

Linda Corcoran

Awesome. So we're now live. Welcome everyone to the disability in biology and stem panel. My name is Linda and I am with disabled and higher ed. And I'm also a research master's student in Ireland. And we have an awesome panel here today. So I'll get everyone else to introduce themselves because they can do it better than I can. So if everyone could say your name, your pronouns, I guess, give a brief description of yourself and say where you are in higher ed. So my name is Linda, I, a white person, I use she her and they them pronouns. And I have long, curly red hair that is mostly down and I'm wearing white frame Navy glasses. So I guess Kelsey, do you want to go first?

Kelsey Byers

Sure. I am Kelsey Byers. I am also a white person. non binary she her they them pronouns. I've currently got my hair up, it's dark hair, and I'm wearing dark clothing. I am a group leader at the John Innes Centre, which is kind of like being a lecturer or an assistant professor in the US. So thanks for having me.

Linda Corcoran

Awesome. Brianna.

Brianna Green

Okay, so Hi, I'm Brianna. My pronouns are she her. I'm wearing a dark coloured shirt with a picture of the planets, and Pac Man eating the planets. And I'm also wearing dangly earrings. I am currently a master's student at University of Tennessee Knoxville and I have auditory processing disorder which basically affects my ability to distinguish between certain sounds. And also I am a black woman.

Linda Corcoran

Okay, awesome. I'm Dugan.

Duncan Cameron

Hi, I'm Duncan Cameron. I am a white person. I'm a gay man. I'm currently have absolutely no hair whatsoever to show off my rather splendid tattoos on my head. I use he him pronouns. And I'm wearing some white transparent glasses. So I'm a professor at the University of Sheffield full professor, and I'm one of the directors of the Institute for Sustainable Food. So I'm an environmental microbiologist by trade and I'm also disabled person, I am physically disabled. I suffer from a neurological condition that leads to chronic pain and mobility problems.

Linda Corcoran

Next is Haley.

Hayley Branch

Hi, I'm Haley. I'm a white female, she her pronouns. I have dark curly brown hair and a golden orangish like scarf wrapped around my neck. I am a PhD student at the University of British Columbia in botany. And I am joining you today from the traditional ancestral and unseeded Land of the mausoleum people.

Linda Corcoran

Last is Olivia.

Olivia Bernard

Hi, I'm Olivia Bernard. I'm a white woman with long dark straight hair. I'm wearing a light coloured turtleneck shirt. My pronouns are she her. I am or I have a undergraduate degree from UMass Amherst in biology, but now I freelance in social media in science writing.

Linda Corcoran

Awesome. So we have a nice lot of different perspectives. And we have a nice people from all different places, which is great that everyone could make it today. I know it's super early American Canada side. So thank you so much for coming. And we got so many different questions. So you know, we put a format on social media. And the first question we are going to talk about before we get into sciency stuff is actually on the models of disability. So we actually got a quick question on this. So I'm going to do a very brief and I mean, super brief introduction on models of disability. So if you don't know, there are so many different definitions and models of disability. It is a discipline in itself. So obviously, none of us are disability scholars but, we did get a question about how to get your lab mates and peers to understand you through the social model of disability rather than the medical. So my interpretation of the difference between these two models which may be different from the panelists is that the medical model is what is mostly used, and it sees the disability as a limitation or a problem for the disabled person. Whereas the social model sees disability as the problem with society. It has not been made accessible. And I guess Do any of our panellists have an opinion on this? How you would change people's views?

I know that's a loaded question.

Duncan Cameron

It's a difficult one, isn't it? I think I think it's a really good question. Because it's as a disabled person, it's quite hard to yourself to move away from the medical model, because that's what you've got. That's what you've been given. You know, when when I suddenly started not being able to walk I had no clue of what was happening, it's the medical model that is used. But I think, you know, one of the things that that I've done is, I've had the support to do this is to have really frank conversations. And to not let that that kind of medical driven view go unchallenged when when it's innappropriate, there's actually one of one of my closest friends who's also an academic, she, she really helped me reframe it by saying, you know, if you think about your disability in terms of medical model, it's a limitation. If you think about it in the social model, then it's a superpower. And she said, as a gay disabled academic, you sat outside of the the norms within science, which is so heteronormative, white, able bodied, male dominated, and because I'm not many of those things, I've sat outside and looked in. And my friend Ellie said, you know, that is your superpower, because you've seen things that lots of people didn't say things that were patently obvious to you. And that drove your career and allowed you to answer questions that that you wouldn't have seen and been able to address if you if you weren't disabled and gay. So I think by having those open conversations, and sharing those kind of experiences, people step back and go, Oh, actually not not pour Dunc because the legs don't work properly. Wow, you know that that is a perspective that I've not had. And that's really important and could catalyse some really important discoveries.

