

Podcast Transcript: Academic Ableism

[00:00:01] **Nathan Tilton:** Greetings, fellow listeners. And welcome to another episode of Mad Reshuffle Access Berkeley Radcast, brought to you by the UC Berkeley Disability Lab and recorded in the ethnic studies Changemakers Podcast studio. I am Nate alongside my co-host El. And today we're focusing on academic ableism. Which is a term coined by Tobin Siebers, and thinking about the ethical considerations surrounding academic accommodations.

[00:00:27] **Eliana Madera:** All right, thanks, Nate. So just diving in to the creator of academic ableism Tobin...Siebers...I hope I'm pronouncing that correctly. Yeah, you got a pivotal figure in disability studies, introducing the term academic ableism, as we said prior, it refers to the practices and attitudes in academia that discriminate, often suddenly against individuals with disability. And this concept, essentially helps us understand how higher education can unintentionally or sometimes intentionally perpetuate barriers for disabled individuals.

[00:01:05] **Nathan Tilton:** Yeah, yeah, you know, Siebers's work has been really influential in my own work. And in my own advocacy, and when I think about Siebers, I also think about Siebers's terms of academic apologia, which is another form of academic ableism. And that one is more. It's also from the book academic ableism. But it's like, it's essentially, you know, how you'll have some professors who are progressive-leaning, right? But then at the same time, when you're like, Hey, I got these accommodations, and the ones that I'm using right now aren't working for me. Can we try something else? And they're like, Yeah, well, sorry. It's always been that way. Right? And so it's just kind of like this idea of, well, you kind of stuck with it. And you're outside the margins. It's like, well, you're outside of this. And that's one reason why in the lab, we don't use universal design, because someone is always outside of this universal body and Universal Mind construct. So academic apologia, I think, has been very, and academic ableism, has been very helpful in thinking through my own research and my own advocacy and a lot with what we do here at the lab.

[00:02:24] **Eliana Madera:** Yeah, I mean, that latter term really does encapsulate kind of, like, the specific performativity of Berkeley, where a lot of professors, you know, are under the umbrella of progressive, but they're not willing to, or they don't know how, that's a better way of putting it because, you know, a lot of professors are well-intentioned. But, you know, a lot of professors aren't willing to make that grander systemic change, or slightly go outside the system in order to accommodate what's best for their students. And so yeah, that's actually a really interesting term. That's, you know, it's good to know that term. Yeah.

[00:02:59] **Nathan Tilton:** Yeah, I mean, it's not just the professors too it's, you know, it's also staff and whatnot, it can also be businesses, and, you know, just anywhere where you actually need an accommodation, but this is specific to academics. Yeah. But, you know, I know, for myself, like, I've had accommodations now for, I came back to school, after, you know, really getting in the military. And that was my first time really getting accommodations, you know, and I found it really helped me excel when I started at the community college. And I was like, wow, you know, I had such a hard time in K through 12 years ago, you know, back in prehistoric age when dinosaurs ruled the world, but it made me think like, wow, you know, what, if I would have

had these accommodations, how different would my life have been, you know, in that type of environment,

[00:03:51] **Eliana Madera:** I definitely very much relate to that. I mean, I am quite a bit younger, I think, like two decades. But, you know, I all throughout K through 12, on paper, I excelled academically, I had straight A's, I had one B plus, because of, you know, health issues, like physical health issues where I couldn't retain any memory. I'm still pissed about that, by the way. But I did struggle, like you know, quite a bit, especially in like high school and even thinking back to elementary school where I zoned out all the time, and I essentially filled in the gaps myself. And I didn't realize I did that until way later when I got to college. And then now here, I'm trying to go through the process of getting accommodations. And, you know, it's, it's hard when I can barely except for myself, the fact that I even need accommodations, kind of like that pride in like, academics is the place where I thrive. I mean, like social skills and you know, just general being street smart. I guess like that's not my wheelhouse, but academics is really where I thrive. But you know, it's kind of a toxic kind of notion where it's like I don't know I find this with a lot of high achieving students or on paper high achieving students were leaning on academics is seemingly a crutch because it is a sole foundation of your competence.

