

REALTIME FILE  
NATIONAL DISABILITY RIGHTS NETWORK  
CCDE-ADA 30 BRIEFING WEBINAR  
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>> Good morning and welcome to the consortium for people with disabilities celebrating the 30th anniversary of the Americans with Disabilities Act. Celebrating today ADA at 30, a vision for a future with full inclusion and equity. CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination independence empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. Today's briefing which includes a phenomenal panel of speakers focuses on the intersection of disability and racial equality and the aim of ensuring that the ADA's goals of full participation equal opportunity, independent living and economic self-sufficiency can become a reality for all people with disabilities including Black, Indigenous and people of color. I would like to introduce the moderator. Liz has held many board positions at state and national organizations and a full-time member of the association of university centers on disabilities and is host of Tuesdays with Liz disability policy for all, a YouTube show where she attempts to make policy an accessible language so policy can be accessible to all. I would now like to turn it over to Liz.

>> LIZ: Thanks, Heather and good morning. We would like to thank the members of Congress who are presenting this briefing in collaboration with us: Representatives Jim Langevin and Don Young, the co-chairs of the House Bipartisan Disabilities Caucus, Majority Leader Steny Hoyer, Representative Ayanna Pressley, Senator Bob Casey, Senator Tammy Duckworth, and Senator Chris Van Hollen. We would also like to thank the Leadership Conference for Civil and Human Rights for co-sponsoring the briefing.

This has been a hard time for the disability community. The arrival of the COVID-19 pandemic and the national focus on continuing racial injustices have had a big impact on people with disabilities, and particularly those who are people of color. Now

more than ever, the ADA is important to our lives and we need to take this occasion to celebrate it. This is a special year for the ADA, as it is 30 years old. Two years ago, we almost lost a big part of the ADA with notification legislation passing the House, and we cannot let that happen again. We are grateful for our most important civil rights law, and we cannot take it for granted. We know what it is not to be liked by society, and our civil rights are key. Today we have a panel of terrific speakers to talk about some of the most important and timely ADA issues with a lens toward the future of this important civil rights law. And we highlight the intersection of disability rights and racial justice.

If you have questions for the speakers, you can type them into the chat box and we will get to them when the speakers have finished.

Our first speaker, Vanita Gupta, is the President and CEO of the Leadership Conference on Civil and Human Rights. She led Before that she served as the head of the Civil Rights Division of the U.S. Department of Justice under President Obama.

Maria Town is the CEO of the American Association of People with Disabilities. In this role, Maria advances the economic and political power of people with disabilities and works to build a cross-disability rights movement.

Germán Parodi is the Co-Executive Director of the Partnership for Inclusive Disaster Strategies, a disability-led organization focused on full inclusion of people with disabilities before, during, and after disasters and Emergencies. And finally, Monique Dixon is the Deputy Director of Policy and Director of State Advocacy for the NAACP Legal Defense Fund. She advances the LDF's federal policy and legislation reform priorities, focusing on criminal justice and education and also leads the LDF's state and local policy advocacy efforts. Full bios, biographies of the speakers are linked in the resource section. So welcome. So, Vanita.

>> VANITA: Thank you so much. I hope you can put a thumbs up if you can hear me okay. Great. Thank you. I want to thank you, Liz and I want to thank the consortium for citizens with disabilities and partners for cohosting the event today. I'm grateful to all of you listening in and watching disability rights advocate, civic leaders, state and local organizations dedicated to defending the rights of people with disabilities to live safely and live with dignity and opportunity in our communities. We are commemorating the 30th anniversary of the Americans with Disabilities Act but we also today recognize and commemorating this important legislation, this landmark law how much more work remains to live fully into its promise.

America right now is facing a Confluence of unprecedented crises. As a nation, we are in pain and outraged at state violence against Black people and other communities of color. And given the country history of erasure and denying marginalized people a voice, we have to be vigilant to guard against obstacles to full participation in society, especial hi amid these uncertain days. State violence has been happening against a backdrop of pandemic and global re.