Linda Corcoran

Yeah, I think that's, that's really awesome. And I think there are many disabled people, especially and also LGBTQ plus people who have come up with massive discoveries, and just things that people have never seen in their different disciplines. Just because the hetero normative vision doesn't allow them to see it. Does anyone else have anything they want to say? on this question?

Kelsey Byers

Sure. Kelsey, here, one thing I noticed is that people became much more aware when they started seeing me using a wheelchair, because they see me struggle every day with opening a door and they're like, wow, that door is really hard to open, we should fix the door as opposed to we should fix you. I think, when I how what I was invisibly disabled in the past, it was a lot harder for people to see that it wasn't a fault with me. So the medical model, is sometimes also called the deficit model, because the idea is it's a deficiency within you, rather than a deficiency within the world. I personally find the social model is a little tricky, because part of my disabilities come with fatigue and fatigue is something that happens even if society can accommodate me as best as possible. But I do prefer the social model to the medical model by quite a lot.

Linda Corcoran

Absolutely, I think there's there isn't any one model out there that can properly define disability, we're just doing our best Haley, did you have something to say?

Hayley Branch

Yeah, I was just gonna say, that's something that, you know, one of my, my, my friends told me once, and I it really changed my own perspective of my own disability is that the opposite of disabled is enabled, not abled, right. And so, the idea that other people are enabled to do certain things out in our general society, whereas disabled people are put at a disadvantage, but they can be enabled, if there are certain things set in place for them. And so it's just this idea of, you know, it is the social model of, if we can accommodate then we are enabling that population, us to do the same as any other enabled person. And that's the only difference really is that and ours.

Linda Corcoran

Awesome, that's a really Really nice perspective for your friends to share. And it's really awesome, I guess, let's talk a bit more about science. And so when we talk about science, we generally talk about lab work and fieldwork. And because society and academia is built on these medical models that we have been discussing, it can be so difficult to just navigate true ish on an everyday basis. So I guess what are your personal experiences that you would like to talk about if you want to talk about it? And how did you navigate through sometimes it can be getting accommodations, but other times it can be reframing your mindset. If you have to do something you were previously able to do, and then we're on it became unable to do. It's not just accommodations, it's also relearning how to do things again.

So Brianna

Brianna Green

Yes, so um, so about two years ago, when I first started college, I did not utilise my accommodations, um, primarily because they didn't really apply to me because I was just starting out. And I wasn't really doing like any lab or field work. And so then when I once I started getting into my higher up level classes, oh, and I guess for context, I'm a geology major. So it's a very heavily like, lab and field work oriented science. So once I started getting into my higher level classes, that's when I became more involved in lab and fieldwork. And that's when I had to actually seek out accommodations. And it's hard. Like, I mean, I would say that it's much easier to get accommodations for lab than for field. Because whereas like, for the lab, like, it's almost like they apply like those accommodations to similar to a classroom. Whereas field work, it's kind of like sink or swim. And so I think the, like, for me personally, like, like, I have to have directions, like basically, like, given to me one at a time when people are

like, Alright, you're gonna do this, this this, I'm like, what was the first one? So, um, so I need all of those written out. So I think a really important part of like, getting fieldwork type accommodations, was really like having to like advocate for myself and go, like, almost weeks before to my professors and tell them, Look, I am swear, I'm not trying to cheat. But I do need to read the lab before we go out to the field, because I'm not going to hear a thing. And I'm not gonna, it's going to be too hyper stimulating for me to like, pay attention. So it's just doing that. And thankfully, like, most of my professors have been, like, kind and understanding. But occasionally, you do have those professors that are like, What do you mean, do you mean, like, the lab beforehand. And so it gets really frustrating to have to, like, prove your disability, especially when like, a lot of these accommodations, like I think would help other people in the class as well who don't have a disability. And so I think that just goes with the general like inaccessibility of the classroom structure. And I think there can definitely be like a change in the way like field work is kind of like tackle, I guess.