[00:05:13] **Nathan Tilton:** Oh, like when you're leaning on accommodations and stuff?

[00:02:24] **Eliana Madera:** Well, without accommodations...that need to be like, oh, I don't need help like everyone else. I can do it myself. Like, I can do this. And so like trying to get accommodations because I realized I really need it because some days I just can't leave the apartment that I live in, because of like fatigue and anxiety, and you know, everything that's going on, and running into barriers through trying to get DSP, in addition to the fact that I'm already hesitant to get accommodations. Yeah, like, I, I can only imagine what it's like for other you know, students like me where it's, you know, why even bother trying? Because, like, if they're saying, I don't need accommodations, and I barely believe I need accommodations, then why even get them? So? Yeah, I mean, that's very much something.

[00:06:06] **Nathan Tilton:** Yeah, I mean, that's, I think, a very, very important thing when we're thinking through accommodations, because, believe it or not, like sometimes some folks, unfortunately, on campus and off campus, the business world, the academic world, look at accommodations as it's like some sort of advantage. Yeah. Right. And that's not what it is at all. And it's just, I think it's really frustrating. And I think it also contributes to our own internalized ableism. You know, when we're like, well, I need to do this like everyone else, because then if, if I score the same grade, as this other person, but they didn't use accommodations, it goes into, like, impacting also, the imposter syndrome.

[00:06:49] **Eliana Madera:** Yeah. I mean, it also applies to like things of trying to bring more equity to universities with race. And, you know, the whole issue around affirmative action. I know, that's a really big issue, wherein, you know, a lot of people think, Oh, they're getting an advantage. And, you know, obviously, there are some issues with it, where for some people, it's like, okay, why do you need a quota? Like, that's weird and stupid. But, you know, on the flip side, you know, a lot of folks even quite a bit of POC, folks. I mean, I've heard some of the

conversations on my dad's side, which is Mexican. And the way they talk about it, it feels as though they're like, Oh, it's just handouts. Oh, it's just this. And so I don't know, I think it's like a broader issue of people misunderstanding the difference between equity and equality, I guess, we're in you know, if we assume that everyone is on the same field, if you give something to certain groups, then that's perceived as an advantage, whereas, you know, different groups are on different levels. But of course, you still have to take into account you know, the community, the marginalized community itself, when asking for, you know, what folks want and what folks need and, you know, but that's, that's a tangent for another time. I just like, Yeah, I just jumped in, because I was like, Oh, wait, that's actually really similar to "handouts", in affirmative action. But yeah, going back to disability?

[00:08:19] **Nathan Tilton:** Well, I think that's where, with accommodations, I think that's where it also, you know, find a lot of difficulties, you know, like, as a disabled person, but also being a parent of disabled kids who have IEP s and 504. For those of you who know about IEP, right, is an individual education plan for students in K through 12 education. My oldest son has one. And I've come to realize how really important it is that parents engage with their, you know, with their children in terms of their education or schooling, but also their IEP and 504. And I find a difficulty also in that right is where you have a lot of parents of color, or, you know, you have students who are first generation, like their parents, you know, came to the US later in life. And I find there's a lot of difficulties there, because a lot of the IEP and 504 is a lot of advocacy on the parents' part, especially for their kids. And I often find there's a lot of difficulty in that where you have some Latin X or Hispanic folks, right, who, you know, English might not be their first language, and oftentimes you have some who depend on their kids to translate for them, right. Yeah. But now the difficulty with that with IEP, right is the child's also having to learn how to advocate for themselves, but also possibly translate what's going on. It just kind of goes back to what we've talked about offline, where oftentimes this ability is looked at, as like a white-centric thing where oftentimes people of color are left out as "help", right. They're, they're the helpers for people disability community, or they're the outsourced help in a way to outsource accommodations. And it just made me think like, how do we also get more inclusion within our communities of color? Because, frankly, it's, it's really horrifying. Because one of the reasons I had such a hard time in K through 12, was I was struggling a lot. And so they tested me and they're like, Okay, well, we'll just stick you in special ed, they're like, they weren't really thinking about, Oh, you might have dyslexia, or you might, you know, autistic or anything like that, right? They're just like, well just stick you in special ed and leave it at that. And I, you know, I freaked out. And I was like, No, I'm out of here, you know, and, and this was in high school. So I had gotten undiagnosed for, you know, I didn't get diagnosed with anything until really, I was like, my mid 30s. And so, you know, I ran away because I was like, this is, you know, ridiculous, I was so worried about the stigma and everything else.

