IL-NET, a project of ILRU presents

Disability, Diversity and Intersectionality
in Centers for Independent Living

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Summary of previous evening discussion on reaching out to and working with new Americans
Presenter: Susan Dooha

TIM FUCHS: You know we're going to be working on the action plan next, so getting really specific about next steps, and what we're going to do when we get back home. But I think we've got plenty of time for that on the agenda, and I wanted to just acknowledge Susan and all of you. I'm going to step out of the projector wash here, who took the time to meet last night. I had a call I had already committed to, so I'm sorry I couldn't join you. I was thrilled this morning to hear how many people showed up and how well that went, and as a recap, regardless of whether you were there, and as a summary for those of us that couldn't be there, we thought it would be great to have Susan recap some of the high level topics that were discussed and some of the resources you all can consider and of course Susan graciously said yes. So, Susan take it away.

SUSAN DOOHA: I said yes because we had such a great experience last night. I felt everybody in the group really had something to contribute and people were directly on point, and people really had a lot of knowledge that I'm not sure everyone in the room understood was resident here among us.

And that was just fantastic to see. I suggested that we convene, but many of you here made the session what it was, and for that, I thank you.

[ Applause ]

Well, so we met last night to talk about reaching out to and working with new Americans. We talked about current threats to newcomers and their families, and even to people who may come from the same communities. We talked about finding resources and connections within our communities to work together with people who are helping and to find ways to help ourselves, for those being kept in detention, for their family members, for the children who are in terrible situations.

We talked about bringing the resources that Independent Living Centers have, and we talked about bringing other resources that would generally be beneficial. And working our way in the door to become a helper.

We talked also about the current climate. We talked about the potential for ICE raids anywhere in the country, and the fact that they are coming everywhere. They are coming to workplaces. They are coming... You name it. And how disruptive that is, and we talked about how it affects our consumers and our staff, and our volunteers, and our communities.

We talked about having a kind of an emergency plan or, if you will, a risk management plan. Anybody here have an emergency plan for their Center? Very cool. Very, very cool. A risk management plan, have you thought about the risks to your center? Excellent. A lot of risks that we don't think of.

So, we talked about preparing a plan, and some of the elements of that, which is finding organizations that are local or National that can help provide guidance. We talked about seeking counsel, pro bono counsel, that is specializing in immigration law, because it's a very, very specific body of knowledge, not for the faint of heart or the generalist.

And we talked about knowing what to do if ICE comes knocking and wants to come in, and wants to take people, wants to look at your records, and what do you and don't you do? Talked about knowing about international law, and consulates, and the role that they play in assisting people.

We talked about reviewing records and notes to make sure there is no unnecessary information provided. When you are keeping notes, you are keeping notes of those things that are relevant to the service provided. You have nowhere in the ACL report that we do or in your local voc‑rehab reports to put in people's status. There is nowhere that has to be recorded, and in fact, it should not be.

We talked about helping people understand their rights, and where to get help. We talked about training staff on all of these issues, and what to do. We talked about having a plan to become more knowledgeable, to help to develop a kind of, I don't know what you want to call it, a risk management plan, an emergency plan that is appropriate to the times we're living in.

And we ‑‑ what we came down with was the idea that it might be really helpful, and I'd like to get a sense from you, if we were on target, but we thought it might be really, really helpful to have a webinar, a training, resource lists, some materials, some protocols of what to do should ICE come knocking. And maybe there are other situations you want to talk about, too. There are other contexts where people are losing their status.

There are children involved, and what are the rules about guardianship in your states? And what is going to happen with the children who are abandoned at school when their parents are swept up, even just to be released later because they were caught in the drag net.

So I want to really get a feeling from you: If we were to do something along these lines, a training, kind of sample guidelines, resources, give me a show of whatever you've got, a hand, a nod, a wink, to tell me that you think this would be useful…

AUDIENCE: Yes.

SUSAN DOOHA: …to you and your colleagues. Wow! You know, this all came out of your discussion. You are really amazing. You're very current, and you're very, very right that this is what you need to know. I'm so excited, because I really think we're going to be able to get to work on this. Thank you.

