***Disability Issues***

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*Providing individuals with disabilities, their families, friends, and advocates with relevant information to enhance their quality of life, health, and employability options.*

**Mass General Brigham** is pleased to be an underwriter of *Disability Issues*, a free and independent newsletter. Mass General Brigham is an integrated academic healthcare system, uniting great minds in medicine to make life-changing impact for patients in our communities and people around the world. Mass General Brigham connects a full continuum of care across a system of academic medical centers, community and specialty hospitals, a health insurance plan, physician networks, community health centers, home care, and long-term care services. Mass General Brigham is a non-profit organization that is committed to patient care, research, teaching, and service to the community. In addition, Mass General Brigham is one of the nation’s leading biomedical research organizations and a principal teaching affiliate of Harvard Medical School. For more information, please visit [**www.massgeneralbrigham.org**](http://www.massgeneralbrigham.org).

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**From the Editor:**

Dear Readers,

Every Saturday morning from mid-June through the end of October, I can be found shopping for fresh seasonal fruits and vegetables at the [Winchester Farmers Market](https://www.winchesterfarmersmarket.org/). Going to the farmers market is a highlight of my week so it’s hard for me to remember that up until 2020, I only attended occasionally.

The shift from occasional to regular patron happened during Covid when the Market moved its location from the Town Common to a parking lot to meet social distancing safety protocols. The parking lot was paved, which made it easy to use my wheelchair instead of walking with crutches as I did on the Town Common. The Common did have a paved pathway, but it was narrow and vendor tents were set up on each side of the path, making the pathways crowded and challenging to navigate, especially in a wheelchair.

This summer, the Winchester Farmers Market moved back to the Town Common. Before the season began, I told the Market Manager, Fred Yen, about the Common’s accessibility challenges. He welcomed the feedback, and we brainstormed possibilities to enhance accessibility. One significant change he made was to set up vendors on only one side of the paved walkway, creating more spaciousness for people to walk, and roll, with greater ease.

Over the course of the Market season, I was delighted to notice a steady increase of people shopping at the Market who used mobility assistance devices – wheelchairs, scooters, canes, and rollators. As so often happens, when accessibility is enhanced for people with disabilities, it creates more universal access for all members of the community. Shopping at the Market also became easier, and safer, for those with balance issues who weren’t using mobility devices and parents who were pushing their children in strollers.

In the grand scheme of things, this may seem like a small victory for accessibility, but I believe that every action which creates more equity and inclusion is momentum toward creating a kinder world for us all.

Marianne DiBlasi, Editor

*Marianne DiBlasi has been the editor of Disability Issues since 2011.  She was born with Spina Bifida and uses a combination of crutches and wheelchair to assist with mobility.  Her background is in sales & marketing and disability inclusion training.*In May 2020, she earned a Master of Divinity degree from Meadville-Lombard Theological School.

**READY & ABLE**

**Mass General Brigham Accepts “Good Jobs Challenge” to Advance Workforce Development in Health Care**

**By Tim Sullivan**

Recently, U.S. Secretary of Commerce Gina Raimondo announced grant awards to 32 industry-led workforce training partnerships across the country as part of the $500 million [Good Jobs Challenge](https://eda.gov/news/press-releases/2022/08/03/good-jobs-challenge-awardees.htm) funded by President Biden’s American Rescue Plan. The Good Jobs Challenge is administered by the Commerce Department’s Economic Development Administration and will enable communities across the country to invest in innovative approaches to workforce development.

As the lead applicant, the Mayor of Boston’s Office of Workforce Development (OWD) brought together partners from key organizations that serve unemployed, underemployed, incumbent workers, community college students, and BIPOC individuals within the Greater Boston Region. Over 100 local employers will create opportunities and connect the region’s workers to training and career pathways within the childcare, healthcare, and clean energy industries, over a three-year grant period, beginning in October 2022.

“This important funding will connect participating residents with more than 4,000 living wage jobs and crucial support services,” said Mayor Wu. “This grant will accelerate our work to make Boston a city for everyone and connect our residents with opportunities in healthcare, childcare and clean energy. I’m grateful to the Biden Administration for their partnership and our Office of Workforce Development team for their leadership in securing this critical grant.”

