

NDRN-Sunstorm Stories 7/20/22

(Music plays)

SPEAKER:

Good afternoon, everyone. My name is Justus and I am a national disaster advisor at the National Disability Rights Network and let me welcome you to Sunstorm Stories where we focus on the pandemic experiences of Black, Indigenous, and people of colour with developmental disabilities.

Morenike would you like to come off mute and introduce yourself?

MORENIKE GIWA ONAIWU:

Hi, everyone. This is Morenike. I use she/they pronouns. I am but foundations for divergent minds partnering with NDRN and I'm so glad to have you here and excited for this event.

JUSTICE SHORTER:

We have a couple of other partners here. Somebody else is joining us -- we have Oswin on the line, would you like to introduce yourself?

OSWIN LATIMER:

I'm the President of foundations for divergent minds and we are so excited to be here and unveil this today.

JUSTICE SHORTER:

Fantastic! Your voice always makes me happy. Thank you for being here today. This is justice. I have to introduce Bonnie who comes to us from the John Hopkins disability health research Centre, would you like to say hello? It's another one of our partners.

SPEAKER:

Thank you so much. I'm so excited to be here and want to express my gratitude to justice and Morenike and everyone who organized this event, and our panelists.

JUSTICE SHORTER:

Absolutely. Thank you for being here. We are thrilled to be in conversation and in community with each of you today.

Just to give you a bit of grounding before we get started so everyone is fully informed about the flow of today's session, a -- bit of grounding, there will be access to the recording, the session is being recorded and in about a week or so you will have access to the recording.

If you have colleagues or friends or other individuals who were not able to join us today, that's entirely OK! This session will be recorded and will be posted in about a week or so, hopefully.

This will also be true for all videos today. We will premiere three Sunstorm Stories this afternoon and you will have access to all three of them in about a week or so, they should be posted to NDRN's website.

Please stay tuned and check back in on the website if you would like to share those videos or

use them for advocacy purposes, whatever would help strengthen our national effort as a collective community to try to make sure people with intellectual and develop mental disabilities remain prioritized throughout this ongoing pandemic.

That is the entire purpose of why we are here today. We also encourage you to provide collective access for one another in the chat box, as well as informed we are, myself as well as partners and many of the panelists today, we are also fully aware many of you have a whole host of experiences, and insights, so, if someone asks a question you know the answer to, please feel free to post that information right there in the chat if there is a book recommendation, or an article, or podcast that might be hopeful, or if you would like to talk to some of the off-line and said, "I can help you with that, let's talk later!"

Please do not hesitate to send direct messages. If we could create a sense of community and a sense of collective care while we are with one another today, we want to do so at every presented opportunity. Feel free to do that.

For processing purposes, we will show each video one at a time, that will be followed by a chat with that specific storyteller.

After all three videos are played and each storyteller gives the opportunity to come off mute and share more things they could not fit within their five minute videos, once we wrap up that portion of the session, we will open up Q&A and conversation with you all.

Please take note. Do not hesitate to let us know. As soon as we wrap up, the videos, we will be coming back around with the attendee portion of the Q&A. It will give all of you the opportunity to come off mute by raising your hand or posting questions directly into the chat.

Without further ado let me get to work featured individuals in the room with us this afternoon â€œ our storytellers. I want to start out with Havander, would you like to come off meat and introduce yourself?

HAVANDER DAVIS:
Hello! I'm here.

JUSTICE SHORTER:
Do you want to give your visual description and pronouns and anything you would like to say to introduce yourself to everyone?

HAVANDER DAVIS:
I am Havander Davis, he/him, I am an advocate and advocating for persons with disabilities for about, I would say 15, 20 years?

I am a part of the statewide Independent living Council and I've done some work with the National Federation of the blind, and the national Council of the blind.

Advocating for people and persons with disabilities is something in my blood and I'm very happy to have a chance to speak with people today.

JUSTICE SHORTER:
We are so happy to have you here. Thank you so, so much, for all you bring and sharing your story with us this afternoon. His story will be the first up once we delve into the videos in a few

moments.

Before we do that, I would like to introduce Maren, would you like to come off mute and tell the folks who you are?

MAREN JENSEN:

My name is Maren, my pronouns are they/them, I am a light-skinned mixed race person, I have a hearing aid and I'm in a navy blue blazer with a black shirt under it with colour pens and against a blurred background.

I have been a member of the PNA network, the production advocacy network for 5 1/2 years, I've been involved in advocacy impersonal for much, much longer, identify as deaf, autistic, and multiply disabled. Thank you for having me today.

JUSTICE SHORTER:

We appreciate your knowledge! Such a wealth of knowledge. We look forward to hearing your story. Let's kick it over to our final and last but not least a storyteller, we have Treena, would you like to come off mute and say hello?

TREENA IVIE:

My name is Treena and I go by the pronouns she/her, and I am light-skinned mixed race with short hair off to the right side wearing a light teal shirt and earbuds coming out of my ears.

I am actually new to the advocacy role. This is a new experience for me. I work as an artist. I am a wife, and mom, and just became a student again. Thank you.

JUSTICE SHORTER:

Thank you so much for being here. While we have our backstage, Devon, our -- lovely producer, thank you for all the work you do and want to give you a quick shout out. While we have them get our first video cued up, Morenike I want you to come off mute.

Do you want to talk to the importance of us doing this work? This is not the first event in these areas, it is the third event. We did two events around decoding discrimination. Do you want to talk about why it's so important to prioritize people of colour with intellectual and develop mental disabilities?

MORENIKE GIWA ONAIWU:

Absolutely, I want to share with everyone if you could announce who you are when you speak because there's a lot of us, there is more than hundred and 20 people connected and want to make sure everyone knows who is speaking.

As Justice mentioned, this is the third event. We have been partnering together our organizations are over a year to look at the pandemic experiences that have occurred and how they have impacted some individuals with multiple marginalization's, namely those of us who identify as having an intellectual, develop mental disability and or people of colour.

So, we have our initial event that we held was called "Decoding discrimination" and in that event, we had a really phenomenal roundtable with a lot of people from different places who joined us, speaking of many, many self advocates, parents, providers, healthcare practitioners, policy analysts, sharing lots of different ideas.

We broke off into groups and we were able to collect information from the participants from “ we were able to get some people who shared some feedback in writing, and from that, we were able to do a thematic analysis to determine what are the things that are occurring? What are people experiencing?