Black and Brown people, native Americans and low income people, is a failure of our system. While the pandemic has up ended everyone's lives. We are having the conference virtually.

It has not affected everyone equally. In fact, more than 40% of deaths from COVID-19 have occurred in congregate settings including residential care communities, nursing facilities, prisons and jails. And the majority of those dying are Black and Brown people. Too often the lens is missing when people talk about congregate settings and disability rights and this laid bare the dark disparities and costs of the nation's violence. This tragic moment also represents an incredible opportunity, one that should be viewed with hopefulness to confront and reckon with injustice. I'm grateful to join all of you as we commemorate the 30th anniversary of the Americans with Disabilities Act. History teaches us that the beauty of America's story and really the promise of the legal framework is that we as a country can evolve. And that the arc of our nation's progress in disability rights affirms this truth.

So after decades of investment and treatment, research, care for people with disabilities Congress finally passed the Americans with Disabilities Act in 1990. And the ADA in so many ways ushered in a new era and built the pathway for further reform. In 1999, the United States Supreme Court enunciated a crucial Tenet of the ADA and the Court held that unjustified institutional isolation of persons with disabilities constitutes discrimination, plain and simple.

Even with the victories, we know the tough and urgent work of vindicating these rights remains unfulfilled and unrealized. More than 20 years after Olmsted and 30 years after the ADA passed we continue to see a gap between what the law guarantees on the one hand and what too many people with disabilities experience on the other. And COVID-19 has only exacerbated the disparities. We see the gap in the electoral process where people with disabilities still fight for safe and accessible voting options so they aren't silenced in the upcoming elections. And we see the gap in employment as too many people with disabilities remain isolated and sheltered in workshops with some paid just pennies per hour. The gap in education where some children with disabilities are struggling to receive access to remote learning and the tools and technology that promote equal opportunity.

We see the gap in policing as too many people with disabilities and especially Black people and other people of color are wronged by policies and practices that criminalize and harm instead of investment in mental health and trauma and care that hurt our communities. It is like lay that one third of all police shootings involve people with disabilities and those targeted are by and large Black and Brown people. The need for access to mental healthcare has only been increased by the three-fold crisis that we face today.

This is in particular true for Black and Brown communities disproportionately getting sick and died or disproportionately represented among essential workers or among the unemployed and disproportionately impacted by police violence and mass incarceration. I began my tenure in 2017. And I spent several years at the NAACP where Monique is doing work and then at the ACLU. When I entered the justice jet I knew that human rights were core. Every issue from healthcare to employment and police violence and rights impacts the disability community. In partnership with so many of you my team there at the justice department and disability rights section continues to do really

important work. But really work tirelessly to close the gaps so that people with disabilities can live, work and learn with dignity and in their own communities and in our communities. And we prioritize the enforcement of the Olmsted decision. And there is countless stories of people deeply impacted by that work and the commitment of the federal government to vigorously enforce the ADA and the Olmsted decision. I we know that the decision remains incredibly important to some of the crucial issues of the day and that it applies to all public entities and those include our justice system. On our streets, that means continuing to advocate that police officers deescalate tense encounters and reduce the need to use force while promoting public safety. In our courts that we have to divert people with mental illness from incarceration and connect with community-based treatment where possible. In the jails and prisons we have to work to connect people with services that they need to successfully reintegrate into the communities. And?

Order for all of these players to meet their obligations and address the needs of community members we have to push state and localities to meet the ADA obligations to provide community-based disability services. Otherwise we can't achieve truly a fair and smart justice system. Three years ago I took the leadership conference, our coalition founders were a cross section of African American, Jewish and labor leaders who believe that the fight for civil rights had to be waged not by one group alone but in coalition. And this year the leadership conference is celebrating the 70th anniversary and looking back the passage of the ADA is one of the most critical moments in our coalition history and in the long history of the civil rights movement. Many in the leadership conference family are going to remember that we worked tirelessly together towards its passage and our commitment to the promise of the ADA remains very, very strong. So even in this moment, we have to remember that our voices have power, our movement is strong, our work across communities and across organizations remains as important as ever and we will be heard. So thank you again for being here and speaking truth to power and taking action. It is truly an honor to do this work alongside you. Thanks.