“Employment is empowerment and has numerous benefits for both the individual and the broader community. At Mass General Brigham, each day we see the positive impact a career can have on health and wellness multiplied by recruiting talent from our diverse communities. By participating in this multi-sector grant award, made possible through the leadership of the Mayor’s Office of Workforce Development (OWD), MGB will gain the funding to expand our work with UMass Global, a partnership we see as vital to our ongoing work to ensure that the people in our organization reflect the diverse communities we are so proud to serve,” said Rosemary Sheehan, Chief Human Resources Officer, Mass General Brigham.

Sectors included in the sizeable grant are Child Care, Clean Energy and Health Care, each led by a “Backbone Organization,” which will convene and coordinate the many employers and training partners in its industry-specific work with within the Regional Workforce Training System (RWTS) serving Greater Boston. For Health Care, the MassHire Boston Workforce Board (Boston PIC) will fulfill that role.

As part of this collective effort, Mass General Brigham plans to partner with UMass Global to train candidates to enter roles such as Patient Care Technician, Certified Clinical Medical Assistant, Practice/Administrative Assistant, Phlebotomist, Pharmacy Technician and EKG Technician. Other health care employers, community colleges and various partners will be working on additional roles and the collaborative effort will help to build local pipeline programs and system capacity, which will benefit all health care employers. As part of the outreach of this program will also be a focused effort to include persons with disabilities. Through technology, employee and manager support, UMass Global and Mass General Brigham is dedicated to having as wide a candidate training pool as possible.

“At UMass Global, we take seriously the need to ensure that people of all backgrounds have access to programs that can prepare them to serve as front-line health care workers within Mass General Brigham,” said UMass Global Chancellor David Andrews. “The mayor’s Good Jobs initiative will bolster our ability to help even more Boston area residents gain the skills they need to qualify for these important career opportunities.”

The 32 winning projects nationally were selected from a competitive pool of 509 applicants. By partnering with labor unions, community colleges, industry, and other stakeholders, these projects will solve for local talent needs and increase the supply of trained workers and help workers secure jobs in 15 key industries that are essential to U.S. supply chains, global competitiveness, and regional development. This funding will advance a broad range of sectors – including agriculture and food production, energy and resilience, healthcare, manufacturing, and information technology – jumpstarting the design, development, implementation, and expansion of training programs that are tailored specifically to each community.

“A trained workforce is essential to ensuring that the United States can compete and succeed in the 21st century,” said Secretary of Commerce Gina Raimondo. “Thanks to funding from the American Rescue Plan, the Commerce Department is able to make once-in-a-generation investments in industry-driven, and locally-led workforce systems that will create high-quality jobs and accelerate regional economic growth, especially for underserved communities.”

For information about opportunities at Mass General Brigham [visit the careers page](https://www.massgeneralbrigham.org/careers).

*Tim Sullivan is Director of Communications at The Spaulding Rehabilitation Network.*

**THE PCA CORNER**

**Remembering Paul Spooner**

**By Ray Glazier**

In a departure from our usual advice format, we take this opportunity to celebrate the too-short life of Paul Spooner, longtime executive director of the MetroWest Independent Living Center. Paul was only 67 when he passed away recently after a brief illness. But he had packed into his allotted time in this earthly realm the equivalent of several lifetimes of disability advocacy.

Paul was diagnosed with a rare muscular atrophy as a young child, which left him with a permanent disability and need for a power wheelchair. But this only created challenges to be overcome. Paul saw disability as a social construction that must be dissembled. And later as an adult he made it his life’s work to knock down barriers. After high school graduation from the Massachusetts Hospital School (recently renamed), Paul earned his Bachelor’s degree from Southeastern Massachusetts University (SMU) and then a Master’s degree in rehabilitation counseling from Assumption College in 1989. It was at SMU in his twenties that he was inspired by friendship with disabled veterans returning from the Vietnam War to begin taking on disability advocacy in earnest.

While still at SMU, Paul became an original incorporator of Independence Associates in Lakeville, MA. He then was chosen as executive director of the MetroWest Center for Independent Living, serving in that capacity for the last three decades. During this phase of his career Paul held numerous appointive positions, including: President of the National Council on Independent Living, Board Member of the National Rehabilitation Association, President of the National Association of Independent Living, Chair & Vice-chair of the Massachusetts Statewide Independent Living Council, Communications Director for the Massachusetts Association of Independent Living Centers, and more. Paul was honored to be on the White House lawn for the 1990 signing of the ADA.

Whew! So, why include this abbreviated tribute in this PCA Column?