Linda Corcoran

Yeah. Olivia, you want to go next.

Olivia Bernard

So this is tricky. So I was involved with marine science research. They didn't mentioned this before, but I have multiple chronic illnesses, and they're all invisible. So over the past 10 years, what I've wanted to do has evolved a lot because my chronic illnesses do limit me to a certain extent. So I started off wanting to do research with scuba, but I have asthma so they wouldn't allow me to do scuba. So then I moved on to Okay, well, maybe I'll go off on a research vessel for a month or two at a time. But then I was diagnosed with a kidney disorder, and it didn't seem like it would be safe for me to be out in the middle of the ocean, when I might need a hospital or something like that. And then I moved on to doing local field work. And I worked on a salt marsh, I did a coastal ecology project. And that was going really well. But then it became essentially allergic to temperature changes and I couldn't go in the water anymore. So it's an ever evolving process. Some things would have helped with accommodations. Like if I didn't have to go on the water. It probably wasn't necessary for me to do that on a salt marsh but I was an intern. You know, I there's only so much I can do. But I eventually moved on to thinking about lab work. And I did a paleoceanography project my senior year of college, but even that I have a sleep disorder where I'm mostly awake at night. So I ended up having to do a lot of that in the data processing in my bed at three in the morning. And that was an accommodation provided to me. Um, same thing with the flexible schedule. So it's an ever evolving, you know, timeline, especially, I think it's important to remember that a lot of undergrads are becoming disabled. So you have to be kind to yourself and allow yourself to grieve the career you thought you were going to have. But to remember that there is a space for you in science, and that, hopefully, you'll have supportive people along the way that will help you find that new thing that you can be really passionate about.

Linda Corcoran

That's really awesome. Kelsey.

Kelsey Byers

So I find with fieldwork in particular, my biggest problem is actually what other people think I can do, and not what I can actually do. So people assume because I use a wheelchair that I can't walk, which I can walk just fine. I just can't stand up for a long period. So that's a bigger problem. So my colleague said, Oh, why don't you take care of the butterflies this morning, we're going to go into the field to collect more butterflies. And

I said, Well, I want to go into the fields. And it turns out, my strategy of sitting on a portable stool in front of a plant caught me more butterflies than those guys who'd gone hiking and got chiggers and were miserable. So my accommodations that I made for myself in the field actually turned out to be more successful than the standard thing that the sort of able bodied folks were doing. For example, I also do fieldwork in the Alps. And it's places you can drive to and so then I'm walking across a large flat Meadow or doing a small amount of hiking, and someone else will help carry the field equipment because I can't carry a big burden. So I think, because I'm later in my career, than folks, I have a lot more flexibility in some ways in terms of what I can and can't do. Like I have field assistance, I don't go into the field alone, and so on. I will say that getting labs set up for wheelchair use is really, really hard. This is why I don't use a wheelchair in the lab. Like lab benches are too high, finding good seating is hard, you can't put your you can't usually put your knees under the bench. But there are some accommodations that can be made in the lab for physical access. It just takes a lot of creativity.

Linda Corcoran
Duncan

Duncan Cameron

Yeah, I think I recognise everything you that both of you were saying. And I think, you know, I am quite, I guess mid career now. And I my physical disabilities really started to manifest themselves in my late 20s, early 30s. Because I think that that sense of mourning, what what you thought you were going to have was a really powerful point. Because I never imagined that I wouldn't be able to walk more than a few metres by the time I hit 40, which, which was the reality for me. But like Kelsey said, you know, there's still a lot you can do. And I think professionally, accommodations are a challenge, because every time you need an accommodation, you have to ask for it. There's no there's no kind of memory. So you know, if I have to travel long haul overseas, I can't sit in an economy seat, I just physically can't do it. You know, as much as I'd like to, because frankly, I hate spending the money. But But you sometimes don't have a choice, you know, if I'm going long haul to do research, then that is kind of helping deal with the climate crisis, I can trade off the fact that I'm flying with the fact that the research is is contributing to that process, but actually then trying to book that claim. It's really challenging. And it's not, it's not through through any kind of act of discrimination. But it's, I guess it's embedded ableism that people don't think that it's not okay for me to have to ask permission, every single time as a 41 year old senior professor, if things don't work properly, but I think the the point Kelsey made about people thinking you can't do as much as you know, you can do yourself is really important to remember I have a project in Colombia, working with some friends in the high Andes, and colleagues around the world were absolutely gobsmacked that I was going to go to the high Andes with my wheelchair, my walking sticks, and go and do fieldwork. And my two colleagues who were both close friends, you know, took the time to sit with me and plan out what we what I thought I could do. And put in case contingencies in case of things that I wouldn't be able to do. And you know, I could go up in not quite yomp up and down hills, but I could identify plants, I could look at soil profiles. People just ran out into the bush and got them for me. And you know, I think having those open conversations for the people that you're working with about about how disabled or abled You are at a particular moment in time, and the fact that it can change, you know, I wake up one morning and feel all right, I can wake up two days later and struggle to get out of bed, you don't know, which Duncan's gonna wake up. But if people know that you can adapt to it, and you can make those accommodations that they need to be dynamic. And you know, like Kelsey said, it's really important that you, you take the time

