

xDAWN ep3 (2)

Welcome to Reimagining Disabled Futures, where we explore the intersection of disability, gender, and social justice. I'm Neshwalena Khan, Senior Research Associate at DAWN Canada. On this episode, we're exploring a theme that's close to our hearts, the Feminist Economic Recovery Project, part of the larger Mapping Our Future, a 10-year vision for change for women with disabilities project.

The project is focused on understanding how women and gender diverse people with disabilities access essential services, housing, financial support, and care. The conversations you'll hear on this episode are part of a larger effort to create more inclusive and equitable systems that serve those most impacted by gender-based violence, systemic exclusion, and economic hardship. This is the first of three special episodes where we'll be sharing insights from participants of focus groups involved in this project.

We're honored to have the opportunity to amplify their voices. In this episode, we'll hear about their experiences, the barriers they face, and their ideas for a more inclusive feminist approach to recovery. And now, here's the show.

How do you define living well in relation to your overall well-being? Keegan? Hi, everybody. My name is Keegan. My pronouns are they, them.

To me, living well means having the resources that I need to survive and thrive. And so, it's not just about basic survival, having your basic needs met and that alone, but also your needs for connection and for creativity and for all kinds of things that are just much more robust than just having three meals a day, a place to sleep, and that's it. I also think it takes into account how systemic oppression, like racism or ableism, would account for those things.

And ideally, we live in a society where ableism and racism and other forms of systemic oppression weren't so prevalent in our lives and didn't make things feel so terrible all the time or for so much of the time. And so, that would look like, to me, people being accepted for who they are and that our society would be much more accommodating in terms of having different options for people, having different types of support available, and recognizing that people don't have to fit into the mainstream in order to get their basic needs met or to get their needs for connection met, but that they can exist just as they are, just as they're born, whatever that looks like in whatever way and still be included and still have access to opportunity. Thank you.

Anyone else want to jump in? Wanda and then Natasha. For me, I would say there's alignment. So, considering the components included in overall well-being, in terms of living well, those components are being supported.

Yeah. And so, just to use the term, like the resources are there. I would say that I'm able to prioritize.

So, those components of overall well-being, in terms of living well, I'm able to prioritize. There's chicken egg here because being able to prioritize would mean I do have the resources, I do have the support to make that happen. And then, I guess, to take a step right back, saying, you know, to be aware, like to be aware that being able to live well means I'm aware, you know, of those needs in relation to my overall well-being.

In terms of making everything happen, I guess I would say, finally, there's, you know, a balance between one day at a time, if necessary, but then being able to think for the longer term as well. So, not too much of one or the other. So, not, you know, thinking too far ahead and like maybe inducing anxiety unnecessarily, but then also, you know, also being able to feel like I can live more than just, you know, for the moment, if looking ahead is helpful for, you know, for planning purposes and things like that, but then also being able to just enjoy the moment, enjoy the day.

Thank you so much. And Yeah, hi. So, what Keegan and Wanda said really resonated with me, but I wanted to add also an element of choice, because for me, a lot of choice has been taken away where, you know, on top of some physical disabilities, I'm almost COVID vulnerable.

So, years ago, I was able to, you know, make the choice to go to different grocery stores, and I could afford to, and I could eat more foods, and it was safe for me to do so. So, I could choose between those stores. I could choose what I want to do today, or how I want to access medical care, or there are a thousand things like that.

But so often now, you know, maybe there's only one option for me, or the only time I'm choosing is between two options that will both make my health worse. And I think in order to live well, and of course, you don't always have choices in life, but I think a lot of the time living well involves being able to make decisions that sit well with you and feel good to you, and add that element of personhood and individuality. Thank you so much.

Zima? Yeah, really resonating with what everyone has mentioned so far. And I think when I think about living well, like the core elements for me are access to community and connection, being surrounded by people who care about my well-being and who, you know, share maybe part of my intersections or understand like who I am in the world. That's really important to me, having those close people around.

Having control over your time, like having freedom within how you spend your time. So having the ability to control your time and be flexible, which is like a very big privilege a lot of the time. Having some kind of connection to the land, like connection to nature or the land, or like planting is really important to me.

And then also access to like non-Western healing modalities. So connection to like a spiritual practice or connection to Eastern healing methods that are just kind of outside of the Western like medical system. And like support to access like benefits or community support to access those methods of healing as well.

I'm going to take it to Margaret. So for me, it's interesting. I wrote down originally, I said balance mental, emotional versus physical health.

But now I rewrote it to balance mental, emotional, and physical health. So just trying to find a sweet spot where I can get some physical wellbeing, emotional and mental calmness is very important. I think also for me living well is to be able to successfully, boy, this is a lot of S's, successfully self advocate.

As I get older, I am 60. And now I am bringing, I'm, I'm feeling two different lenses. I'm feeling a bit of ageism happening and I'm feeling definitely some ableism and just being able to look after myself successfully in a positive way, but also speak up when I need to.

I've heard a bit of some of the factors for how people live well in relation to overall wellbeing. I wanted to know resources that people do have access to, or resources that might be more challenging to obtain in relation to living well, Keegan's and then Wanda and Fatima. I think racism is a huge barrier to wellness for me personally, or like anti-Blackness specifically.