Among the causes which this disability lion championed was the MassHealth PCA Program, in which Paul Spooner was enrolled as a working consumer through the CommonHealth Program. CommonHealth removes the income and assets barriers to MassHealth’s broad coverage that are disincentives to gainful employment. The key aspect of this coverage for many is that it gives workers with disabilities access to PCA services, which are not covered by private health insurance plans like those employers offer.

As the Disability Policy Consortium wrote in their Paul Spooner obituary: “His crowning success was just confirmed on September 28th when word came down that a proposed expansion of the CommonHealth program was approved by federal officials. This will allow eligible individuals with disabilities who have worked in Massachusetts to retire without the loss of their major health insurance program.”

*Raymond E. Glazier, Ph.D. is a longtime MassHealth PCA consumer who has studied PCA issues for decades. He is currently founder and Principal of disAbility Research Associates in Belmont, MA. Contact Ray at* *RaymondGlazier@gmail.com* *with questions, comments, or suggestions for future columns.*

**LOVE & INTIMACY CORNER**

**Kindness: Free to Give, Yet Often Short in Supply to Receive**

**By Ms. Love**

When I was in seventh grade an elderly neighbor, Peninah, hit a pedestrian with her car and the person died. Peninah never drove again and did not leave her house where she lived alone. My parents and I went to visit Peninah and they reminded her we were just down the block if we could help in any way. I began calling Peninah to ask if she would like some company. She always said “yes” so, I visited and told her about school. She enjoyed hearing about my Home Economics class, and I told her how hard it is to learn to use a sewing machine. Peninah had a sewing machine and was an expert seamstress. She offered to help me learn how to sew. I was also a conduit of carrying food back and forth – my mom made meals for Peninah and she, in turn, made sour cream cheesecake for my family.

One time my dad came with me to visit Peninah and I heard her tell him I was a kind young person to come visit her. My dad told my mom what Peninah had said, and they were proud of me. I, however, didn't understand what the fuss was about; I was just being me and being sensitive to people in pain. Many decades later, I have a greater repertoire of life experiences to draw upon to form my ideas of kindness. I have offered and received kindness, but often have not been shown kindness around my disabilities. As an example, let's take my recent trip to a hospital's emergency room.

I was in severe pain for days. Instead of seeing me, my primary care office referred me to the E.R. A friend offered to drop me off so I wouldn’t need to call an ambulance. The two of us, both with disabilities, were quite a picture. We struggled to get my rollator walker into the trunk of his car. When we arrived at the E.R. I expected someone would be happy to help us get the rollator walker out of the trunk. No kindness greeted us. Even though someone was working in the parking booth near the entrance and the attendant wasn’t busy, they made no move to help us. I waved good-bye to my friend and due to pain, I moved ever so gingerly into the E.R.

I was sent to a part of the lobby where a nurse completed a short intake and was told it would be two hours before I could be seen. I was directed to sit amongst ten-plus people. After ten minutes of being too close to people, many of whom were not wearing face masks, I moved and away from the cordoned-off E.R. waiting area. No kindness here. Despite signs saying face masks must be worn, at least 30% of the staff and visitors walking by were not wearing masks and no staff person asked them to put one on. I was exposed to these conditions for five hours, not two. No one bothered to keep me updated, even though I asked three people what was happening. As the time dragged on my pain was increasing.

When it was my turn to enter the exam room, since I could not bear weight on one leg, I needed a wheelchair. I was told there were none. Underneath my face mask, my jaw dropped. A hospital E.R. without wheelchairs? I went a few yards by semi-hopping while pushing a walker. The staff persons dis-taste for how slowly I hopped was evident. I asked how much further it was and was told it was much further than I had already hopped. I bluntly said, “I can't do that.” With further dis-taste, the woman asked another person to track down a wheelchair. When the wheelchair appeared, I collapsed into it. The first woman pushed me to the exam room and the second person pushed my walker.

While waiting for the doctor, I overheard other patients ask for blankets because they were cold. They were told there were no blankets. One patient's relative told a staff person they were going home to get a blanket for their loved one.

I continued to experience no respect or dignity. The doctors wanted to blame my pain on a rheumatological condition I’ve had for decades that I knew that wasn’t causing the pain, but they ignored me. The doctor never examined a crucial body part that was the source of the pain and, despite my objections, they over-x-rayed other body parts. The doctor wanted to admit me for observation and then discharge me “for my safety” to a rehab facility because I live alone in my apartment. That did it! On top of everything I’d been through, the real biggie is they wanted to take away my independence because I live alone with disabilities and health conditions.

