire group, right? But like, I think most disability culture is not that interested in gatekeeping who belonged in the group and who doesn't. So, I think if it's a useful, understanding and label for your experience, then we trust you, we think you probably understand your own experience, as well as anybody could. But I like the idea of disclosing disability of the faculty member or disclosing some situation as a faculty member just because I do agree that it makes it feel more possible to ask for what you need if you're the student in that situation. Yeah, I also am exploring my relationship to neurodivergence, and I kind of feel the most comfortable saying something like I'm not neurotypical. That's my level right now. I also don't have an official diagnosis, and I think being deaf kind of made it harder to recognize things later in the game for me.

Professor Floros 55:10

Well, apparently, the pandemic exacerbated things for a lot of people. There have been a lot of pandemic and post-, but I don't even know for post-pandemic, but ADHD diagnoses, especially for women, especially later in life.

Dr. Margaret Fink 55:25

I mean, it makes sense, if you think about, like, some ways of understanding a disability and inaccessibility, at least is like the interaction between your body, mind, and the environment. So, if we were receiving information and like conducting our business on a day to day level is shifting, then our experience of our interaction with it, makes sense for it to shift. Like, I feel like I'm kind of saying that, in a way because I've heard people say something similar, but like, in order to discredit all of the people who are coming into like, neurodivergent identity. "It's just the pandemic; you're just stressed out," that kind of logic. And I don't really agree with that.

Professor Floros 56:10

Another thing that's ADHD apparently, is bringing everything back to yourself to share your own personal experience, because that's how you relate to things. And I realized that I do that all the time when other people are... Like, I, and I never want them to feel like I'm trying to one up them, but like to show that I'm listening, paying attention, and I'm into what they're saying, I share something about my own experience. And I have to realize that that's not always what people want to hear is me talking about my experience when they're talking about theirs. So, oh, well.

Dr. Margaret Fink 56:47

I mean, that's so funny because that, that's so cultural. Like the fact that that's kind of a no, no at all. And yeah, I think I really love disability community in many ways, because my experience of it has been like, pretty open to pretty many different, different modes of engaging.

Professor Floros 57:07

Well, okay. Anyhow, we could talk about this forever. But Dr. Margaret Fink, thank you so much for joining me today in The Politics Classroom.

Dr. Margaret Fink 57:14

Thank you for having me. It was good to have the conversation.

Professor Floros 57:18

Dr. Margaret Fink is the director of UIC's Disability Cultural Center, you can find the DCC at dcc.uic.edu.

You've been listening to The Politics Classroom, a podcast of UIC Radio. I'm Professor Floros, and you can find me on Twitter and TikTok @DrFloros and the show on Instagram @polsclsrn and at thepoliticsclassroom.org. While you're at thepoliticsclassroom.org, check out The Bookshelf tab, where you can find information and links to the books, videos, and ideas discussed on today's episode. On the homepage There's also a contact form where you can let me know what you think of the show. You can also rate and review the show on Spotify and Apple Podcasts.

Thanks for joining me today in The Politics Classroom, a podcast of UIC Radio. I'm Professor Floros, and that's all I've got for this week. Class dismissed!

Outro music: Three Goddesses by Third Age