What is creating difficulty in terms of accessing care? What are the barriers people are facing? What ableism or racism, or other bureaucratic, problematic issues are they facing?

With that information, we were able to create a resource of plain language resource that individuals can use, when they are visiting professional “ having a healthcare visit or anything of that nature, and resources for themselves, as well.

We had a reveal, a resource reveal, as well as a panel where we had individuals who had experienced racism and ableism during the pandemic, sharing their experiences.

This is the culminating event. We do not want things to stop here. This Sunstorm Stories is really, it's going to share three people's in-depth stories, and we are also going to discuss things with them.

There are so many, many powerful lessons in these stories. I just thank you for being present and for what you are doing and what you will continue to do to help shift the dialogue and the way things are occurring, and make meaningful improvement and access.

And to reduce, and hopefully eradicate the disability and race, and all other types of discrimination that are creating difficulty for people to live our best lives and have access to care.

JUSTICE SHORTER:

Absolutely. I could not have said it better. We were planning to have around five storytellers, but this initiative showed us something, the exact issues we are trying to combat and challenge come and address.

For some of the very same inequities that caused hindrance for some of our storytellers to be able to fully participate. They had to do with a few healthcare challenges and additional concerns, involving bias and inequitable healthcare systems and medical ableism, so on, and so forth.

The very issues we are trying to tackle and amplify and address here are the very things the storytellers have been living through. This is why this work is so vitally important and we are so happy you all came to hear and learn more.

With that, we are going to pass the microphone to our storytellers, Devon, I will shift on over to you, if you are ready, we will start out with our first storyteller.

DEVON BACON:

Whalers and a microphone up here across a son. Sunstorm Stories.

Appears on screen. Havander describes himself as an African-American man.

HAVANDER DAVIS:

November 2020, it was one of the worst days of my life. I learned that I had COVID and it was

very hard for me, being legally blind and being that I was legally blind from birth, I was on the I/IDD spectrum.

So when I decided to try to go to the doctor because I was feeling very sick. My stomach was aching, I had headaches, my chest was hurting, I had all of the classic COVID symptoms.

So I went to the emergency room. And in the emergency room, it was cold. There were so many people there, it was really stacked up. And I was one of the last people to be called in for my appointment.

So I go from there to the examination room and I was very tired likeâ€¦ I couldn't breathe. It was just all kinds of symptoms that I wasn't really fond of or really couldn't grasp what was going on. So then when the doctor actually came in to see me, he spent about three â€” four minutes with me. I told him "Doctor I can't breathe. My stomach hurts, my chest hurts. I really just don'tâ€¦ I think I have COVID, but I do not know what is going on with me." The doctor looked at me and he said, "Sir, you do not have COVID. I will not test you for COVID. Your problem is you are overweight. You need to eat better, and all I can give you is some heartburn pills."

And I was like, "Doctorâ€¦ I do not think that will work, I really do think I have COVID." And he said, "No Havander, I will not give you a COBIT test. All I will give you are some heartburn pillsâ€¦ And like I said you should work on your diet, and then you will feel better." At the same time, as soon as I got home, my job give me a call they said, "Havander we think you need to comment. We think something is going on. We need to make sure you do not have COBIT."

I was already out of energy, so I drag myself back to my job to have a COBIT test, and low and behold I had COBIT! I had had it for a month -- had COVID, with all of the symptoms. I could not eat, I could not move. It was hard for me and I couldn't get any medication.

The doctor would not see me again. It was a very hard experience for myself. I feel that if I wasn't a person that was overweight and my ethnicity then I would have had a better treatment at the doctor, but since I had these things I got some of the worst treatment that I can have. It was very hard for me.

JUSTICE SHORTER:

That is Havander, so Havander you please come off of mute, and share your story. You have such a powerful story. I want to begin by asking you a question but a phrase heard too often from people of color, Black men in particular, where in an effort to save their own lives, have used the very words, "I can't breathe!" And you said that to your doctor. You have any additional advice or buys you would like to give four advocates when interacting with healthcare professionals, or anyone in any positions of authority as it relates to their own safety and well-being?

HAVANDER DAVIS:

I amâ€¦ I actually thought that from that time you do not think that, "Oh my Godâ€¦ I'm being racially profiled!" Because at that time you're just trying to get well, that you don't think of those things at that time. And you especially aren't thinking you knowâ€¦ When I said to the doctor, "I can't breathe," I was not thinking of all the times it had been said or who else had said it, I was just trying to display how I felt right?

But at the same timeâ€¦ You're speaking to a person -- when you are speaking to a person whom is -- uninterested in trying to help you, or who even dismisses how you feel, you have to

be calm. I was very agitated at the time. My advice is to be calm, and to be collected.

If you still cannot get that person to understand that you need some treatment! And this is something that I did not do and I should have done, but I should have went to a different doctor at that time!

I should have went to someone else and I should have gotten better treatment by trying to go to somewhere differently. Yes that is not how it is supposed to work when you are a person who needs medical treatment, but as we have all learned and seen in this time that we are in, we have to do different things and we have to adapt so that we can get the best treatment that we can have.

SPEAKER:

This is Morenike, you are also caring for your wife at this time while also having COVID yourself. I was wondering if you could share about how those of us with this abilities are just recipients of care, despite the fact that we are often also caregivers for our loved ones as well. So if there's anything that you can share? And there are a couple of questions that come through in our chat we will address if you are willing as well for some

HAVANDER DAVIS:

Of course. I actually did! Me and my wife both caught COVID at this into -- COVID, she was a lot at the same time, she was a lot worse off than I was, the doctors actually came to the house to take care of her. We had a different plan at the time, they gave her medicine and all the things that she needed.

All I had to make sure was that she took them and to make sure that she would eat and things like that. It is very difficult to take care of some one else when you are not feeling hot yourself.

Sometimes as a caregiver, and I'm sure that other caregivers can say the same, once you become a caretaker of someone else, the thought of yourself is secondary when you are trying to make sure that someone else is trying to live or try to fight an illness.

So that is what happened for me, because I wanted to take care of my wife and I wanted her to be better. We had been married for two months at that time, and it was more of a struggle because yes I had to take care myself! But I also to take care of her, and we are both legally blind. So it was not the best situation.

But because we love each other we went through it, we struggled and once she got well enough to able to take care of herself, then it made it easier on me to be able to take care of myself.