>> LIZ: Maria?

>> MARIA: Thank you, Liz and Vanita, for the remarks. Thank you for organizing in important briefing.

I want to dig into healthcare. I am someone who has grown up since the passage of the Americans with Disabilities Act and as someone who was born with a developmental disability every single aspect of my life has been informed by the presence of this critical civil rights legislation.

However, when I show up for routine medical visits I am still not able to access a standard evaluation room because I cannot get up onto any of the diagnostic medical equipment. Women like me with mobility disabilities are three times more likely to die of breast cancer not due to any specific health factor with the disabilities but we simply cannot get the diagnosis early enough to seek aggressive treatment.

The medical industry is one that thinks about pathology and disability is rooted in pathology as is race. Black and Brown people their race is pathologized as is disability.

The medical industry frequently determines access to treatments and services based on perceived quality of life.

What we have seen time and time again is that disability people with disabilities are not seen as being able to have high qualities of life even when we are able to manage our own health. While the ADA created new opportunities for people with disabilities to participate and control their own medical care, we still saw massive discrimination in the insurance industry and it wasn't until 20 years later when we had the Affordable Care Act that insurers were no longer able to discriminate against people with preexisting conditions. Even today, we work in concert with a number of organizations including the NAACP and leadership conference to defend Section 1557 which prevents discrimination in healthcare on the basis of race, gender, sexual orientation, disability and other protected classes.

With this long history of ableism in medicine and healthcare, again, while the ADA has been tremendously helpful, we see recent examples where people with disabilities lives are placed in the balance because we are not seen as human. Recent examples include outright denial of organ transplantation on the basis of disability alone. And Michael Hickson, a 45-year-old black man with a spinal cord injury was denied life saving treatment from COVID because he wasn't deemed to have a high quality of life. He was left to languish in a hospital and denied food and water simply because he had a disability. States released crisis standards of care that determined that people with disabilities will not have ventilators. Thanks to the office of civil rights issued guidance in Alabama, Tennessee and Connecticut to ensure that people with disabilities are not discriminated against in the provision of life-saving care. The dependency guidance is - the Tennessee guidance is important and holistic because it showcases the even slight kind of discrimination that people with disabilities can experience that can create major issues. Strict hospital visitation policies have prevented people with disabilities from communicating with medical professionals and others responsible for their care. Meaning that we can experience dire outcomes. The Tennessee ruling not only applies to hospitals but also long-term settings as Vanita described so it will apply to nursing homes and long-term care facilities and skilled nursing facilities and others.

While we see progress as the cases of COVID increase in this -- I don't even know if we can call it a second wave -- the threat of rationing becomes more real. While I can speak to great action in three states, I want to make sure that no state has a crisis standard of care policy that diminishes the lives of people of color, disabled people and disabled people of color.

Some progress I think that we are seeing during COVID is the increased availability of telehealth resources. When we think about access to healthcare, so many disabled people and particularly disabled people of color are penalized as noncompliant because we can not make appointment times or cannot totally comply with treatment arrangements and sometimes if the treatment arrangements are connected to the justice system, the consequences are extremely punitive. This is often due to barriers in transportation, employment issues if someone is not able to leave their job or lost a job and can no longer afford to buy whatever medication they have been prescribed.

While telehealth is related to data privacy and access to internet connection the proliferation of telehealth as a means for people with disabilities to engage in the management of our own health and care could be quite powerful. I hope that one of the things that we see is a greater investment in telehealth so that everyone can access medical professionals with fewer barriers on a more regular basis. One of the things that AAPD in conjunction with a number of a disability organizations have done recently is work with the ACLU to issue a petition to nursing homes and other congregate settings.