[ Applause ]

Yes? People have questions, comments?

AUDIENCE MEMBER: This is Maureen. I also think it's helpful if we could address the same kind of best practice, templates, policies, on a shooting, active shooting in the centers. These are other ways to ‑‑ other things we need to be including.

SUSAN DOOHA: That's very good. Violence. I don't know about you guys, but we have staff who are out in the community. Remember, I told you we don't wait for people to come to us. We are out everywhere. And that means we're in places where there are big crowds, where people come who are violent, and who have a lot of rage, and who have access to heavy weaponry. So, a lot of people are interested in doing active‑shooter kinds of trainings, and I confess, this has been for me the hardest thing to do for my center. Because I've read and viewed all the exercises and all the standard advice, but I haven't figured out yet how people with certain disabilities are actually going to be protected by the advice received. Yes?

AUDIENCE MEMBER: I just wanted to piggyback off of that, because if you feel like that can't happen in your CIL, I live again in a small town, and we recently had one of our employees kidnapped in another town, brought to our center, and he let her come inside to get money, where she told us what was going down, so we had to lock down the building. There were guns drawn because obviously the police came, and it was a very scary situation for my staff. And they didn't know what to do and I was off because we were moving into our new house that day.

And when I got there, they were like: Yeah, we were standing in front of the windows watching. I'm like what were you doing? So having those plans in place is actually super‑important because even if you think it's never going to come to your small town and it's not going to happen there, I promise you, one day it very well might.

SUSAN DOOHA: You're so right. I worked for a politician early in my career, and a woman I worked with who was very, very, very dear to me was experiencing domestic violence. And one day her husband came to the office and shot her in front of all of her colleagues. You know, anything can happen, and generally will. And not to be paranoid, not to be overwhelmed but just to be prepared is always a good idea, right?

Yes, Elsa.

ELSA QUEZADA: Thank you. I would also like to recommend trauma‑informed care training. Given the society we're living in, and for our staff, and really helping to support our staff that are dealing with this trauma that is coming in from our consumers, they're going home with it. Many of our staff are people with disabilities, and I'm looking for that type of training. You can usually find it through mental health, but it would be really great if we got it right here.

SUSAN DOOHA: Wonderful idea. Wonderful idea. We're all contending with a lot. Wait a minute. Oh, I'm sorry, I didn't know you had the mic.

AUDIENCE MEMBER: Hi. I had a follow‑up comment to Elsa's comment. So I have dealt with, in two different organizations, someone in immediate mental health crisis, and there have been times ‑‑ and we didn't really have a procedure really for how to handle that. So, I kind of was sort of like subtly texting my supervisor under the desk to get guidance because I was in a one-on-one meeting. And personally, I am very wary of sending someone involuntarily to in‑patient treatment, as well as calling the police, which tends to be the immediate response for people.

So, I wonder if we have some sort of plan for that, to protect people from more trauma that they might experience.

SUSAN DOOHA: Yeah. There are a lot of issues there, issues for the individual involved. Certainly calling the police can often lead to disastrous encounters. But at the same time, we have a duty to the people who work for us, who volunteer for us and the other people who come to us. And how do we find a way to integrate our obligations and to take a course of action that we have thought through in advance?

Yes, Anita.

AUDIENCE MEMBER: So, and I'm thinking that these are all wonderful ideas, and I'd like to add another one, and it may not be applicable to a lot of CILs. But I look at the whole thing around police brutality, and how for some of us, you know, especially those of us of color, those of us who are black, men and women too. A lot of us are scared to leave our houses for fear that we're going to encounter police, because we're living while black or doing something while black. I'm pretty sure that especially at some of the CILs in the urban areas and in areas that have a high population of black folks and folks of color that this happens, it's gotta happen a lot.

SUSAN DOOHA: Yes.

AUDIENCE MEMBER: And I'm pretty sure that there's CILs out there who's had staff come to them and say: Hey, I got stopped by the police, or someone's attendant was late because they got stopped by the police, or someone with a disability got stopped by the police. And I think that's something that the CILs, as we are educating ourselves on what to do about new Americans and ICE and all and dealing with domestic violence and active‑shooter situations, that we also find a way to deal with the aftermath of police trauma and police brutality.