[00:10:59] **Eliana Madera:** ya know, just that separation of kids with certain side disabilities, or nerve divergences or any kids that are construed as you know, problem kids, or those who are like, "slow", I remember going through elementary school. And they did this too, with like, you know, the, "gifted" kids where they'd also separate them from the general populace. And it was really, really obvious what different groups meant and what different groups were judged to be. And I was in one of those groups where it was, "gifted", but I had a lot of friends because, you

know, birds of a feather flock together. So of course, yeah, of course, I had friends who have ADHD and or autism, or, you know, the like, and the stories I heard from them the awful, you know, mistreatment of them the kind of belittling I remember, with some of them, they were like, learning how to spell the most basic of words and like, Yeah, I mean, for some kids, you know, that's helpful, and that's useful. But with my friend who had like ADHD and dyslexia, they were like, Okay, this is kind of insulting. Yeah. And teachers would belittle them. And that same friend, they, because they had dyslexia, they wrote their name, flipping one of the letters, and their surgery teacher mock them, right. So I've seen that kind of like throughout my life, just because I have groups of friends who are either construed as gifted and special or whatever, or construed as like, Oh, you're stupid. Right? And so it's, it's kind of an issue that hits close to home. Yeah. Especially because like considering when you went to K through 12, versus when I went to K through 12... not much has changed...

[00:12:49] **Nathan Tilton:** nothing's changed. Yeah, no, nothing,

[00:12:51] **Eliana Madera:** Nothing's really changed. It's, it's just like a very, very big issue. And it's also a reason why I didn't even consider the fact that I had any narrative urgency until college when everyone around me was like, Oh, you got the autism bad. And I'm like, what, but like, I saw that neuro divergence in that difference as lesser than even though I had friends very close friends, who were in that "group", but that implicit bias, it sticks with you.

[00:13:23] **Nathan Tilton:** That's I think a big part of it is oftentimes, like back in the day, I still think even currently, you had a lot of people of color that instead of being looked at, as you know, like you said, like, "gifted", they're just looked at as at slow, right? And so they're just stuck into remedial classes or more inland special education classes. And, you know, this typically carries a stigma and negativity around, unfortunately. But then also, you have a lot of women who go under-diagnosed or identifying folks who go under-diagnosed, right? They're still, they still don't really, I mean, understand how to diagnose

[00:14:04] **Eliana Madera:** It wasn't until recently that for ASD, Autism Spectrum Disorder, that people even thought that women could get it right. Because, you know, the person who essentially categorized it, Hans Asperger, yeah, he only studied Yeah, Nazi. But he only studied boys, right? You know, it still remains where like little boys are three times more likely to get diagnosed with ASD, leaving a lot of girls left behind. Also, the fact that the characterization of ASD and the symptomology within the DSM it's around symptoms that apply to little boys essentially. Or if you're not a little boy, then you're characterized with Asperger's even though it's not used anymore. You know, a lot of people see it as like the Sheldon And Cooper's right or whatever, which is so dumb, but like it's not viewed as something that women can have. But the thing is like, women are more likely to mask the incredibly high masking. And because of that difference of symptomology, despite some glaring, like sensory issues and glaring expression that they cannot fit in with their peers, no matter how hard they try, because they appear to be "normal", they're looked at as like, oh, they might be just, you know, a little odd, a little quirky. Oh, Jesus, I was, I was the "quirky kid". It was awful. Um, I mean, I could go on about that specific thing. But yeah, there's actually a really good book called "Unmasking Autism" that kind of goes into that it's by an academic. I can't remember her name right now. But if you'd like, look