In the release packages for COVID we have seen a complete lack of investment and sometime is erasure of the issues caused by the institutional bias of our nation.

So often the only option for people with disabilities and their families is to move to a congregate setting because our healthcare system creates so many prohibitions to managed care at home. What we hope to see in the fourth COVID relief package is funding for home and community-based services that not only help to keep people with disabilities in our homes and communities but to get people with disabilities out of congregate settings including nursing homes and prison and psychiatric institutions. When I think about the next 30 years I think about what people had to imagine in 1990 and in the decades before. They had to be bold enough to imagine a world so much better than one that they had experienced.

I hope that we can all do the same. That we can imagine a world better than the one that we are experiencing now and be bold enough to make our imaginations reality.

Thank you very much.

>> LIZ: German?

>> GERMAN: Can you hear me well?

>> LIZ: Yes.

>> GERMAN: Thank you. Thank you, Liz. Thank you Maria and Vanita on the congregate care facility and on the issue of healthcare. Inclusive of strategies and to reiterate we are the only US disaster led organization with the focus on equal access, disability rights and full inclusion of people with disabilities older adults and people with access and functional needs during -- before, during and after disasters and emergencies.

We have served as boots on the ground and wheels on the ground. We deployed to Puerto Rico after hurricane Maria and remotely support and then to the Bahamas after work on Dorian. We build capacity and bring if disability rights experts from the ground to make sure they have a place with their emergency response systems. We focus on people with disabilities throughout disasters recognizing that people with disabilities are two to four times more likely to be injured or die in a disaster. We have seen this again and again after Maria and saw it in the fires in California and mostly now throughout the pandemic.

And the pandemic has become a disaster due to the lack of response and lack of proper PPE at the beginning and lack of understanding still of uses of masks. Lack of access to so many things. Focusing and preparing for disasters, yes, it is imperative that we each individual has thought about what to do in case of a high wind disaster, in

case of an earthquake. Now in a pandemic we must all have a plan to do what happens if we have to evacuate from where we are safely? I live in Philadelphia. Not a lot of major disasters that happen here traditionally on a statistical basis. Yes, my house could catch on fire. It could be a fire where I have left my house quarantining, I may need to evacuate. I need to have a plan ready to do that in every case.

Sadly, the local, state government emergency response system are not ready for people with disabilities. They have not included throughout people with disabilities in their planning processes. It is imperative that this happens as we have protections within the Americans with Disabilities Act and more specifically during disasters to making sure that in -- that Section 504 Rehabilitation Act guidance and laws are adhered to. In any local and state committee, there needs to be inclusive of persons with disabilities, otherwise guidelines as is happening right now and you see it again and again, rationing of care. And yet in communities where there are people with disabilities -- like Connecticut, it is getting fixed early. Right now, in the state of Texas, in Austin, they are opening up the convention center as a mass care unit for COVID. It is difficult to understand how the United States is going to respond when a major disaster happens.

So far, in the few small-scale disasters there has been noncongregate setting provided sheltering such as hotels, motels and dormitories. That is for specific natural disasters. What a major disaster happens, that cannot happen, there will be congregate mass sheltering like we saw during Katrina and we need to have plans that are inclusive are people with disabilities needs now that we are overlaying the pandemic.

And training. The lack of understanding. I worked in Puerto Rico not only after Maria but after the earthquake in January. Many popup shelters came about and there was little to no understanding of what a disability was beyond what a visual identifiable disability could be. And in a disaster, we must recognize it is a traumatic experience. Right now through this pandemic, we are all going through a type of distance and having a traumatic experience and there is little to know crisis counseling in effect right now for during disasters for recognizing everyone needs to understand the trauma that we have experienced. In responding, people with disabilities are not only vulnerable as it is already understood, we may be vulnerable due to social climbing of the response. That needs to change or we will continue to die.