to make people aware of what you can do. And like Olivia said, it's important that before that you you mourn the loss of the things that you thought you would be able to do. So I think that those those are really good perspectives.

Linda Corcoran

Yeah, I think you hit on a really important point there in that disability is is dynamic, it changes over time. And with especially lab work and field work, it's a bit of trial and error with your accommodations, you do have to find what works for you. And just because it worked this year, doesn't mean it's going to work again next year. And Haley, you had something you wanted say?

Hayley Branch

Yeah. So I, so I guess, so I've had an interesting experience, I guess we all have with disability is that I started to really manifest the symptoms of my connective tissue disorder when I was 11. But I wasn't actually formally diagnosed until I was 27. And so I struggled with being disabled throughout high school, undergrad, without any accommodation, because I wasn't, quote unquote, labelled as as a disabled person. And so it's a challenge when a lot of the time Accessibility Services require a doctor's written documentation of X, Y, and Z. And for me, that I think did really limit a lot of things that I could have done, and probably have probably, really shaped like the trajectory of my career. I love where I am. So I'm happy that it did. But but it has definitely shifted.

Unknown Speaker

I. As a master student, I did a very short Master's. So in between my Masters and PhD, I worked in the field for a few months. And it was phenomenal. So I do have a physical disability, a lot of the time, you know, my limbs don't really do aren't as strong as I think they are. They decide to just kind of feel like they're falling apart. And I didn't disclose anything. When I applied, and I got this this position, I was so excited. I ended up having surgery, the week before I was leaving, and I still went afterwards. Because I was so fearful that they would say Nevermind. Looking back on it now I know that they wouldn't have. But there is that fear, especially you know, in academia, that they're going, someone's going to think that you're not capable of doing something now. And I think it's just because I know who these people are, that I know that Oh, would have been okay. But you never know, until I think you really can see that side of a person. And so it ended up being really great three months with them. You know, I didn't carry heavy things like Kelsey was mentioning in the field. And something that was really important for me is so there's all kinds of different field work, there's the kind where you might be, you know, back country, pitching a tent that I can't do. That's just not going to be possible. But there's, you know, I can still go out pretty much every day for three months. If I have a house like somewhere that I can go to at night, there's a bed, there's a bath, I can ice the ice packs readily available for me to ice my body when I get home, and the option of taking a rest day. Right whereas if you're back country camping and you want to take a rest day, you still are just on the ground, in your tent, and it's not very restful. So that was a huge thing for me to realise and I thought going to my PhD to be able to do field work and I didn't realise that that was so important to me. So now you know, I'm looking forward to postdocs and stuff I know I want to do field work. I love it. I need to have I need Somewhere to actually sleep. Because that wasn't really possible in my current situation with my PI, we just didn't have the funds for it. But yeah, it's just something to keep in mind.

Linda Corcoran

That's absolutely, I think that's very important to know what you need. And try your best to always get it. But especially when you have something where you're like, I absolutely need this and cannot survive without it, you need to put your foot down and be like, this is not an option. This is the necessity. So I guess I didn't really mention my disabilities, I have several disabilities, they're all invisible ones. Most of them are cognitive, some are come under chronic illness. And even though my cognitive ones have been there since birth, I actually was wasn't diagnosed until I was in my late teens, early 20s. So even though technically, I have been disabled since birth, it's a very different experience from someone who is diagnosed when they're younger. Because you grow up with a very much of a, you're not disabled. you're you're you're just a bit strange, you know, quote, and with me, while we were asked a question kind of about getting accommodations, and someone said that they left their old mouth because of discrimination and their lack of accommodations, and they want to apply to another Ph. D. programme. And they are wondering, how do they navigate the process? How do they ensure that they will get their accommodations this time? And when do they think that they should disclose? So I know, disclosure is another loaded question. It is something that you have to come across, decide for yourself and come across in your own time. Um, but I guess, what do people think about disclosure and talking about bad experiences in the past?