JUSTICE SHORTER:

Absolutely, and Morenike you have noted a few more questions in our chapels that we have a little time before we get to our next video, which will be Maren's story. But because we have some questions coming in now, Randy K allow you to speak to Havander now. For just a few.

MORENIKE GIWA ONAIWU:

One person want to know if there was recourse with this doctor, or if there are occasions with patient services or an advocate?

HAVANDER DAVIS:

So at that time, no. I did not do any interviews that I should have done. We'll understand that when you are sick and are not feeling well your mind is not in the right place, so no the doctor did not get any recourse other than he lost my business. He did not get any sanctions or anything like that.

I did not call patient services or anything. My only thought was to get well and to find another primary doctor. Once I did that my healthâ€¦ Everythingâ€¦ I mean it is really different once you actually have a doctor truly cares about your well-being, versus a doctor who does not care and you are just another number.

The doctor I have now truly cares about me, I am not just a number. She is very interested and dedicated to her patients. That is the difference tween having someone who isn't having someone who isn't. -- Between. So with that doctor, other than his own karmaâ€¦ Nothing else happened to him. But I am a much better person now from that situation. Renee

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MORENIKE GIWA ONAIWU:

Havander, tells other advice you would give for medical professionals so that the do not repeat similar behaviours with individuals with intellectual or develop mental disabilities?

HAVANDER DAVIS:

Listen to your patient and give your patient some empathy! Listen, we do know that there are people who were sick, there are people whoâ€¦ They think something is wrong. But at the same time everyone is not like that! Who are. There are definitely people who take the time to care for patients.

A person who becomes a doctor takes an oath to key care of the stick. You cannot come to work one day and say, "I do not feel it taking care of people today." We need you every day, every week, every month, every hour. We need our doctors to be. I know it is a hard job and it is frustrating that we need our doctors to keep us alive into give us healthy, especially for a person with a disability because you may be the only person we have to help us.

JUSTICE SHORTER:

We will finish a few more that we have coming up, but I will give Devon a moment to queue up errant story. You have brought up an important point, when you are in the throes and not feeling her best, it is expected you will do the lion's share of the advocacy work when there is an issue or concern, that proactive care and support is often lacking. Folks brought this up in our chat here! That all of the channels that Havander could have pursued, that he is noting, that when you're in a really foggy place when you're just not able to fully advocate that is not the first option that you are going for. Many people also have the residual impact I'm just feeling like they do not want to engage it all. But your thoughts on it?

MORENIKE GIWA ONAIWU:

I'm so glad that came up, because often the onus is on to, "Advocate, advocate!" But we are all human! So when someone is seeking healthcare, you don't want to have your advocate had onâ€¦ Although I do appreciate people for saying that those are avenues. I can empathize that

that is an added barrier.

That not only do we face discouraging, but we are then expected to be the one to have to fix the situation. -- Face discrimination. There was a lovely comment in the chat, that loved ones who can advocate for us or with us. To be there with us as resources, and sometimes that can be such an important and helpful tool. Because this is something that should not be something we have to do alone, this should be a contentious relationship.

And I think that is something that does not get talked about enough, which is that we may recognize what is happening is wrong, but that does not mean that we necessarily earn a position to address and have recourse in that moment, and that is again a nether form of harm.

JUSTICE SHORTER:

We are you sure there's a survival strategy. -- We are each other's survival strategy. Learning through his belly and justice work, and from hearing the stories, learning how people have helped their loved ones and their children but also themselves. We appreciate seeing you Havander for sharing your story.

Next up we have Maren Jensen.

SPEAKER:

Maren is queer and transgender.

ERIN HAWLEY:

If you're going to become deftly "my deathly ill as an autistic person in the middle of the pandemic in theory" Oregon is a good place for that. I'm reluctant to say if you're ever lucky to get sick, but Oregon passed SB 1606. And they passed this in the early days of the pandemic when ventilator shortages genuinely meant doctors were debating whether individuals with intellectual and develop mental disabilities were worth saving. Organ passed a law that guaranteed those of us with disabilities that had higher support needs the right to have support people in the hospital with us during the length of our admission regardless of current visitor restrictions surrounding COVID-19. -- Oregon.

When I was admitted to the ER I brought printed copies of SB 1606...

SPEAKER:

If you construct the video over with louder audio, we are having challenges hearing it even though we are appreciative...

JUSTICE SHORTER:

I'm noticing people are listening from different devices. If you can manually raise the audio on your respective devices, for some people it may be coming into loud, other people might be too quietly. If you can raise the audio on your cell phone or mobile devices, iPads, all of those things, tablets, computers that would also help. Let's go ahead and restart that video.

(Video plays)

SPEAKER:

Maren appears on screen. They describe themselves as a multiply disabled, autistic, hard of hearing, mixed race which includes white and Taiwanese person. They are queer & transgender.

SPEAKER:

If you will become deathly ill as an autistic person in the middle of a pandemic, in theory, Oregon is a good place for that.

I'm reluctant to say you are ever lucky to get sick. Oregon passed SB 1606. They passed it in the early days of the pandemic when ventilator shortages meant that doctors were generally debating if those of us with developmental and intellectual disability support worth using a ventilator on and worth saving, and Oregon's response was to pass a law that guaranteed those of us with disabilities with higher support needs, the right to have support people in the hospital, regardless of visitor restrictions, with COVID-19.

I thought that would be enough to protect me. When I admitted to the ER I brought with me printed copies of SB 1606 in the event I encountered a nurse or something that was not aware, instead, I encountered an entire hospital system from the doctors to nursing staff administrative who had no idea why had the right to have someone with me.

Every time -- my support people were allowed in the hospital, I was told, "This is a favour â€" you should be grateful, we are doing you a favour." It wasn't a favor, it's the law.

Every single nurse shift change, I would beg assigned members to come and talk to me and tell them, "Right now I do not look like what you think autism looks like, but over the next 12 hours I can promise if there's almost a guarantee I will have a meltdown and lose access to mouth words, and will look at me and be unsure if I am what you think a human should be."

Please know I'm not a danger to myself, I'm not a danger to others, I just need support. I just need what everyone should have the right to have access to while they are trying to recover and heal.

Sometimes it went well â€" I had the privilege of having two CNA's were overnight, both of whom are Asian like I am, and would wake me up with songs about coffee. Mostly, it did not.

From the nurse when I started sobbing over a melt down because no one was following my chart and looked at me and discussed said, "When is your support person getting her?" Before slamming the door behind her, to the CNA that got too disgusted by the sounds I was trying to make by the sounds I was making trying to ask to use the bathroom, or the response to my chart saying, "I was not allowed to toilet independently because I was on blood thinners." It was to leave.