it up. But she was an academic who was later diagnosed with ASD, and she kind of goes into, you know, the stigma around ASD under diverse price. Devin Price, there we go. Dr. Devin Price. Yeah, um, and that's a really good read for those who are later diagnosed and are, you know, AFAB, and high masking and things of the like,

[00:16:21] **Nathan Tilton:** Well and I think that's good for us to start, where we started out, right, starting at K through 12. And talking about academic ableism, and how it originates in K through 12. And speaking of Asperger's, right, like you think about it, it hasn't really changed much because Asperger's would pick and choose who was a "little professor", right, versus the "undesirables" or people who would basically that he would send to their death.

[00:16:50] **Eliana Madera:** Basically the ones that were "useful", and those who were like, eh they can get euthanized,

[00:16:57] **Nathan Tilton:** And unfortunately, we are still in that it's still rooted. It's just rooted in the DSM is rooted in the diagnosis. It's still highly prevalent. And that still carries over into academia. Because academia has roots in eugenics. So it also has roots with Asperger's as reached the DSM. So it's highly problematic. And moving on to accommodations, right, in higher education. Like I know, I started getting accommodations at a community college, and personally, I found my community college did a really good job. In terms of accommodations, it was pretty nice the way that they did things. But you know, I also need to acknowledge that getting accommodations is a privilege. Yeah, right. Because it, it's a lot to get accommodations, it's a lot to get a diagnosis, you know, which is why being able to self identify, and self-diagnose is important because a lot of people can't afford the 1500 something dollars or more. You know, a lot of times it's not just a \$30 copay. It's like you have to pay out of pocket. You know, like when I had to get my oldest son re-diagnosed, I think was like five grand out of pocket with medical insurance.

[00:18:10] **Eliana Madera:** I was trying to get DSP accommodations at Berkeley. And I literally had to explain, hey, I'm just gonna put aside all of my sensory issues, because I can't get proper documentation. Because it's impossible for me. It's, it's too expensive. You, there's hardly any people who can actually, you know, diagnose. I only have so many spoons in the day. And so, you know, the person I was talking with, she was like, Oh, you can just be in the process of it. And that's enough. And I'm like, no, no, no, you don't understand. I cannot do that. And so I know, you, you said to me previously, like, Oh, we're not looking for a specific answer, or, Oh, we just want to understand your symptomology. But you don't, yeah, if you don't have documentation for every little part of your diagnoses, or every little part of your experience. And that's considering the fact that a lot of conditions are co occurring, because not only do I self identify as having, you know, ASD through a solid year of just research and research and research, and even then I'm like, but maybe I'm not even though everyone around me is like, yeah, you are, but like, I have generalized anxiety and I have some OCD like tendencies, and you know, it's all these different things, and to get documentation for every single one, especially if your symptoms don't match perfectly with the DSM. It's, it's borderline impossible. And so, you know, that's kind of like a problem with the process by which DSP, especially at Berkeley is run in accordance with documentation rather than self-identification because of the you know, notion

that like, Oh, we don't want people who are lying, or oh, we don't want people who are taking advantage of the system. Right, even though why would you want to deal with all the hassle of DSP and trying to get your professors to listen to DSP? I mean, it's not an easy process. And I'm, I mean, sure, maybe there's a handful of people who do take advantage of the system. Right? But are you really gonna let a huge chunk of students be unable to access your service? Because of a handful of students? I don't know. That's just like my problem with that. I mean, I recently went through the process of like trying to get DSP accommodations, and I'm not done yet because I need more documentation. Right, apparently. But yeah, that's why it hits a little too close to home for me.