Through my advocacy work, I’m keenly aware that most short-term rehab units are inside nursing homes, and many try to move patients from short-term rehab to their long-term units. As of this summer, one out of every thirty-five residents in nursing homes have had Covid outbreaks. *No, Thank You!* The only tests they did in the E.R. were x-rays, there wasn’t a diagnosis and there was no valid reason to admit me to a rehab facility “for my safety.” At my apartment, I have grab bars and other safety equipment. I live a life that matters to me in the community and firmly said I was going home.

After spending eight hours in the E.R., where I sat in uncomfortable chairs and had to hop, I was leaving in more pain than I had come in with. I was told there wasn’t a wheelchair, so leaning heavily on my rollator walker, I mini-hopped out of the hospital to the car of my kind friend who had driven back to take me home. Once again, my friend and I – both with disabilities – struggled to lift my rollator walker into the trunk of his car, and no one helped us.

Offering care, and the way it’s offered, matters. It’s an expression of respect for our shared humanity to have a wheelchair, blankets, or accurately tell patients how long the wait is and keep them updated if it changes. We are all members of humanity, yet as a person with disabilities I was not treated in a humane way. Kindness, respect, and dignity matter. When I was in seventh grade, I intuitively understood this. So, decades later why can't I receive any kindness from hospital staff when I present with disabilities?

Ah, but I did receive kindness from two people, didn't I? First, my friend who left work to take me to the E.R. and struggled with me to get my walker in and out of his trunk. The second person? Me! Me, me, me. I advocated and stood up for myself on every issue I could using a matter of fact, soft voice of reason. And that, my dear readers, is the gift I want to remind you of. Sometimes you will not receive kindness from others during your time of need, including issues related to your disabilities and health conditions. Just as hospital staff have a responsibility to care for patients, you have a responsibility to be kind to yourself and others.

You possess a great gift. The gift of an open heart that you can always count on – your own – so cultivate it. Little kindnesses compound into big kindnesses. Kindness is free to give, yet it is often in short in supply, so your kindness will be remembered. Stand up for people, including yourself. You matter. You deserve respect and acknowledgment of your inherent worth and dignity. Kindness always matters.

*The Love and Intimacy Corner welcomes questions and requests for topic areas from readers. Please send all comments, questions, and suggestions to Ms. Love at* *DI.LoveandIntimacy@gmail.com* *Questions chosen to be featured in the Ms. Love column will appear under a pseudonym to protect privacy and may be edited.*

**To Read More About Kindness:**

* “[The Unexpected Power of Random Acts of Kindness](https://www.nytimes.com/2022/09/02/well/family/random-acts-of-kindness.html).” Catherine Pearson, Sept. 2, 2022. *New York Times*.
* “[Finding Meaning and Joy After Spinal Cord Injury](https://www.webmd.com/pain-management/news/20220826/finding-meaning-and-joy-after-spinal-cord-injury).” Batya Swift Yasgur, August 26, 2022. *WebMD*.

**Small Deeds with Big Significance!**

**By Joan Burrows**

When the Pandemic hit, many people found that living in isolation was difficult. Although they always knew they needed people, it took on a new perspective. The computer became a lifeline, but surely not the same as being with people in the same room.

Shortly after the pandemic began, I ended up in the hospital and then went to a rehab facility for two weeks before returning home, only to fall the next day and break my hip. Back to the hospital and rehab! When I came home, I continued PT and OT for several months. I first used a walker then a cane. Up until these incidents my health had been good, so this was a difficult adjustment.

A few months earlier, a new family had moved in upstairs. There were two teen aged girls, their Mom, and a sister in college. They began helping me right away by watering flowers on my terrace. One day, my daughter was here and asked the girls if they could help me and she would happily pay them. And so, it began. The girls were kind and caring and did anything I asked. Sometimes took initiative to do things before I even asked. They vacuumed, dusted (months away left a lot of dust), sorted through old mail, papers, and bills, cleaned counters and tables, and did the dishes any time they saw them in the sink. We also chatted a lot. Good topics good and bad, happy and sad, and we helped one another through the days.

The girls were musical and played instruments since ages 4 or 5. Both played the piano. One played cello and the other the violin. All three played with the Boston Youth Symphony. The girls played the piano, here and I loved it. I had taught piano for 50 years, so it was fun to hear their music and see their joy.