Instead, I called my way out of a hospital bed and could not make it to my wheelchair, I got on to the healthy hospital floor and crawled myself, dragging my IV hooked to a port inside my chest, behind me, until I can reach the bathroom by myself.

I was eventually found by a nurse a couple of hours later sobbing hysterically on the floor, unable to talk.

It did not have any nurses or doctors who look like me, save for one doctor, this wonderful man of colour who had full conversations with me and explained everything he was going to do.

You should not have to spend your energy on masking, lipreading, and convincing your healthcare team that your life is worth saving, even if you do not speak the way they do.

When you are autistic, when you are an autistic person of colour in a white hospital, that's what you have to do.

I have... so much privilege. I am light-skinned, I have often access to mouth words, and perhaps in this situation, most importantly I had the knowledge of working in protection and advocacy system for five years with countless colleagues willing to go to bat for me.

Given all of those things in my favour, I incurred so much medical trauma I can no longer enter a hospital or doctor's office without going nonverbal and sobbing hysterically.

If that's an experience for me, we can all imagine how much worse it is for so many others in our community.

It does not take "it should not take a state law to provide equitable access to people with disabilities and those of us who have intellectual, developmental disabilities, it takes compassion, it takes extra time, and it takes changing your paradigm from seeing us as broken, or "Other" to seeing us as patients.

Like every other patient who deserve the same access to health, and to recovery, and to care.

JUSTICE SHORTER:

This is justice. Wow. You heard Maren's story " could we invite you to come off mute?

MAREN JENSEN:

Hi, this is Maren.

JUSTICE SHORTER:

This is Justice. Thank you for a powerful story. That is the word I keep trying back to, all of the stories in the series so far have taken my breath away in various ways and related to how much I noticed myself and a lot of the stories, but also other people we love, a lot of things you are mentioning in your story are very similar to what other folks have experienced or we know someone who might've experienced many of us who are well-connected and involved with others throughout the disability community.

You mentioned to me privately there are things you wanted to clarify about your hospital visit concerning the length of time and things to experience we were not able to get to in the video. I want to give you the microphone and let you share whatever you want to share regarding that particular point.

MAREN JENSEN:

Thank you so much. I think one thing that's important for me to clarify is I was in the hospital for five weeks.

It meant for five weeks, I did not have the ability to transfer to another hospital because I was accessing care out-of-state and people in the chat or commenting, the medical insurance system here is challenging and at best.

I could not try to tough it at home because I had " I had gone septic and I had a blood infection. It meant my entire stay was a balancing act of trying to mask enough to stay trustworthy and be a reliable narrator of my health care needs while being honest about

symptoms, side effects, and how poorly I felt.

They merely missed a blood clot that was in my jugular vein because I was downplaying how much it hurt because they had written me off when it came to side effects and complications of the feeding tube I had surgically implanted.

JUSTICE SHORTER:

That is a lot. This issue of masking “ Morenike, you have worked with folks who have autism and other intellectual, and develop mental disability. This issue of masking, especially in a medical setting, it is something you deal with often helping individual's advocate for themselves.

MORENIKE GIWA ONAIWU:

Exactly I identify myself as autistic as well as other disabilities, and masking or camouflaging is “ aside from being a contributor to poor mental health, increased suicide ideation, a risk of it.

There is also an element of what was mentioned, trying to determine whether or not “ because you communicate or express things differently, you are seeing as not reliable or not being truthful. Are you drug seeking or full of drama?

You cannot express things the way you feel them because were not taken seriously, but at the same time, your pain tolerance can be underestimated at times, and therefore, situations such as the blood clot that was nearly missed or other confusing someone having the ability to do certain things meaning at all times, while ill, they will be able to do that or communicate in that way.

It's a huge problem that people are not seeing as reliable narratives and respected. There are a lot of people in the chat sharing how the lack of patience and empathy, both Maren and Havander faced, how awful it was and they feel it was a terrible experience, wondering how much profit has to do with that.

One person noting that unfortunately, the truth is we have to advocate even though we should not have to but it ends up being our reality. People are sharing similar stories. Thank you very much for highlighting some of those things. It's not as simple as, "Just transfer, just leave."

Nobody is minimizing in that way but it's important to share that's not always an option, for many of us, it's seldom an option.

JUSTICE SHORTER:

I want to come around to something else you noted and mentioned this issue of medical trauma and talking about the lasting impact that healthcare providers, doctors, nurses have on their patients, particularly folks with intellectual and develop mental disabilities.

Anything else you want to share around that?

MAREN JENSEN:

Definitely. I think that's the biggest take away I want anyone involved in providing healthcare to walk away with this. I have been sick since childhood. I have been undergoing significant medical procedures and interventions since then, really, without issue, in terms of my coping and going back for more.

After this hospitalization, the amount of medical trauma I incurred and up leading to

posttraumatic stress and ever since then, every appointment and procedure in the last year, considering the number of comorbidities I have, there are many, it ended up with me nonverbal and sobbing no matter how well I knew my doctor, or how simple the procedure was.

And I want to point out in terms of intersectional identities and multiply marginalized identities, that lack of trust that has been sowed with the medical profession is challenging for anyone with complex illnesses.

For those of us who have intellectual and develop mental disabilities and need to figure out how to present in a way that doctors find trustworthy, it's devastating! It's life-changing.

I went from being able to discuss, frankly, John Hopkins, their ongoing longitudinal research studies on experimental surgeries with my doctor in a way that have him asking if I went to medical school, to my appointment where I had my feeding tube changed out had me sobbing because I could not cope that people were going to touch me and I had to trust them to provide care in a safe way for me.

JUSTICE SHORTER:

This is Justice. What you are sharing, so many people have gone through. Not the exact same experience! Those feelings, the feeling of not being able to trust medical providers, this feeling of always being under suspicion or not trusted when you are sharing information on your own body and experiences, you also have advice for other self advocates, especially when advocating for your own care during the pandemic or public health crisis. You and to share more on that?

MAREN JENSEN:

One thing I would like to share on is for those of us who are self advocates here and to some extent, our loved ones and caregivers who are involved in helping us access that care.

You know, it harkens back to what we heard in the last video as well. I think it's important that I'm seeing in the chat, those of us who are autistic have an increased likelihood of developing PTSD or posttraumatic symptoms.