[00:20:42] **Nathan Tilton:** For those of our listeners who don't know the acronym, DSP, this the Disabled Students Program. That's what we call it here at Berkeley, it might be called something else where you're at. Yeah, or where you've been. And yeah, it's, it's a frustrating process, right, I found the best accommodations I received was when I was at my community college. When I transferred to Berkeley as an undergraduate, as a junior transfer, I still have the same accommodations, and it went for the most part pretty well. However, when I became a graduate student, as a master student, it was very difficult. I mean, keep in mind, it was also the height of COVID. So oh, well, fair enough. But at the same time, you know, once we were returned to school, or returned to campus, I should say, it was still more of the same where there were still difficulties in getting accommodations as a graduate student, because a lot of times in graduate school, it's frustrating, like, I chose Berkeley for a number of reasons. And Familiarity is one, this area's close for my families, too. But then also, a huge one for me was the fact that my accommodations, I didn't really have to go through the entire process again, like I had gotten into some other big name schools of Berkeley, and I'm not going to mention them, and they appear progressive. But when I asked about the accommodations process, I was told I'd have to go through the entire thing again, and get re diagnosed all this other stuff. They wouldn't accept the current diagnoses I have. And yeah, it was ridiculous. And so I asked, I said, Well, could you as a department, accommodate me, until my accommodations are approved? Until I can get into the system because it can take a while to get the system as you know,

[00:22:33] **Eliana Madera:** especially given that a lot of times those programs are very, very understaffed. Yeah. And very under-resourced, and financed.

[00:05:47] **Nathan Tilton:** –Exactly. But they said they wouldn't do it. So I was like, they didn't say that. They just left me on read, which told me they wouldn't do it. So I declined. And thus, here I am, I am still here. And it makes me glad that I'm still here because I'm able to continue to advocate here at Berkeley for our disabled students, undergrad and grad students and professional students. It's one of the things I find is a lot of times the university does not understand the difference in the disabled populations on campus. Yeah, right. Like they don't understand that disabled graduates experience things differently than disabled undergrads, staff and faculty. And as a graduate student, like we live kind of like dual lives, right where we're one end, like the disabled students program, DSP covers our academic accommodations, but then the HR or whatever they call is similar to HR, or a part of HR handles our workplace accommodation, because we often work as graduate student instructors, TAs, we work somewhere on campus doing other things, which is very common for graduate students. And

that's where we've, we find ourselves in a pickle a lot of the times because they it's often one of those things where a lot of grad students don't realize that their accommodations have like their workplace accommodation has to go through HR. And they're thinking DSP, I already have DSP Why do I need to go get new ones, and then they work for a professor who's not willing to accommodations. And then it's like, you know, like, we're saying, you can take a long time to get accommodations. By the end of that semester, it's over. And you know, you look because let's face it, unfortunately, graduate school, and for those y'all don't know, there's a lot of politics and a lot of networking involved in it, which can be very ablest in itself. Yeah. And now you have like a bad name because you weren't able to do XY and Z, do your disabilities because they couldn't accommodate, because you didn't have an accommodation. And now you're blacklisted.