The Mom often brought down supper or treats. One day we were talking, and she told me that her daughter was trying to get back to playing cello after a hand injury and PT, but the people in the unit below were mimicking the sound and banging on the ceiling and her daughter was in tears. I suggested her daughter come down here to practice. She came and played for two years, sometimes the piano too. After a while she told me she did not want to be paid for helping me because she was using my room to practice. I tried to talk her out of it but respected how she felt. I not only had help from a kind young girl, but lovely cello music and company. All a gift – a fully appreciated and enjoyable gift!

Now, in fall 2022, my upstairs neighbor and good friend is off to Budapest to follow her dream of studying cello and becoming the best cellist she can be. It’s only been two weeks and I miss her but I know she is following her dream. I am glad she is part of my life. More than glad – very fortunate. Before she left, I wrote her a note saying she came at a time I truly needed someone and that someone was a kind, loving person. The day she left; she wrote me a note. She said I came into her life when she needed someone, and I listened and helped her like a Grandmother. Change a few words and mine reads the same!

Now, her younger sister helps me, and I hope I help her. Her violin sounds beautiful! She also studies voice. I was a voice major in Music School and hope she will sing for me sometime. She will graduate from school in two years.

What helps people of any age, but especially older people who may not get out, is connection with people. And if one can feel useful helping others, this gives purpose and happiness. I try to help friends who do things for me and the young people make it easy. They are easy to please, appreciate being listened to and, in turn, they listen to many of my stories. Perhaps some have messages for them in their lives – serious or funny things that happened to me and my children. 91 years of living has many stories.

I look forward to friends and music and helping others when I can. I love the birds, my flowers, and the clouds in the sky. Not sure what else there is.

**Happiness Is**

A little vase of flowers from a friend.
 New flowers on my deck from a neighbor – a morning surprise.
 A special nectar drink from a neighbor one hot afternoon.
 A clean swept porch – another morning surprise.
 Children watering flowers.
 Children and friends filling bird feeders.

 Baby cardinals chirping. Mama cardinal feeding
her babies and papa at the birdbath
watching over his family.

Buying bubbles and lots of special wands.
Watching the children play and listening to them laugh.

 The cello, violin, and piano music.
 Receiving a card with a lovely note from a friend.
A ride in a friend’s car to the store or a movie.

A Peacock feather made by a boy who asked
for some paper the day before – for an India celebration.
I thought he was just showing it to me, but
he said the feather was for me.
It is in my window where he can see it too.

Little joys that make a BIG difference in my day.

*Joan Burrows studied music in New York City and later taught piano. She was a nursery school owner, teacher, and music director. Joan began the Acton Commission on Disability with Walter Kiver. She is a caregiver for people with disabilities and seniors.*

**Disability and Poverty**

**By Penelope Ann Shaw, PhD**

One day I was at a store where the cashier tried to do something nice for me. She suggested I apply for a store rewards card. She told me the benefits included discounts on purchases and assured me there was no cost to getting or using the card. She took down all my information for the application.

Less than 24 hours later I was notified that I did not qualify for the card. I learned later that the card was actually a rewards credit card. Clearly, the credit reporting agency found I had no credit history and determined I was not creditworthy. No doubt because I always pay in cash or use my debit card. I have never applied for a credit card.

This event startled me because I felt it made me officially poor. My monthly income as a person with a disability living in a nursing home in Massachusetts is a small SSI amount ($30) and a small Massachusetts state supplement ($42.80) for a total personal needs allowance of $72.80/month. Over the past $30+ years the dollar value of this PNA declined to less than $35.00 per month - a meager amount.

My monthly T-Mobile cellphone service cost is $47.81 leaving me with $24.99/month for all other expenses I might have. Luckily, I am legally allowed to accept gifts. So, the generosity of my friends makes it possible for me to have everything I need, including clothing and other necessities.

I began thinking about disability and poverty. I researched the subject and found many authoritative sources. An article from *The Georgetown Center for Poverty and Inequality Center for American Progress' Disability Justice Initiative*, "Advancing Economic Security for People with Disabilities 2019," points out that disabled adults experience poverty at nearly twice the rate of their non-disabled counterparts. The U.S. Census Bureau American Community Survey 2020 found that 25.9% of Americans with Disabilities ages18-64 are living below the federally defined poverty level.