I think it's important we hold space for that dual reality. We must be more prepared than anyone else than white, neuro- typical, healthy, able-bodied, cisgender straight people to have any chance of equity and accessing equitable care, and that is so deeply cruel, and unfair. It is rooted in ableism and white supremacy.

On the one hand, plan ahead. Even if you do not have pre-existing conditions, in terms of the rest of your health care needs, find out your state laws, find out if one hospital near you is more accessible for you specifically than the others might be.

Get your advanced health care directives or support decision-making work, or power of attorneys in order and on file with those hospitals ahead of time.

Talk to your support people now about your care wishes, your emergency plans and even your end-of-life wishes.

Once you have done that and protected yourself as much as you possibly can, even knowing in a situation like mine or it does not work, make sure you have the space to process it. Grieve. Leave yourself space to grieve " the deep injustices we face in healthcare access.

Leave yourself space to rage about how unfair it is we have to prepare to be sick in the way that white, neuro-typicals do not. To safely process through that with your loved ones. It hurts and it's unfair and that is the reality we have to face and to survive until enough of us make enough noise and spaces to force people to listen to us and make those systemic changes to achieve equity and justice.

JUSTICE SHORTER:

Once again this is where we passed the mic. And I will turn on the spotlight, because no one can tell the story better than people who have lived and survived it, or people who have witnessed it in terms of their loved ones who have not survived. Because you have brought up great, and for many of us well grieving, while also enduring things personally, we are enduring grief for those we have lost as a result of this pandemic. Thank you so much Maren for sharing your story, it is such a testament to some of the real trials that so many of us have to deal with on a day-to-day basis. You're so deeply appreciated for all that you have shared here today.

While we give Devon a moment to curable our last and final you from Treena Ivy, I want to bring (indiscernible) off of me to see if there any more comments off of chat. We will verbalize these comments for access purposes. Not everyone is able to see the chat box, so Renee K provide a point of access for everyone online -- Morenike

MORENIKE GIWA ONAIWU:

There were a lot of people who were sharing that they have unfortunately have had similar experiences. They or loved ones who have been accused of faking or are not believed with the importance of addressing medical trauma because people only talk about it related to intervention and not about the other aspects of it, in general about for example, to have to have all of this additional preparation. There is a link provided for information about posttraumatic stress disorder and the increased risk for autistic people, and then people sharing their thoughts about their own disabilities and wanting to connect with others to kind of work together. And so, just summarizing some of the things Maren has shared. There is a question on the video, and summer marks, hoping that the volume for this third video will be suitable.

JUSTICE SHORTER:

Absolutely. Thank you very much, and that is something we will check on on the tech side shortly and after we get this up on the web, we will check this afterwards. We will ruin -- we have received different Intel about the video, we will make sure that everyone has as clear and as much access as possible here.

We're going to get into our last and final video. This video comes to us by way of Treena Ivy.

(Video plays)

SPEAKER:

Treena Ivy appears on screen. Trina describes herself as an Alaskan native woman.

TREENA IVY:

It didn't hurt when I fell and hit my head bouncing times off of the concrete was covered in ice, my first dramatic brain injury. I took my life from being able to disable full so I had two more after that and my entire existence just sort of spiraled into this disability brain fog. Similar to what I expressed in March 2021 -- experienced. The world has already been dealing this! With this for a year, COVID. Up to this point I was still with a severe allergy with my dog. I was trying to find

really staying with family, going to stores to buy medication.

And then it became sort of serious when I had a fever and my face was swollen. We could count almost every

Every pore in the area. When I could not get relief, I decided to go to the ER, but not the one in town. We had to drive 40 minutes away. And this was on a Saturday.

It brings flashbacks to the first brain injury I had, when I needed to write things down in my journal and my doctor told me not to because it wasn't can help her. But it was helping me. That's how I felt confused like that again, and just not aware, so I needed documentation (Sighs)

But then I think about itâ€¦ Why would we go 40 minutes away? And then I remembered, when I go to the ER in my town it'sâ€¦ The triage starts off well enough, but as soon as I mentioned that I am Alaskan native, the body language changes. The unspoken dialogue changes from "What can we help her with?" To "Why is she here if she is native? She can get help elsewhere." Without ever saying a word.

And, it's comparing it to when you see two people arguing and you walk into the area and all of a sudden the energy shifts and it is just tense and thick. It is that same idea that it's instinctual. It's intuition that you know something has changed. Nothing tangible for -- forecourt. We went to the Alaska native medical Centre in Anchorage. The air was the fast track.

They got me through, asked all the questions, helped with medicationsâ€¦ Except for they forgot one thing; the: test â€“ my COVID test. Why when they have that? I didn't want to argue so I just went with it, but it's like the Seattle Indian health board when they received body bags instead of COVID test. Maybe they were just expecting us to die.

I do now. I went home. By Monday, I had no really. I called my doctor at the local native health clinic and they said that I needed to be tested because I didn't have on there. That took two days. The two days I was waiting I started my menstrual cycle. It was the worst ever have.

10 then, the news came (Sighs). I had COBIT. I had to stay in my room away from my family full stop -- I had COBIT. I ended up being stuck in bed, not only from the sick but also from bleeding through menstrual pads one every 50 minutes for 14 hours. For the time I realized that I might be bleeding through it was nighttime. I wasn't going to go to the ER.

While I was waiting it out, I had contacted my doctor and I had asked them when I could come out of isolation. They said a nether five days. I was so confused because the CDC's that I had three days left, possibly two. -- Another five.

And again, they were just short staffed and they couldn't provide the information. Maybe it's a systematic failure? I don't know. Three weeks later while I was still recovering, I was watching Tik Tok and I found out other women have the same issues I do with my menstrual cycle when they have contracted COVID. I was not alone! Thank you social media.

Expense is not alone because I know many have faced it. His elderly with native women who are intellectually and develop mentally disabled, I see you. I am you. Medical field, learn your biases and do better. Help others like me who might become an oversight.

Quaggarkuni. Perseverance is what my ancestors gave me. I will not give up.

SPEAKER:

For locals apparent tree -- on screen. This was brought to you by the National Disability Rights Network, the John Hopkins dispelled the health research Centre. For more information or to share your story for future editions of this project, visit us@ndrn.org.