SUSAN DOOHA: I hear you. That certainly does happen plenty, and people with disabilities are disproportionately represented in people who have violent encounters with the police.

AUDIENCE MEMBER: And I just wanted to address the young lady in front of me. Sorry, I don't know your name. But they actually, my staff is going through mental health first aid training. It's an 8‑hour course. My State provides it and we're having a trainer come in and provide that training. So that when someone is in mental health crisis, we're not just trying to wing it and they know what to do. So, that might be something that you want to look into for your staff.

SUSAN DOOHA: I'm very interested in looking into different models of that, that may not focus so heavily on diagnosing people, because when you have a bunch of really well‑intentioned lay people, trying to diagnose someone like me, with serious depression, you can get into dangerous stereotyping territory. And so, I would be open to this kind of training if it also focuses on strategies more than trying to make you a psychiatrist. Just my French. Yes?

AUDIENCE MEMBER: Speaking kind of to Anita's point, what we're doing, all of us -- most of us who work for our CIL are actually very kind of community‑involved, and so what we're trying to kind of merge together is an awareness training of folks who are undocumented that face severe, severe police repression who also have disabilities, and black people in their communities who face tremendous police repression, just out living life and bringing into commonality the source of these threats. The treatment is often the same. If the parents get picked up, what is to be done with the kids? And bringing these communities together to address these issues, but specifically highlighting the aspect of disability, and what do people with disabilities do in those situations?

Because then you have now 3 and 4 levels of oppression in dealing with this issue and bringing those communities together to see more closely that there's more shared in these miscarriages of justice than not.

SUSAN DOOHA: Very insightful, thank you. At the back table.

AUDIENCE MEMBER: One of the things that we've been doing, because we're so diverse, we have borders and we have military and we have very rural areas, the best thing we found to be proactive is invite all the partners, everyone to be at the table that can be there from police, border patrol, to anyone in government, anyone we can invite that's going to participate in emergency preparedness, in the overflow of immigrants coming into our counties, all those things. And we either do a focus group or even as I think it's a National advisory group, get the strategies that some places do. But I think until we come to the table and we have relationships now about evacuating people in one county because the Colorado River there, people with disabilities, a service animal, how to get them on a boat, how to get electric power chairs in there, so it was an awakening of education and empowerment, and also advocacy.

So that's how we started there, and we're still growing. We're still doing that because it's a large community and we have such a diverse not only by the, you know, by the borders and also by California and by the Native Americans, their sovereignty. So like they were saying, learn to play with everybody and learn to work with everybody, and it's something that takes a process.

So, we started that process but I'm looking at maybe an Advisory Board nationally to see what other areas might have those needs and can work for us as well as others.

SUSAN DOOHA: Yes.

AUDIENCE MEMBER: I think all of these ideas are wonderful about training, trauma‑informed care, active shooter training and everything. I want to just throw this out to make everyone aware ‑‑ and you may already be aware ‑‑ but as a person who has PTSD because of a domestic violence issue, just be aware that there may be someone on your staff that these types of trainings may provide triggers for. And I had actually had this personally happen a few months ago when every staff person was required by our university to take a course on sexual harassment, and I got through the first module and lost it.

And thankfully, they did accommodate anyone, including myself, and I did not have to take the course. And I didn't realize though how badly it had affected me until I literally shut down for 3 days. I was taking off Friday, and I shut down for the next 3 days because I couldn't function. Because it triggered so many memories, so many flashbacks and I had not had flashbacks in years, and I had so many.

So just be aware of that, because although all of these are great things, you also may have staff that have issues that you may need to address.

SUSAN DOOHA: Thank you for sharing that very personal experience, and your learnings from it.

We have a lot of ideas now, and we're going to have to go back and think about them. You know how to get in touch with us, right? So that if the discussion continues and you have thoughts about making our ideas real, we get to hear from you.

I really appreciate your kindness in participating so fully. Look at how well we work together. Thank you.

[ Applause ]

 [ End of Session ]