Disability subject matter experts are across your communities. It is imperative to find them and empower them and we have talked about and we see it on the news, the impact on Black and Brown communities. It is important that we recognize the attack on the LGBTQ community. Right now, when a disaster happens with the newer regulations being talked about for sheltering, it will cause confusions at the moment and the worst case scenario is someone will be pointed away from a shelter with high wind levels outside. Someone will be pointed to go miles away after a major earthquake.

Lastly, in recovery, it is disasters and this pandemic is recreating an opportunity. We can now recover and rebuild back better if no one left behind guidelines. I have asked friends of mine like who do they think gets left behind in a disaster and again and again

Black is the answer that I receive. I use a wheelchair. If it is damaged in a disaster, I don't know how I'm going to evacuate safely.

I have talked to my local fire department about how will people take that initiative to identify this? Maria mentioned the institutional bias. And people right now are being expeditedly placed into nursing facilities. This happens due to the waiver 1135 which is the blanket waiver activated in major disasters.

Right now, the blanket waiver across the country. And it is placing people with disabilities from their house avoiding the three-day mandatory hospitalization straight into a facility. In a disaster, traditionally, facilities are seen -- long-term care facilities are seen as a good option. They can be taking air quote care of in there.

Regardless of what the conversation may have been in the past, right now with the COVID, mass spread in long-term care facilities and congregate settings, it is not the answer. It is a death sentence. In Pennsylvania, 77% of the COVID deaths have been out of long-term care settings. In Texas, right now, there is a major prison of women with the largest congregate spread of COVID. We cannot continue this. And the response needs to be a federal response providing funding and monitoring so when HDBS as Maria will explain the need for it goes out, there is monitoring that is goes and is used to prevent them diverting people from nursing homes. I will close with people with disabilities need to be included in the emergency management talks, at the county, at the city, at the state, at the federal level, within Congress and within the executive position level.

If we do not do this, all of us together, many more people with disabilities will die. I'm pretty sure Monique will be eloquent explaining how exactly this works.

>> LIZ: The next speaker is Monique.

>> MONIQUE: Good morning, can you hear me? I'm Monique Dixon. I serve as the deputy director of policy at the NAACP defense fund. And I would like to thank the organizers of the briefing including CCD and the members of Congress as we recognize the 30th anniversary of the Americans with Disabilities Act.

I wear several hats at the legal defense fund but the role that keeps me busiest is my role as the director of the policing reform campaign which we launched five years ago. And the goal of the campaign is to end police violence and promote police accountability and create a regime of public safety in which the number of law enforcement agencies in Black and Brown communities are drastically reduced by investing more in community-based services and programs that are positioned to address social challenges.

I want to spend a few minutes just talking to you specifically about the work that we have done in Baltimore which is a city in which I live, and how we are using and will continue to use the ADA to address police violence as it impacts people with behavioral health disabilities and particularly people with disabilities who are also of color.

As you know, today across the country we are seeing sustained public demonstrations. Individuals of all races, ages, and disabilities have come together to protest police violence we have seen repeatedly not just the last several months but decades before. Five years ago we were in a similar place. At that time in April of

2015, we witnessed the death of Freddy Gray, a young black man, a resident of Baltimore city while he experienced serious injuries while he was in police custody.

Prior to his death, there were news reports and conversations among residents of Baltimore about abusive policing in the city. There were over 100 cases or individuals who have filed cases against the police department alleging excessive use of force. And we knew there was definitely a systemic problem happening in Baltimore at that time. It was against that back drop that we at that time started seeing what we are seeing now. Residents in Baltimore and across the country became -- engaged in weeks of protests, demanding an end to police violence and police reform.

So the legal defense fund worked very closely with religious leaders and civil rights leaders in Baltimore to develop a plan of action. And one of the things we did is we reached out to the Obama administration through Vanita Gupta at the time who was head of the civil rights division and asked for a pattern of practice investigation of the police department. They responded and in May of 2015 opened an investigation. And in a little more than a year later, released a report of findings.