JUSTICE SHORTER:

This is Justice Shorter, Trina and by you to come off of me again -- like I invite you to come off of mute again. Story filled with so much candour, so much honesty, I can almost hear your heartstrings through that story and I can hear how difficult it was. Not only to share but to live through it. Can you share more with us? You are a parent. You have children. You have spoke with Havander about being exposed and caring for his wife at the time that he had covered, but can you talk with a little bit more about being a parent? Perhaps there are parents online with Intellectual & Developmental Disabilities may have also had to deal with this pandemic while having to raise their children. Is there anything else you would like to share from that perspective?

TREENA IVY:

Yes. You have to give yourself grace. You have to provide the space for yourself. I have gone through the last nine years not having advocacy outside of my husband or myself. And it's -- (Sighs). I have had to go introspective for most of that time, and I had to understand where my limits were. Especially with raising the kids I had to communicate the best I could.

Sometimes it is nonverbal, a quick snap and I put my hand up and people know that -- There is nothing coming through here. And so unfortunately it's -- We do not know Acela -- ASL. So I could not use my hands in that respect.

And just also left my understanding that Littles of emotions too so we would allow them some space -- have emotions.

JUSTICE SHORTER:

It is such a huge point, recognizing your little ones also have emotions and feelings about things, and creating space for them to share and engage with you on that level as well. I know Morenike, you're also a parent, and you have supportive parents with intellectual and developmental discipline is as well. Anna

KATE McCARTHY-BARNETT:

Of the two thank you, because often I think that part is not assured as well, as well as what Havander said about being caregivers --

MORENIKE GIWA ONAIWU:

Many of us are caregivers, or we have people in our lives were impacted by these things in our lives very much. I think this is an area that does not get discussed as well, that it can be traumatizing and dehumanizing not just for us but it impacts those who are in our lives.

There has been some discussion in the chat about medical trauma and PTSD, and there is a question Trina -- Trina if it is OK, about how the discussions of you are ethnicity comes up prior to treatment in hospital. Is it in intake forms, and dialogue, you know or your name in appearance?

TREENA IVY:

Had a chance to read the comment in chat, and in Alaska it is different. We as Alaskan natives, because we have a very extensive healthcare system with holes, we have to prove that we are Alaskan native. Or if you from the lower 48 receiving care, what they call American Indian or Native American.

So we are required to have our certificate of Indian blood through the Bureau of Indian affairs to identify how much native we are. It is a degree of blood, what is our bloodline. So that is pretty standard appear. -- Up here.

MORENIKE GIWA ONAIWU:

Thank you for sharing that. I'd like to ask you a little bit more but we should, during the video you said how little information there seems to be outside of unfortunately what you're able to find on social media, about how COVID affects bodies human trait. I'm wondering "make bodies that menstruate. I feel these topics are not often discussed often with individuals with disabilities, and ID/IDD, and I'm wondering if people are where this can happen?"

TREENA IVY:

I really just encourage folks to "Something I had not done since this last expense with my friends and family who menstruate, is to work through the discomfort to have these conversations. I've improved lashing ships with family and friends by saying, "How is it for you? Do you track?" Emmanuel stuff is a well different now. But just those verbal times, when you have those moments -- I mean I know stuff is different now.

At the time I knew what was normal for me, but it did not know what was expected. And as soon as I started to bleed through every one in less than an hour, I thought well it is either COVID or it is going to be bleeding out like a fish dies after you catch it.

So again as much as you can, communicate! I know that is hard and it is a struggle. Especially when you have limited energy and the -- brain fog sets in.

JUSTICE SHORTER:

Absolutely thank you you for sharing that. A lot of these topics are skirted around and people do not get as much information about issues going on with their reproductive organs and a lot of this is just not shared or fully conveyed and we appreciate you being so candid.

The last question for you before we get into even more audience questions, is around any additional advice you might have for medical providers. We ask all three of you all this question because this is what we want to hone in on a little bit, if there's a way they can change their treatment with their approach, when interacting with individuals, what type of advice might you give?

TREENA IVIE:

Understand our values are not the same. What a lot of folks call colonialism, we take on a community or communal mentality in our existence and our role.

So, when I think about going to the doctor and such, I'm thinking, "I was supposed to me with that Elder, my kids need this, and my husband and I were supposed to discuss this..." and obviously come of this is such a schedule thing on the surface. I'm meeting with the Elder because I need food, my kids need tutoring, because they are behind.

And my husband and I are discussing finances. So, you know, it's all of a sudden, I apologize. When you have a brain injury you do not have an emotional filter.

When you are a one income family and trying to figure out how to bring your mom into your house, that's what I mean by community. We â€” it's not just a singular person. It's everybody who you can contribute to.

So, when we are having to fight you, we are having to communicate to all. Up here in Alaska, there are some companies that provide what they call "Cultural..." I'm forgetting my words here now. Emotions take over.

Cultural training. Cultural sensitivity training. It's probably one of the most beneficial things I've seen throughout my time. It's some of the bigger corporations that have brought the trainers in so they can help better educate them on what it means to be Indigenous.

I feel it even that is not enough. Clearly, my experiences for a long time have minimized them in the medical system, that were not based on Alaskan native or native needs.

They can do better. Understand our cultural values are so different.

JUSTICE SHORTER:

This is Justice. Absolutely. Thank you so much, Treena. We are going to open it up, again, we've been doing this throughout the entire event. Folks, we've been taking your questions and reading your comments aloud.

We will get into that a bit more in this last segment and section of our session is asking if you have any additional questions, commentary, or words of connection and community you would like to convey. Feel free to put that in the chat box or raise your hand if you would like to come off mute to engage any of our storytellers in conversation.

With that being said, I will pop over to Morenike because I heard things coming over through the chat box and I wonder if you want to read any of those things allowed.

MORENIKE GIWA ONAIWU:

I absolutely do. There was a comment about appreciating having all of these things verbalized due to an episode a few years ago, of sobbing and nonverbal being able to advocate for one's self and how it's helpful to be able to advocate for these experiences and people thanking you for your candour, vulnerability and experiences, and assuring on behalf of people who have not been able to put these into words but still have this trauma.

Some concerns about how the PNA areas are not following ADA guidelines were not being as accessible as they could be for others, and some concerns about how, you know, menstrual symptoms might get brushed off. When it impacts so much of the world's population, why is this such a taboo issue that impacts people and people thanking you for this willingness, and rawness for reliving this trauma, and no apology needed.

This is definitely an emotionally charged experience and there is no need to apologize for any of it. There's just a lot of support in the chat. From everyone.