[00:24:44] **Eliana Madera:** Right. And they and they say like, Oh, we don't discriminate based off of that, but because it's so network based and because it's so intrapersonal like yeah, you can say on paper. We're not gonna discriminate against you, but that doesn't mean account for personal "qualms", with your disability. And so it's kind of a difference in, you know, official policy and you know, kind of what actually happens. Yeah, it is interesting. And there's also, you know, a component of difference in terms of how DSP not just on the undergrad versus graduate level, but also on the level of, or a accommodations as a whole, not just DSP, there's a difference in grouping together, different types of disabilities. And so, you know, often within DSP, you know, there are physical disabilities, there are intellectual disabilities, learning disabilities, sight disabilities, you know, their mental health issues also qualifies, because it can be disabling to certain folks life. And you know, it's all kind of grouped together, and it almost creates this kind of, like hierarchy of what's treated as severe enough or more worthy of accommodations. And so, you know, that kind of creates, you know, an issue, especially in the realm of, okay, let's say you have a physical disability, that's very visible. Yeah. Because some people have physical disabilities that aren't visible, it is much easier to justify your need for accommodations versus something that's, "in your head."

[00:26:20] **Nathan Tilton:** Right. Well, it's deserving versus undeserving. Yeah, essentially.

[00:26:25] **Eliana Madera:** And, you know, that's not to say that even folks with physical disabilities that are visible have an easy time of getting accommodations. That's not Yeah, no, of course not. Like, that's not the thing. But there is a discrepancy.

[00:26:40] **Nathan Tilton:** Well, it's a huge discrepancy. I mean, I feel there's a reason why a lot of veterans don't apply for their benefits. You know, and that's often because if they don't physically present as disabled, then a lot of times they don't feel they deserve it. Yeah, they [feel that they] don't deserve their benefits. And so a lot of them won't file until years later, when it's like their last resort. And it's like, you know, they're at their end of their rope, literally, and figuratively, and they're just like, Okay, I need help. And, you know, years and years of their family, or their friends are prodding them and saying, hey, you need to go get help go get help. And they're just like, they don't want to take up room in the system. Yeah.

[00:06:52] **Eliana Madera:** And then there's also the element of, you know, toxic masculinity. That's very much a thing, especially in my experience, the Mexican side of my family, like

Hispanic folk, and I'm using Hispanic because that's how my family identifies. I know that there are some problems with that language. Some people prefer Latin x. That's how my family identifies. I just want to like, clear that up. That's why I'm going to be using Hispanic. But basically, you know, there's this kind of like machismo where it's like, I don't need help, like, What do you mean? Like, I am just going to tough it out. I don't need help, right? The fact that you even insinuate that I need help, like, what do you think I am? a pansy?

[00:27:57] **Nathan Tilton:** Like, yeah, and that's, you know, I've been there myself. It's, it sucks. Yeah. And it's, it definitely has kicked my butt in the past, and why I've been fortunate to seek help and get my own therapy done and everything. But yeah, that makes, you know, leads me to another question. This is a bit off-topic. But, you know, I wonder is there like, a female or woman identifying equivalent to toxic masculinity? You know, I mean, I, you know, it just makes you wonder, because if there's one side to one thing, it makes me wonder if there's another on that end, because I know, because sometimes you do have some women who feel they have to be the rock of the family, they're not allowed to seek help. If they do, it's like a sign of weakness for them.

[00:10:18] **Eliana Madera:** I mean, they're kind of as an equivalent. I mean, a lot of times AFAB folk or women are afraid that they're going to be perceived as emotional, or that they're going to be perceived as dramatic or, you know, things like that. Especially POC folk. I mean, I can't speak on the black community

[00:28:58] **Nathan Tilton:** –or angry black woman stereotype. Yeah, just highly problematic.

[00:29:03] **Eliana Madera:** I can kind of see with like, the Hispanic, you know, like the Latina woman who's like, overly emotional screams at the drop of a hat. And it's like, no, can we not chalk up certain emotional and/or mental health issues to just being “crazy”. And I find that's often a thing that is pretty prevalent, and causes a lot of women to, you know, kind of go overlooked. And, so it's like, kind of similar, where they're very, very self aware, like, I don't want to be perceived as crazy, right?

[00: 29:43] **Nathan Tilton:** Well, it's not I mean, what women were considered throughout history is like hysteria. Right? It's linked to that, where it's basically like any mental health issue was just hysteria.