And the report, you know, demonstrated what we already knew. We knew, for example, that officers unlawfully stop searched and arrested individuals particularly people of color. And we also knew that police were using excessive use of force. For the first time, we got a sense of the extent to which excessive use of force was used against individuals with disabilities. For example, the justice department found that the Baltimore police department routinely used unreasonable force against individuals with behavioral health disabilities.

Even when they did not commit a crime. When the only concern was they were in a crisis and the family members called police seeking assistance with gaining medical attention for their loved one. And when they call 911, 911 dispatched police. When even though at the time the Baltimore police department had officers who were trained in crisis intervention, we learned through the DOJ report and through a subsequent gap analysis that the city officials conducted last year that trained crisis intervention officers often were not dispatched during crisis calls.

So very often officers who are not trained to intervene in a situation in which a person is experiencing behavioral health crisis, would show up and they did what they were trained to do -- to arrest the individual, put handcuffs on them, use force if there was no compliance, and very often individuals ended up injured.

And very often in jail when where they needed to go was to a health facility or needed some type of other intervention to respond to the crisis.

The justice department found that they -- this happened often enough and that it resulted in violations of not only the fourth amendment of the US constitution but Title 2 of the ADA which requires the police department to implement modifications in their practices and policies so as not to discriminate against people with disabilities.

So you know, recognizing that the criminalization of disabilities and excessive use of force was a problem in our city, the city officials entered into an agreement with the Department of Justice to do a number of things to address the constitutional and federal law violations that the department found.

One of the things that the department -- the Baltimore police department and city officials are doing under an agreement that they entered into with the Department of Justice Three Years ago is they are creating policies which minimizes the involvement of police in calls for service and instead urging police officials to divert those in crisis to community-based behavioral health systems. What we found is that there were limited behavioral health systems in place or that police were just not making those referrals.

In a gap analysis report that city officials released, recommendations were made to expand crisis response centers and crisis teams in order to minimize law enforcement involvement in calls for services. There is also a recommendation to expand community-based support of programs such as supportive housing so that individuals with disabilities can find safe housing and not interact with the police due to their homelessness.

But even though these recommendations are in place and have been in place since last year and years before, because the need was apparent for years before this report came out in December, the creation of these systems in Baltimore is not happening fast enough.

Justice monk, and individual Ricky walker, family member called asking for -- just this month, an individual Ricky walker family member called asking for assistance. They shared that he was diagnosed with paranoid schizophrenia and needed assistance. 911 dispatched the police department and police came to the home and spoke with Mr. Walker for 10 minutes and at the end of the day of the interaction Mr. walker was shot and seriously injured. As I speak now, the judge presiding over the agreement between DOJ and the city officials to change policing practices in Baltimore city is holding a virtual hearing. And one of the issues that the judge will address during this hearing is that shooting that just happened earlier this week.

And he will ask questions of city officials on what steps they are taking to prevent this type of situation from happening in the future. We along with the center and disability rights Maryland and the ACLU of Maryland sent a letter to the city officials and the monitor for the agreement asking the same question. When are you going to implement the recommendations that are in place? It is clear that the police department is not equipped to address behavioral health needs of individuals in Baltimore city.

And it is time for us in this moment when we are seeing so many people take to the streets and demanding an end to police violence and demanding a reimagining of policing that we have to urge our city elected officials to invest in services that will prevent the reliance on law enforcement.

So in closing, I will say that the ADA and the implementing regulations require departments, police departments to make reasonable modifications to their policies and practices to avoid discrimination based on disability. These modifications generally include de-escalation training. That is important, but that does not go far enough. You know, very often the training even as I shared when officers are trained they are not the ones who end up responding to calls for services.