Yes, Kelsey.

Kelsey Byers

So I have had several different types of experiences with disclosure. When I started my PhD programme, I didn't tell anybody about my disabilities until I had a chat with my advisor after I'd worked with him for three months, and I felt like I had proved that I was competent. And then he said, Well, that's really not a problem. I mean, my closest collaborator has the same disease you do. And that's, that's just fine. Why? Why were you scared of talking to me. But I really appreciated that he gave me a lot of support. And I wouldn't have wanted to have been in the lab where my advisor hadn't supported me. So I think disclosing early can be good, because then you find out quickly if it's going to be an issue. In my first postdoc, I didn't really disclose because Swiss law around disability is less mature than in some other countries. And that was a mistake and a lot of ways. I got an official accommodation, because at stock stage, it's usually easier to do it on officially and a lot of ways. But like, later on, people are like, Why didn't you tell us sooner, we could have done some things for you, you know, we could have made your changed your field schedule around and things like that. And for my second postdoc, I did disclose actually, at the second interview, not at the first interview, but the second interview, I said, I use crutches because back then that's what they used. And they said, Okay, so we'll have to modify a few things. But that's not a big deal. And I think having disclosed it, then that meant they were okay with it. And I was okay with it. And we just knew it wasn't going to be an issue. And we could we could adjust. And since then I've been quite public about my disability. Well, not all of them, but some of them actually have similar connective tissue disorder to Haley as it turns out, and I found that being public has actually helped me a lot, but I know that's really scary. And for some disabilities, it's a lot easier to be public than for others. So I guess my advice is disclosed early, but maybe don't disclose as soon as you apply. Maybe wait and see. Make sure you get on with the person make sure you're comfortable and you feel safe in the lab because safety is the most important thing.

Linda Corcoran

Yeah, Duncan.

Duncan Cameron

I really would echo that I've had very similar experiences and I think I regret not disclosing things because I put myself through a lot of physical pain and mental anguish, of trying to do stuff that I used to be able to do. Even though I knew that I have a degenerative disease, therefore, there would come a point where I couldn't do it. I think I struggled to be honest with myself about how bad it had got to the point where I ended up in a bit of a pickle halfway up a mountain on the west coast of a violent which wasn't a good situation to be in. And it seemed as I told my I was a paste of my pa at the time. He couldn't say I didn't know if this bad. He obviously knew that I have some sort of motor problems because I I was, you know, I think they thought I was drunk to start with when I was stuck around the lab and it was just flexed. So I wish I had disclosed it or not, because everything then would have made sense. And suddenly, there Jonathan's asleep really Hi, Nick Arthur, we just saw your car you drive around. You don't have to walk anywhere. And like, Oh, yeah, that's the obvious. So but you don't think about it when you're terrified to tell someone that this has happened to you. And you don't know. And I think part of disclosures difficult when you don't know what's happening to you. So I was starting my journey, I didn't know what was wrong, they still don't fully understand what's wrong, other than the very clear medical symptoms that that have been manifesting. So but I also agree, I think, you know, I would love to be able to say, just tell everyone be you at the start. And we should be able to do that. I think we have to, as you know, as senior senior people, I am very open about my disability to try and get rid of that stigma. So people do feel they can disclose early, but the world is not perfect. And you need to know that the environment you're going to be in is receptive and safe, because there's no point torturing yourself through a PhD with somebody that isn't going to understand you, and the value of your contribution. So, so getting to know people, but you can, you can do that a little bit in advance, I think things like this, you know, both Kelsey, myself, and I've seen seen Haley, kind of active on social media, if you ever came to do a PhD with us, he kind of I think you would know, because we're quite vocal about about our important accommodations are and how kind of diversity of people is critical to a successful lab, you know, we live and breathe that. So you can do your homework. And if you think it will be a problem, then then seek out those people that, you know, have that view, they're not necessarily going to be disabled people, but but allies that are vocal about their relationship. And, you know, I think I get a lot of students that do come to me, and asked for advice or want to do PhDs with me because of that. But sometimes it's appropriate, sometimes it isn't. But of course, I have an allies network too. So I can, I can suggest people. So I think, you know, using allies is really, really important. If you think research is a problem.