Why are people with disabilities so often poor? Why is there so much income inequality?

From my reading I learned there is persistent poverty among persons with disabilities of working age in part because of barriers to employment. Many lack adequate education and training or may encounter a failure of employers to accommodate their disabilities as is required by law, which leads to below minimum wages and outright discrimination. People with disabilities also obtain less full-time employment than their counterparts without disabilities.

A 2017 National Council on Disability report emphasized that people with disabilities are also more often poor in part because of the added costs of living with a disability. They have the same basic needs as everyone – affordable, safe, stable housing, utilities, furniture, appliances, healthy nutritious food, seasonally-appropriate clothing, phone and internet service for themselves and their children. These are even less affordable when there's inflation.

But as those of us in the disability community know well, people with disabilities also often have significant additional expenses related to their disability. These can include home modification, personal care assistance, durable medical equipment such as hospital beds, floor lifts and shower chairs, medical supplies, special diets, special clothes, wheelchairs, walkers, large print or Braille materials, captioning, ASL interpretation, speech-generating devices and accessible transportation. These can potentially be expensive.

I actually read about a woman with Cerebral Palsy whose way of walking damaged her shoes and necessitated her buying new shoes every month. For individuals living in rural areas where paratransit is not mandated, those with disabilities needing this service must pay for private transportation. In a July 2022 I read a *New York Times* article that said there was a heat wave in Texas where many people who are poor could not afford air-conditioning.

For myself – as someone with a physical disability who is living in a nursing facility on Medicaid – all my durable medical equipment is paid for: my hospital bed, my alternating air mattress, a Hoyer lift, a reclining shower chair and my electric wheelchair. I, however, must pay for the cost of paratransit service and personal items.

Because of my disability, I need to buy several small items such as a canvas bag for my power wheelchair so I can carry things including ponchos and Ziplock bags in case of unexpected rain to protect myself and the control panel of my chair. Because of my upper extremity impairments my hands are contracted and my fingers overlap so I had to buy a grip and parachute cord to create a loop to thread my arms through to prevent dropping my phone. Because my shoulders don't work, in order to write I use high-quality gel-ink pens because I cannot press down sufficiently on regular ballpoint pens. I must use an old-fashioned wooden cane to reach up and push elevator buttons, knock on doors and slide things over on tables so I can grab them.

U.S. federal and state government public benefit programs provide some relief for persons with disabilities. These include direct cash assistance SSI and SSDI, subsidized housing, SNAP food stamps, Medicaid and Medicare. Community nonprofits including charities and churches often provide services like meal sites, food pantries and homeless shelters. Some foundations have assistance programs that are focused on poverty issues. In Massachusetts, our state Rehabilitation Commission has a durable medical equipment reuse program where donated items are refurbished and offered free to people who request them.

However, too often these critical safety net programs are insufficient to assure that everyone with a disability can afford what they need. Many still experience financial hardship and material deprivations from the lack of spending power to buy basic necessities.  Economic inequality can lead not only to an unacceptable lower standard of living including food insecurity, homelessness, an inability to afford medical and dental care and prescription drugs but also, according to my research, lower life expectancy. Financial security would promote not only physical but psychological well-being of optimism, coping abilities, life satisfaction and longevity.

What can the disability community do to help address the cumulative disadvantage of having a disability and also being poor?

*Penelope Ann Shaw, Ph.D., has a complex physical disability from Guillain-Barre Syndrome. She is a state and national advocate who uses her personal experiences to push for public policies that will improve the lives of children and adults with all types of disabilities. In Spring 2020, she was appointed as a member of the White House Coronavirus Task Force's Coronavirus Commission on Safety and Quality in Nursing Homes.*

**THE MOVIE THEATER**

**“CODA” (Child of Deaf Adult) Academy Award Best Film 2022**

**Streaming on Apple TV+**

**Review by Mary Grimley Mason**

This charming coming-of-age film touches the heart and illustrates the challenges and adaptability of living with a disability. It is the story of Ruby, a seventeen-year-old daughter of the deaf Rossi family who owns a fishing boat in Gloucester, Massachusetts. As the only hearing member of the family, Ruby is torn between helping her family as an interpreter and crew on the boat or pursuing her own dreams. She has musical talent and in high school the music director, Mr. V Villalobos (Mr. V.), urges Ruby to pursue her passion for singing and apply to the Berklee College of Music.