So we must, must, must urge the governmental officials to take steps to prevent interactions between police and persons in crisis by expanding community-based

behavioral health resources. But then when police engage in the use of unreasonable force, they must be held accountable and barriers to that accountability have to be removed and that is why the Legal Defense Fund and many allies have asked members of Congress to pass legislation that would end the doctrine of qualified immunity which often protects officers who may have been found to commit a constitutional violation but because it was not clearly established in law they could not have reasonably believed that their conduct was unlawful. We think that that doctrine needs to end and we have asked members of Congress do so. Thank you so much for your time. I look forward to answering any questions.

>> LIZ: Thank you, to all of our speakers for the excellent and thoughtful presentations. Let's open it up to the audience for the questions for -- for questions now. If you have a question for any of the speakers, please type it in the chat box and you can also ask your question by pressing zero and then one.

>> Hello?

>> LIZ: What?

>> Hello? Can I make a comment and then question? Yes?

>> LIZ: Yes.

>> Okay, while we have made a lot of progress tremendous amounts of progress, everything that the presenters -- first of all, thank you to the presenters. Thank you for your work.

Everything, you know, said about still experiencing discrimination for people with disabilities is true. When I worked, if I had to file for disability, I work with a disease of my disability or call it a disability, whatever you want to call it because I got it young when I was 32.

I was discriminated against and tried to contact based on having asthma. They started pointing in my workplace in the late 1990's. And I live in New York and then the commission for people with disabilities was supportive but his hands were tied. He admitted it, now he is dead, may he rest in peace.

And there is just not enough enforcement in this country from the justice department or from the powers that be for what our rights are supposed to be. And it is unacceptable. Unacceptable. And then speeding up to recently, this a year ago in the spring, I was experiencing asthma troubles in my own apartment building and they admitted they were using toxic substances and I was referred by the New York based commission for people with disabilities right now to somebody from the Department of Human Rights New York City. What a bogus situation. They are getting spade supposedly to help people with disabilities. She cannot enforce if. She let the landlord step over her and I was in and out of the hospital and almost lost my life from asthma and I'm a 30 year private paying tenant. How unacceptable. Nothing has changed all that much living with an asthma disability whether in the workforce or whether you are trying to live your life even with difficulty. I have such problems with asthma and also disability because I believe I have no rights because my own officials who have titles in the disability community don't have the ability or maybe I don't know or working on other issues to stand up for me. Stand up to Congressmen and Senator and assembly

person and then as I said I was stuck with this person from Human Rights who tried and could not stand unto the landlord. The only way we get change is through attorneys I heard. I guess we need to have a the lot of attorneys on all of the issues including emergency planning. How many times have I called the New York City fire kept and or inquired of the New York City officers what is in place since hurricane sandy for people with disabilities. Obviously nothing is in place if there were to be another hurricane. I don't know what to say except I'm available to volunteer. I have told many organizations from my issues and for any other issues but maybe we just have to get really staffed with attorneys. That's all I could say. I don't know. But it feels like there are no rights in this country that are enforced for people with disabilities. It is a bunch of garbage and crap. And my name is Janet Hermalin. I'm not afraid to show this is happening. Thank you.

>> LIZ: Can you introduce yourself, Janet? Where are you from? Janet? Hello? Okay. Does anyone else have anymore questions?

>> GERMAN: If I may. To what Janet just said, you are right, our rights are being violated left and right for a very long time. Another quick option would be does the criminal justice have the funding to investigate our civil rights violations and violation of older adults? We know they are not being upheld.

Specifically now through this pandemic becoming a disaster nationwide.

On other angle real quick, if the Stafford act, if public assistance category B funds would open up to local nonprofits providing active assistance during a disaster, that would change a lot.

>> LIZ: Thank you, German.

>> MARIA: Can I add to Janet and German's comments?

>> LIZ: Yes.

>> MARIA: I wish Vanita were still able to be with us because I feel like she would have important insights here. One thing that is really important to acknowledge is that the ADA often works in concert with other civil rights protections. We mentioned the Americans with Disabilities Act but for Janet's situation that would fall unthe Fair Housing Act. And I think we need to do all kinds of things to change the way that landlords treat tenant.