Linda Corcoran

100% like, I think it's very, when we're talking about disclosure, it is a very personal thing. And for people with invisible disabilities, sometimes you can feel like, you are going to get judged, because they're like, oh, but you're exaggerating how bad it is. But you just being lazy, and you want this to make your life easier. And I've said it to so many people, accommodations do not make they make our life easier, correct, because we're already at a disadvantage. And they're just trying to remove the the invisible advantage that everyone else has, and that society gives them. And I think, actually, for some people COVID has been great for universities, because some of them that I've talked to, they've got a massive drop about the amount of staff that they already have, that had invisible disabilities they didn't know about, because suddenly everyone's like, I can't come to work. I need to work from home. And it's been given a couple of them a bit of a kick up the ass about how outdated their policies were. So fingers crossed, but actually helps us make some change. And but I

guess we did get a question that would be probably more towards Brianna. And it's kind of what accommodations are available for people who have neurodiversities such as yourself.

Brianna Green

Um, okay, sorry. I'm really quick. I thought Hayley had a question. I just want to make sure we didn't go over her. Yeah. Sorry, I missed you.

Hayley Branch

I was gonna say that I'm interested in you know, as an earlier career perspective on disclosure, that I constantly have this battle of going back and forth with whether I disclose or not. And then what keeps coming back to me is what I want to work with someone who cared in that way, who and so I think disclosure, again, it's it's your own personal choice. But again, like if I was going to have a postdoc and they weren't comfortable with being disabled, I wouldn't be comfortable being there. So I think going forward, I am feeling a lot more confident. And disclosing. Because again, it's it's really protecting myself by disclosing. Whereas before I thought it was the opposite way.

Linda Corcoran

Awesome. Sorry.

So yeah. What support sports and accommodations are available for neuro diversity, which I know is a big umbrella term, but I guess, for you.

Brianna Green

Yeah. So yeah, so I can't really test all the accommodations that are out there. But I know for me, specifically, I'm having an auditory processing. A lot of the times like, it's not like a hearing issue. But it's more of like a almost focusing concentration, because like, there's so many sounds coming in, I don't know where they're coming from. So one of the things that I have is, I usually test in a private location. So I test in a quiet room, and I usually am offered ear muffs. So that way, I can't hear anything else. It's just me in the test. I'm also having anxiety, I have really bad test anxiety. And so sometimes it's helpful to pause during tests. So one thing that's really cool is the school I'm at now they offer this thing called like, designated, like, pause time, rest time. So we're like, if I'm taking a test, and I'm starting to feel anxious or overwhelmed, then I can tell them I want to break, and I give them the test, and they hold it. And I can go do whatever, like get a drink, maybe eat lunch, and then I come back, and then I can resume the test, which is really nice, especially like when you're testing and you just get a mind blank, because that seems to happen to me all the time. Also, there's different accommodations for like, there's no taking. There's also like, I think, some schools, they do have, like interpreters for certain classes. I'm not entirely sure about that, um, because I didn't need those accommodations. But it's you have to like, like, it's like, the crappy part about it is you have to, like search these things out. Which I mean, it makes like, it's like, it's just inevitably, you'll have to like advocate for yourself, and you'll have to, like, be your biggest advocate. But it's just one thing. It's exhausting, like having to like, go every semester because like some of the accommodations you choose out for the semester. Sometimes they apply to certain classes. And sometimes they work for every semester. And like you said earlier, sometimes like the next semester, it won't work at all. So it's this constant, like, evolving to, like, see, like, what works best for you. And I think that's like, for a while I would get like really frustrated with myself and like internalise that, um, but I think I'm growing more in terms with like, you know, like, this is just like, it's a dynamic thing. And hopefully one day it will change especially like with COVID and everything. Like, I think a lot of people have had to

accommodate everyone. And I personally found like, zoom University a blessing because I was like, finally there's captions for a classroom. This is awesome. So, yeah, so, so yeah, so there's a plethora of different accommodations that suit to those neurodiverse individuals like not just including, like, like, what is it? Um, neurological disorders, but also like, physical disabilities, I think. Yeah.