Mr. V. gives Ruby private lessons and arranges a duet at the school choir concert for Ruby and Miles, another talented student who becomes a romantic connection. Despite these encouragements, Ruby is in a difficult position of deciding whether she should audition at Berklee College of Music in Boston or stay in Gloucester because the family business depends on her to be their sign-language interpreter to the hearing world.

There are a number of scenes that allow the audience to experience what music is like from the perspective of the non-hearing. These scenes are powerfully directed and emotionally moving. The film, shot in the beautiful coastal scenes of Gloucester, shows how the family learns how to manage a business and engage with the community in a hearing dominant society.

“CODA” is based on the 2014 French film “La Famille Bélier,” which used hearing actors to play the deaf roles. “CODA” director, Siân Heder, saw the potential to cast the three main characters with deaf actors and make a film that was more authentic. It won three Oscars: best Supporting Actor, the father, Troy Katur; best Actress, the mother, Marlee Matlin (her second Oscar) and best Adapted Screenplay by Siân Heder.

The production was a collaborative achievement. It always had Interpreters on-site and a consultant who gave advice, particularly in the stunt scenes. The deaf actors often trained the production team, including furniture placement and lighting techniques.

When Troy Katur won for best Supporting Actor, he gave a moving [acceptance speech](https://www.youtube.com/watch?v=AvT71KekApQ) in ASL (American Sign Language} signed by an interpreter at the Academy Award ceremony. The audience showed its appreciation by clapping in ASL.

*Mary Grimley Mason is a Ph.D. Professor of English emerita, Resident Scholar, Brandeis University's Women's Studies Research Center, and author of;* “Life Prints: A Memoir of Healing and Discovery, Working Against Odds: Stories of Disabled Women's Work Lives”*,* *and* “Taking Care: Lessons from Mothers with Disabilities.”

**INFORMATION BRIEFS**

**October is National Disability Employment Awareness Month**

This awareness month was created to educate the general public on the issues that workers with disabilities face, and how employers can be more inclusive in their hiring practices. NDEAM discussions were originally triggered by veterans with disabilities returning home after WW II. This year’s theme is “Disability: Part of the Equity Equation.” Click here to learn more. <https://www.dol.gov/agencies/odep/initiatives/ndeam>

A strong workforce is the sum of many parts and perspectives, and this year’s [National Disability Employment Awareness Month](http://www.dol.gov/ndeam) theme, “Disability: Part of the Equity Equation,” celebrates the essential role individuals with disabilities play in the workplace.

Disability is and always has been part of the rich diversity of our nation, and, by extension, our workforce. During NDEAM, we celebrate the contributions of people with disabilities, past and present. We also commit to ensuring all workers, including workers with disabilities, have equal opportunity to gain skills and put them to work in inclusive, supportive workplaces going forward.

This year’s NDEAM theme also honors the significant diversity within the disability community. At the department, we are committed to advancing not only employment for people with disabilities, but also equity in how we do so. We want all people with disabilities, from all backgrounds, to have equal opportunities to work and thrive.

Organizations of all sizes and in all industries are encouraged to participate in NDEAM, and [the Office of Disability Employment Policy offers a variety of resources to help](https://www.dol.gov/agencies/odep/initiatives/ndeam/resources). Learn more about the spirit of NDEAM and how you can celebrate in this video: <https://www.youtube.com/watch?v=DYHpmojafAc>

**Creating Inclusive Workplaces for Employees with Disabilities**

In an increasingly digital and remote working environment, it’s important to focus on inclusivity. The [***Definitive Guide to Disability Inclusion in the Workplace***](https://www.thanksben.com/the-definitive-guide-to-disability-inclusion-in-the-workplace) explores the key aspects of disability in the workplace in depth, providing insight into how inclusive company policies and working styles tend to be (or tend not to be), as well as showcasing key data. It also looks at what methods companies can use to ensure a more inclusive culture. By making disability inclusion a priority, businesses can help drive motivation, engagement, and talent retention at work.

The guide covers important considerations, such as:

1. **The laws in place** to protect people with disabilities
2. **The disability employment gap**, its causes, and how it changes according to demographic groups
3. **Practical steps to support disabled employees**
4. **How to build a more inclusive culture** in the workplace

View the [***Definitive Guide to Disability Inclusion in the Workplace***](https://www.thanksben.com/the-definitive-guide-to-disability-inclusion-in-the-workplace)

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