And I just also want to acknowledge that there is a hierarchy of disability that we as a community fight against. You know, after the ADA was passed the Supreme Court issued a series of decisions that severely restricted the coverage of the ADA. They basically determined that people with disabilities like diabetes or asthma or folks who recovered from cancer weren't disabled enough to qualify for protection. And that is when we got the ADA amendments act in 2008 which was passed in order to expand the definition of disability and make sure that everyone with a disability was covered. But we consistently see these issues where disabilities like chronic asthma aren't viewed as such. And it is also, I want to acknowledge very racialized. We hear people talk about social determinants of health in communities of color and high rates of diabetes and asthma and hypertension but we never hear people discuss that as disability or disability rights issue. And I'm sorry I can't speak to your question more

directly, because I'm not in New York but I wanted to acknowledge those things. Thank you.

>> LIZ: Okay. Thank you, Maria. The next question is do we -- do we have -- do you have any sets of goals that the panelists have talked about can we accomplish in the future? And we'll go with first Maria.

>> MARIA: I do have hope, Liz. I think that there is such significant advocacy happening today and happening every day. There are people across this country doing work to protect and defend the rights of disabled people and to really expand what we think of as disability rights.

I think that there is more work happening across movements because we recognize that, you know, things like the police brutality and racial justice are disability issues and vice versa. I think it is going to take a very long time, and one of the things that we have seen lately is just how fragile many of the rights are if you don't have associated culture change. And so I hope that as we move to change policies and improve them we are also able to change our culture.

>> LIZ: Thank you. Monique?

>> MONIQUE: I'm also very hopeful. I think that right now we are seeing a great deal of momentum around shifting from discriminator from policing practices to promoting more alternative solutions to addressing some of the challenges that we are experiencing in our community. I, you know, I don't know that change is going to happen right away. But I think that this momentum will continue. Sadly, we are seeing so many videos of police violence against people of color, white people, people with disabilities so it is not so easy for skeptics to dismiss the fact that police violence is a problem in our community.

And therefore, the continuation of these videos being highly publicized will be a constant reminder of the need for change. And I think that more and more we are going to see the demand for change presented to elected officials. And we are already beginning to see some progress in that area. So yes, I do remain hopeful.

>> LIZ: German?

>> GERMAN: Everyone was so eloquent. And it is November 3 that needs to have us all make sure that anyone we know anywhere that can register to vote or need assistance on how they will be able to vote. This year will certainly determine the future of our country and the world. And I will really close with in the past 50 years ago, I'm a quadriplegic. I didn't have a long life expectancy. Now I had my injury 19 years, that is change. COVID is changing -- and I personally see as a good time because it is the guest time to live as a person with a -- best time to live as a person with a disability considering the history of the country. Now is the time to make our dreams come true in the future.

>> LIZ: Thank you. And I apologize for cutting this conversation off. It was a wonderful conversation. And thank you.

But it's a couple minutes after 12:00 so I will turn it back over to Heather.

>> Heather: Will the chair of C -- as the chair of CCD and on behalf of CCD, I want to thank you, Liz, for moderating the event and for all of our panelists for participating

today. Vanita had to jump off early due to another event but appreciated all that was shared on the critical issues that are right at the forefront today for all people with disabilities.

And people of color and appreciate the new conversations that we are having as a community. I also want to thank our cosponsor the leadership conference on civil and human rights and distinguished Congressional collaborators who worked with us today on this and a special thanks to Charles Ndour who is our behind the scenes technical assistant who made all of this possible today. If you have more information about the consortium for citizens with disabilities, please visit our website. [Www.C-C-D.org](http://www.C-C-D.org). And we had that in the chat box earlier as well. We are record today's event and it will be available on our website in the near future.

We want to thank you for your attendance today. And happy ADA 30, everyone.  
Thank you.

>> LIZ: Bye.