[00:29:50] **Eliana Madera:** Yeah. I mean, hysteria and of itself is kind of an interesting topic, because it's basically like the wandering uterus, which is hilarious. It was thought that any issues that a woman had, it was because of her uterus, and people genuinely thought that.

[00:30:08] **Nathan Tilton:** They also believed in what, bad air?

[00:30:12] **Eliana Madera:** yeah, bad air. Also, like blood leaching, but like hysteria is a very specific one, where it is used where if you are not fitting within normative standards, if you are acting out, if you are anything but like a docile woman, wife, mother, whatever, you're characterized as hysteric. And that kind of bleeds through to today, you know, a little bit with like

stereotypes. And you know, although white women statistically have a higher chance of actually being taken seriously, it's still a problem.

[00:30:52] **Nathan Tilton:** Well, it's like in the BIPOC communities, right? You have psychosis, psychosis was associated, right? There's a book, Karen always tells us about it. And for our listeners, Karen, or Dr. Nakamura is the director of the lab and my advisor. And yeah, she always referred to this book called *Protest Psychosis*, right, where it's basically you know, during the Civil Rights Movement and looking at people who were protesting for civil rights, and they were trying to say it was basically a mental health issue. You know, they're out there protesting, doing the right thing, and trying to get just rights, essentially. And they're basically being looked at and hospitalized. Yeah. And we still see that today, right? We still see that now with policing issues, where it's like, they do it to a lot of black and brown folk...

[00:31:40] **Eliana Madera:** Oh, it's basically the idea that Brown and Black folk are more likely to, you know, die because—

[00:31:48] **Nathan Tilton:** —of the way their arteries are constructed.

[00:31:49] **Eliana Madera:** Yeah, like because of “biological differences”, even though that's not how that works. That's not how that works at all.

[00:31:58] **Nathan Tilton:** Riiight. That's one of the things I feel is extremely screwed up. Because a lot of times, the medical model is used as a way to continually oppress people, scientific and medical racism is still 100% a thing that continues to this day,

[00:32:13] **Eliana Madera:** It's-it's slightly better and it's more conspicuous. But you know, it's, it's still kind of there. I mean, a majority of doctors still believe that, black people tend to feel less pain, even though nooo?

[00:32:29] **Nathan Tilton:** Right. No, that's a continual thing, right? Where you have Hispanic or LatinX women where they're like, “Oh, this must be like your thousandth pregnancy” or something ridiculous like that. Right? “So you don't really need an epidural, because you've been through this so many times”. And it's a continual thing of medical racism. But anyway, we're entirely off-topic. And maybe that needs to be a whole episode to itself.

[00:32:54] **Eliana Madera:** Yeeaah, you know, you can go on upon, you know, the intersectionality of race and disability and the medical system forever.

[00:33:05] **Nathan Tilton:** Oh, yes. But back to accommodations—and for our listeners out there—I definitely encourage you to get accommodations if you have the resources to and that's and that's why I go back to it that, if, you have the resources, because a lot of people don't have the resources. When I had to get my oldest son re-diagnosed with autism, I think it was like six months or something before he could be seen and that was just one appointment. And so like the whole process was like an entire year or year and a half maybe where it was like, first part, it was like a A and B evaluation, it took six months to get the appointment. And then A was like,

“Okay, here, I'm gonna monitor you” and then you know, kind of a check-in. And then the second one is like, “Okay, now it's gonna be more testing and then official diagnosis and—

[00:33:53] **Eliana Madera:** —and that's for an individual who fits the “profile” of what a person with ASD looks like, for the most part. I mean, that's not including the racial bias, of course, but like, a young boy, right? Whereas, you know, if we look at adults, or women/girls, or AFAB folk, generally, it's very much an issue.