JUSTICE SHORTER:

Absolutely. While we are waiting to see if there's any additional questions, we have built in 30 additional minutes at the end, but this is built-in to provide an initial time for people who may have communication (Static) as it relates to processing or in case there was " the conversation kept going! (Laughs)

We added this buffer in at the end because we did not want to simply cut things after the stories were told, we wanted folks to engage people in conversation and affirmation and we are hearing a lot of people affirming these experiences of one another.

I wanted to note that Morenike noted the resources posted in the chat, if you have additional resources that you think need to be added or might benefit others in our collective communities here today, please feel free to throw those into the chat.

We want to support each other as much as possible. If there are phone numbers, hotlines, or groups that might be helpful, if there are web links that might be helpful, if there are blogs or podcasts, again, many of us take in information in a multitude of ways.

If there are other mediums you think might be helpful, shorter articles or videos, podcasts, transcripts of things, please throw those resources in the chat. We want to support each other as much as possible.

Let me bring Bonnie off of mute. I know you do a lot of research around disability health, given you are the director of the Johns Hopkins research Centre.

Some of the things mentioned here are not necessarily enshrined a lot in the early research around COVID, Treena mentioned she had to go to TikTok to find additional information, social media is where people have been sharing survival strategies.

Is there anything that has come up to you or been highlighted around this overarching experience of people with disabilities throughout the pandemic from a research perspective?

SPEAKER:

This is Bonnie. Thank you so much. I want to reiterate my immense thanks to all who shared their stories. I know how draining that can be. I can only imagine.

Such a great question, Justice. Unfortunately, as many of you know, people with disabilities, our community has been left behind in the COVID response. As a data scientist, in part, it's because we do not have the data.

To drive evidence-based response. The reasons we do not have the data are because our community is oppressed and ignored in the data.

The data that we do have, and from qualitative research shows that the disability community is experiencing and has continued to experience gaps in accessibility of information, access which is being discussed in healthcare, getting testing, vaccines, it's so striking to me that these are issues that were raised in the very beginning. Right? 2020.

We are still discussing them and trying to address them today. We are not a small community. But these issues remain... it's quite frankly, as a person from the community and a researcher, it is infuriating. That's why these stories are so important.

The other I guess component I would say from the research that we know is that COVID can impact people with disabilities differently. There is more work to be done.

Lots of hypotheses of why that might be. The third part which is elevated by the stories is the ways in which people interacted with healthcare and we are " that data is starting to come out. It is very different for the disability community.

I think Maren's story really highlighted that. We need the data and the stories, and that's really how I think we collectively can advocate for change.

Again, I'm really grateful for those who shared.

JUSTICE SHORTER:

This is Justice. We are grateful to you and all the work you do. Thank you so much, Bonnie. Morenike, anything else coming through the chat anyone needs to be aware of verbally? Does anyone want to raise their hand?

MORENIKE GIWA ONAIWU:

I do not see any raised hands but we do have additional things in here and I would like " Maren would like to share additional suggestion for healthcare providers and we have communications and people shared things about peer health navigators as an area of advocacy people should look into, shared the link about trauma that was shared earlier, there's a question from an outreach coordinator who works in Florida with a focus on facilitating access to hepatitis A. And meningitis vaccines.

To make immunization and education accessible for all, those who encountered barriers, what makes a good advocate for someone? Who is in a challenging situation? For receiving a vaccine. What resources have people found that have been more useful in the field, in practice?

And one answer that was given was a link, disability information access line which is [ACL.GOV.DIAL](https://acl.gov/dial) so if anyone would like to respond to that, if you would like to share the suggestion to healthcare providers that was in mind, we are happy to do that.

MAREN JENSEN:

One thing I was talking about when we were listening to the other discussions is for healthcare providers " talk to your colleagues of colour. I was reflecting on the one doctor I had, who was not white, I had a Black anaesthesiologist. He was the only one to communicate with me and believe me, and to discuss pain control with me. And not come at it from a perspective as I was drug-seeking or attention seeking, and I think it points to... there is a level of trust, and of understanding, and of an easier time communicating with each other when it's between people with shared experiences.

You know? I think of the studies that say, "Autistic that communicate with autistic do not have communication..." (Stacy) that would be an easy and accessible way for healthcare providers to get an idea of how to interact with patients of colour and patience of colour who have intellectual and developmental disabilities, talk to people of colour, they know what their communities need. It is not as complicated as we make it out to be.

JUSTICE SHORTER:

Absolutely! I would also say to that question that came into the chat about how to best support people with disability when trying to figure out vaccine campaigns or immunization's in

campaigns, one of the things I have heard, , this pandemic is certainly a healthcare crisis.

One of the things that continues to come up is to allow people to serve in those roles themselves. What does that mean? It means putting people with disabilities in positions of leadership to help design those vaccine campaigns, right?

What was just said, people identify or represent those communities that are the most marginalized, typically they have a line or channel into what these communities need the most. Right? This is not symbolism, folks. You're talking about in a substantive way, if not people saying, "They have a disability â€" they will figure it out."

You get multiple people who want to do the work related to disability access and making sure there is inclusion and we are looking at these issues from an intersectional perspective, and once again, intersectionality is not the same as diversity, when we talk about intersectionality, that's when we are dealing with multiple forms of compounded marginalization and discrimination people have to deal with.

We are talking about all the isms when I talk about simultaneously. When I say that, I mean sexism, ableism, ageism, someone and so forth. It's really important to put people in decision-making positions so they can come forth and actually design and implement come and adapt and adjust things as necessary.

With people who are reflective and represent those communities and want to do the work. That's one of the main things I heard repeatedly throughout the last two years and I offer that up as advice can hire people to do the work, not just volunteer roles, but hire people to serve in those positions.

Morenike come over to you, is there anything else in the chat box we did not get around to? Morenike the workshops that Trina mentioned, and people agree about the importance of helping people with disabilities, that we should be in areas in decision-making roles and we should have key leadership and meaningful involvement. The centre for policy and dignity, there is also a question about how can state-level peonies make themselves more accessible to the disability community?

And for one response, I would love to hear of any additional ones anyone has, but one is to stop listening to colleagues without lived experiences. Stop living to family members. Many of us are issuing, and we have big colleagues to heed our advice for many many years, so that is one thing that is important and it kind of embraces the issue of talking to one's colleagues. Because we know there are many types of isms that impact people. As Justice mentioned there is ageism, there is classism, and so many different things that impact people's lives. So it is really important to learn from people who have lived experience navigating these things to be able to offer the best care into truly be allies for people in the community. -- And to truly.