Linda Corcoran

Yeah, it is kind of very, the thing about accommodations is what I always remind people is that they're actually called personal accommodations. And they are personal. And just because you know, someone who had the same disorder or disease doesn't mean the accommodations will be the same. You they are, you can make the world as inclusive as possible, there will still always be a need at some level for accommodations for people. You're just minimising ish if you make things more accessible. And I guess what you were talking about is advocating and the stress of it. And that is kind of there no matter what level you are at. And we did get a question about supporting disabled people in terms of not just accessibility, but in terms of mental support, and inclusiveness. And I guess the start of that would be if you are a leader or a poi to help them advocate because you are in a better position four then then, but I guess Does anyone else have any other tips that you would like Haley?

Oh, Olivia, do you wanna go first?

Olivia Bernard

Um, I really wish people would just make their environments inclusive and accessible before the need for it. It's really stressful to go into an A situation and have to put in all this extra effort to advocate for yourself and as an undergraduate, whenever people are asking me like, oh, what do you stress out about? Or I go to the doctors, and they'd say, What are you stressed out about? I'd say, it's all stressed out about is, you know, having to go to my school's health services to get this form signed, and then go to disability services to get this form, sign and then talk to all my professors. And that's where a lot of my personal stress came from. So if people just said, you know, regardless of who's in my lab, I'm gonna research this on my own and try to make it an inclusive environment. That would be that would improve the situation. And the same thing with disclosure, if I know a lab is already accessible, then the disclosure part of it is not on my mind as much as I am, it's much an issue where I'm not afraid, because I can see people are already putting in the effort, so I can assume that they're gonna respond well, to me. So I think that's what I wish I had as an undergraduate. And then of course, I wish that people responded better, personally, to me, when I talked to them, like, you know, don't avert your eyes, if I bring up my symptoms, and things like that, but I've had pretty good experiences with individuals, it's more just like the environment system as a whole that have had issues with.

Linda Corcoran

Hayley, did you have something you wanted to say?

Hayley Branch

I was gonna say something very similar. Olivia, just that, you know, PI's being already there to be accessible, and also just knowing what is available. And so you can even on your website, have a blurb about this is what I know. Like, these are the things that are available on that I know about on campus, and not necessarily just disability talk, like, I think it'd be great if p eyes had information about Okay, so here are different diversity groups, different resources, you can access and different clubs or communities that are available. And so just like, diverse people can

come and be like, oh, okay, so this university and this PI seemed like a good fit.

Linda Corcoran
So, Kelsey,

Kelsey Byers

I have to say, the culture of the place makes a huge difference. So at my previous institution, I said I was disabled, they're like, cool, we'll send you occupational health. Occupational Health is like, cool, we should do these things. And then facilities was like, hey, so what do you need from us? And I was like, Well, I mean, the store is really heavy. And they're like, cool, we'll fix the door while the door was still really heavy. And there was just never any interest in making things better. Or is it my current place? It sounds kind of administratively annoying, but they wrote like this detailed 10 page risk assessment about like, hey, risks are risks to your, your independence, right? So like, we need to constantly evaluate this, they sent me WhatsApp videos before I joined about, like, here's how to navigate around your lab space we've assigned to your ground floor office, because that way, you don't have to worry about the stairs. You know, we we'd like to go around with you on a tour and watch you open these doors and get a sense from us about, like, what can we do to make these doors better, rather than being like relying on me having to report every single little problem. And now every time in my current workplace that I report a problem? The answer is Oh, cool. So now that we know that we'll get on it, and we'll fix it, and I don't have to constantly be like, Guys, the door still really heavy, I still kind of put the door. It's, here's the status, we're going to update you constantly. So the workplace culture makes a huge, huge, huge difference to me.

Linda Corcoran

Absolutely. And I think we're pretty much out of time. But I know we did get a question about recruiting people with disabilities. So I think I that kind of covers what we just said, as well in that, especially what Kelsey said, it's not just about recruiting, but also retaining. It's not it doesn't matter. If you put a push on recruiting people with disabilities, if you've no accommodations for them, if you don't want to make these changes, you're just kind of doing lip service and saying, oh, look how great we are. And then they're going to leave because you're not doing anything for them. But um, yeah, no, I think I think we're out of time now. But thank you all so much for coming today. And forgiving all your insights. You've all been amazing. And thank you so much the Bio-Diverse for hosting us all.

Unknown Speaker
bye