[00:34:17] **Nathan Tilton:** Right? And it's a continual issue. And that's why I say, you know, if you do have the resources, then definitely I encourage you to seek out the accommodations. But unfortunately, that's also a part of the system—the system itself to get them is a very taxing system. And you know, for somebody who has limited energy units such as spoonies, right, like myself, or EI, it's like it navigating that process is a whole job to itself.

[00:34:48] **Eliana Madera:** Yeah. Because what a lot of people don't realize is, it's not just going to your doctor and asking for documentation and then getting the documentation, it's calling and rescheduling and getting referrals. And even having a PCP and even having, you know, the opportunity to have a PCP who listens to you, or a therapist who listens to you. I mean, post COVID, there's a huge medical shortage, especially with regard to therapists. There's also the financial barriers and things of the like, but especially for folks who run into obstacles, I don't think people realize how taxing it is. It's like being on the phone with your bank or your insurance, where it's just calling and emailing and texting and emailing and texting and emailing.

[00:35:32] **Nathan Tilton:** And it's the worst. I hate that.

[00:35:34] **Eliana Madera:** I've had to do it so often, this past year, I have to do it again, because one of my referrals to a rheumatologist—because I don't know what's wrong with me—but whatever, got lost in the system. And they were like, “Oh, we don't have it.” And I was like, “I cannot keep doing this.” And I'm gonna have to go through the process again. But like, what else are you supposed to do?

[00:35:56] **Nathan Tilton:** Not to mention their hold music is always horrible.

[00:35:59] **Eliana Madera:** Oh jesus.

[00:36:00] **Nathan Tilton:** You know, like, the VA always has the same, like a late 90s, horrible hip hop beat that someone made on Fruity Loops. That was just like, absolute garbage.

[00:36:10] **Eliana Madera:** With my bank, it's very much the repeating messages of, “Chase values your time as a customer”, and it plays every five minutes. And I'm like, “I'm on hold for an hour and a half. Stop playing. I'm going to smash my phone.”

[00:36:25] **Nathan Tilton:** Yeah, I really struggle with the automated recording bots, because they're like, “Oh, press one for this or say this for that,” and I'll say something. And they'll be like, “I didn't understand you.”

[00:36:36] **Eliana Madera:** Or sometimes it's too general. And I'm like, "but which category does this fit into?" Because technically, you can make an argument. And that's just my brain overthinking things. I hate vague statements. But maybe that's just the -tism.

[00:36:48] **Nathan Tilton:** Well, I mean, I'll tell it like something like super specific and it's like, "I didn't understand" and it's just like, "I don't know", you know, I'll be like kind of losing it, talking to this bot and I'll just start yelling at it, and then it will be like, "tell me what you need." And I'm just like, hanging on by a thread when I'm talking to them. But anyway, we only got a few minutes left, and we are so off topic, but-

[00:37:16] **Eliana Madera:** Eh, it's fine.

[00:37:17] **Nathan Tilton:** It's fun. It's all good. Hopefully, our listeners can follow us in our maze of thought bubbles. But-

[00:37:26] **Eliana Madera:** -yeah, that's what happened when you put two neurodivergent people on a pod.

[00:37:30] **Nathan Tilton:** That's true. Before we close out any any other thoughts?

[00:37:34] **Eliana Madera:** Um, I do have one, one kind of just general statement for those of you who are navigating through the process of accommodations. I wish you luck. And I sympathize and empathize with you. I'm currently going through it right now. We got this. It sucks, man. That's about all I have to say.

[00:38:08] **Nathan Tilton:** So as we conclude today's episode, you know, we hope you gain a deeper understanding of academic ableism while we ran around in our neurodivergent thought bubbles and RIP Stoven severs thank you for the these concepts. I feel they've been very valuable.

[00:38:24] **Eliana Madera:** And to our listeners, thank you for tuning in to another episode of The MadCast. We'll be back soon with more discussions on disability and academia. Until then, stay tuned and stay inclusive.