JUSTICE SHORTER:

Absolutely. And to clarify, that is a difference, we are not adjusting to volunteer, but to pay people for the Temple topknot having access to the financial resources to do this sort of work is often what keeps multiple people â€" when people were multiply marginalized from doing this work on a full-time basis for the Vita composition with one once and it really struck out they said, "Everyone around the table is being paid but me! But everyone is pumping me for information consistently!" Laughed Mac right? Like they're constantly having their brain pecked at, and being asked about this and that, and everyone is being paid to be there, while I'm trying to

juggle all of my other financial needs.

I'm paraphrasing what she said there, but it is about essentially volunteering your time, so if there are budgetary decisions that can be made and structural organizational decisions made to ensure that those people get to occupy those roles to actually bring about the changes that all of you are hoping to see.

I want to open it back up to our storytellers! Trina over to you.

TREENA IVY:

I actually just wanted to extend a question to Havander. You said that you have been an advocate for! I want to say 10, maybe 15 years? It was a good, a solid amount of time. I wanted to know what internal dialogue you have going consistently to just keep pushing through?

Like I know what I had going through my mind in the last nine years until I finally found a therapy that worked for me! But that is after I had worked through a lot of medical trauma and issues and experiences with the medical field. So I just thought it was amazing to hear that you have been advocating for so long!

HAVANDER DAVIS:

I'm glad you asked me that question. When I first started out many many years ago as a youngster, I had a lot of people on my side as you can understand. And that was encouraging.

But on another note I saw a lot of people who did not have people on their side, who did not have that extra encouragement, who did not have someone to fight for them. So once I was old enough to join us some of these organizations I started joining organizations and I started trying to help.

That is what my motivation is: to give a voice to someone who does not have a voice. Or even for someone who does not even know that they need to have a voice. There people in this world who do not know anything about advocating, who do not know anything about helping themselves.

So I sit on different committees and I go and I joined different organizations to get that waste that no one even knows as it was, to say, "No, that will not work for someone with a disability. We need this, or we need that." It is the excitement, the privilege to be able to help others and to advocate for people who do not know that they need advocating for.

Who have no idea that doing some advocating may be -- may get you better help. I'm there for the person who does not have a voice, or who may not even know that the need force. So that is where my motivation comes from, to do things to help others who otherwise would not have that help.

JUSTICE SHORTER:

Take you so much Havander -- thank you so much Havander, we appreciate you! I think that is a great way to kick off his final round of comments for all of our spectacular storytellers we have had.

Were closing words from each of you, I will go to each of you. If there's anything that you would like to say as we go on ahead and come to the conclusion at our time here together, I cannot

believe it has gone by so quickly! But it has been absolutely impactful and amazing.

So Maren start with you, do you have any closing comments?

MAREN JENSEN:

I think the closing comment would be -- my closing comment would be that our support needs, our access needs, our needs from healthcare support providers are not special. They are not odd, they're not unjustified. They are simply the needs that we have in order to access the same level that will healthcare -- of equitable healthcare that doctors, and other medical professionals want to provide to all of their patients -- patients.

And endeavouring to provide it to us, in this case I'm not going to say it is not neurosurgery, but it is not rocket science. It is empathy, and is listening to the extremes of those most impacted. -- Listening to the leadership of those most impacted.

JUSTICE SHORTER:

Trina?

TREENA IVY:

First, I would like to extend my gratitude for this opportunity. This has been amazing! But also I know this sounds silly to say, but we are human.

I have an anatomy and psychology book here, you open me up and I look the same. The only difference is my skintone. Just remember that.

JUSTICE SHORTER:

Absolutely. Thank you so much for that trainer. And Havander, coming on over to you? -- Trina.

HAVANDER DAVIS:

First I like to thank you and the whole crew for having yesterday. I like to think Marina and Trina. After hearing their story after telling my story, I was just called to know that they had to go through so much more. Like five weeks in hospital with that type of treatment, I don't think I could have made it one week, one day with that type of treatment in hospital!

Your? I know that what I went through was bad, but when I hear other people's stories I'm like, "Well -- wow!" And people always ask if you can be worse, and yes it can always be worse, but that is not what we want!

We hope that this form -- forum, this communication, helps to make it better for people were disabled, people who are black, people who are Hispanic, people who are any ethnicity, we hope that this helps them to receive Medicare. To receive better treatment.

We hope that people will learn that they can join different committees and you can join different places to advocate for yourselves. Join these committees! Join the statewide Independent living Council's everywhere, just join these committees and get out there so that way you can lend your voice to help those do not have their voices. We can all do this and we can all make this a little better for each of us. Thank you.

JUSTICE SHORTER:

Thank you Havander. Morenike this has been yet another an amazing event. What a way for us to close out adversaries! We start out with two events around Decoding and Discrimination, and

here we are concluding with Sunstorm stories. Your thoughts? â€œ My final thoughts? --

MORENIKE GIWA ONAIWU:

I'd like to thank the health care providers who have been so open to learning and listening. I'd like to thank those who have been sharing experiences that are very difficult and very painful, going to those vulnerable places for others. I just think it is very important to have the spaces.

We are seeking to continue to do this work. We are not stopping, we have plans! There is much more that needs to be done. As I mentioned in this chat, the stores are appalling but health equity is so important, so this is something that we can do, we can have practical impact on the lives of others around us. We just cannot be quiet about these things.

So I just encourage you all to share things with us because we want to extend these resources. Share the stories with others -- and share these stories with others and educate others. Share your voices, we need the stories to be amplified.

JUSTICE SHORTER:

I could not have said it better myself. We also want you to join the conversation for so you can join us on social media, and find us with NDRN advocates. If you like to share your store, we are currently searching for new ways to do this work was up ideally we will be coming back around to give you guys more announcements in just a few weeks or months here.

But in the meantime if there is something you would like to say, "Hey Justice! You are able to contain this work in a certain way?" Or if you have a certain person you would like to reach out with a story to share, Morenike if you could be so kind and share my email in the chat? -- It is a justiceshorter@ndrn.org. Once again thank you so much for joining us this afternoon.

Thank you so -- provided much for all of your support! And thank you for the resources that you have divided--provided. Thank you for being here in community with us, and thank you for keeping this work going. With that said, have a gorgeous week! Goodbye.