Just like, you know, engaging in any institution, there's always going to be that hesitancy of like, are these people going to make my life a living hell? Is this going to be an awkward situation? Like, can I trust that these people have done the work to understand their place in society? Like how white supremacy and racism functions, like, and all these things. So that makes it really difficult. I would say like financial barriers, like right now I'm on long-term disability from like, and I'm very, very grateful that I have a job that even has long-term disability in the first place.

Cause that's not something I could have said my entire life, but I know many people can't. But you know, kind of living on a reduced income, getting paid once a month, like, you know, and I, you know, I'm largely financially responsible for myself. Like I have been for, I'm 28 years old and I've been living away from my family of origin and like paying kind of my own way since I was 17.

So a little bit more than 10 years now. And so, you know, there's always that kind of fear of, you know, hopefully, you know, something crazy, like, you know, something doesn't happen and I don't have to pay some huge bill that I wasn't expecting or, you know, like, and yeah, it was just like a lot of scarcity feelings. And even now, you know, like wondering how much longer I'm going to be allowed to be on long-term disability.

Like what I'm going to do after really contending with the reality, like, am I too disabled to work a full-time job now? Like type of situation. Like, so these are all thoughts. I'm just going to read those comments in the chat and go back to the larger group.

Margaret said, I live in a small rural community and I'm fortunate to have access to a publicly-funded psychotherapist and doctor at present. And Margaret also added, lucky to have a network of support I can reach out to if I have questions. I'm going to go based on hands that are up on the screen.

Natasha, I'm going to miss the order. Yeah. So I have been having a lot of difficulties with accessing medical care and accessing prescriptions.

And I think a lot of that is that with my conditions and how I present, I face a lot of medical misogyny and gaslighting. And so I went decades being told that my problems were anxiety and then had to really, really fight to see the proper doctors and get testing and things like that. And even now, my cardiologist has disappeared again, and with it, my access to my heart prescription.

And so I've been having a lot of issues with that. And so it's been a real struggle in terms of knowing what care I'll be able to access and if it's something that's going to be taken away, thank you for sharing. For me, I think living well, is again, like this type of balancing act, I have to kind of, kind of curate my life a little bit.

Because there's a lot of, I guess I could say triggers that kind of exacerbate my conditions. And so I have to kind of avoid certain things in order to not make my health issues so bad that like, you know, I collapse in public, or I have to be dependent on other people all the time. And I think living well, for me is avoiding addiction habits, and trying to be present in the moment.

Because that way I can advocate for myself, because if I'm not present, I can't be there and advocate for myself when people are not the most understanding of what I'm dealing with. It's been very important to find a workplace where I do get accommodations when I'm like, unable to get my responsibilities done. So that's been very helpful.

And another thing that's been really helpful is I have, I've met some people who are very understanding of my condition. So I have a mental illness where I, you know, see and hear things that are not there. And there are a lot of people who, there's a lot of stigma and prejudice against those who do.

So it's important to find those, you know, friends and therapists and doctors who are really respectful of the needs and don't fall into the prejudice traps that a lot of people with disabilities face. Thank you so much, Naheem. I'm gonna let Fatima go and then move us along.

My comment was more just on the resources you currently have access to. And I just kind of want to mention that I recently became part of a union and I have benefits for the first time. And that has really changed my life a lot.

Having access to benefits has been like, yeah, game changer. So I feel very, very, very blessed for that. And I'm going to just read out the chat real quickly.

So Margaret wrote, for me, it is challenging to find resources regarding how to successfully age with a lifelong disability and more specifically age as a woman with a lifelong physical disability. Thank you for putting that in the chat. I'm gonna let Erin facilitate the next part.

My question for you all is, can you describe any obstacles you've encountered in accessing key

services such as housing, food, transportation, or home care within your community? Fatima? I think a big obstacle for me was like finding, first of all, finding a family doctor in Toronto and then finding a doctor that I trusted. And like, my concerns were like both with like physical and mental health, but then feeling really gaslit because by multiple doctors being like, oh, well, you're young, like you shouldn't be in pain or you shouldn't be like experiencing that fatigue, like you're like it's, and they wouldn't do the testing that like I wanted to have done. And then just like the protocol, I think for like mental health testing with your doctor or just that when it's like, okay, here's the survey, fill it out.

And if you don't trust that person and like, like I kind of would get like a little bit freaked out or like paranoid about like, okay, there's this person I don't trust. They're not listening to my needs for like my physical wellbeing. And now they're just like giving me the survey, like, how am I supposed to be honest and trust this person if they're not hearing me and, and kind of take the recommendations on whatever the survey will say kind of thing.

So yeah, I think just like having a lot of people who were very burnt out and like had turned off that empathy switch and, and couldn't hear my concerns, like, or made judgments based on like my age or things like that. Yeah. I think just like establishing trust with like when you've been, you faced like trauma within the healthcare system, building trust with the doctor, first of all, finding a doctor that's the right fit.

You don't have a lot of choice. So I think that has been my biggest obstacle is, is finding somebody that I can, am able to communicate my needs and get what I need from, from those services. Thank you.

I appreciate that. Before we go to Natasha, I just wanted to read in the chat, Erica's response to the question. How do I define wellbeing in relation to my overall wellbeing? Encompassing a holistic approach to overall wellbeing, addressing various aspects of daily life to promote a healthier mental state.

My general health stems from how I am feeling in my mental state, which results in my happiness and fulfillment for just about anything that requires my autonomy. What factors contribute to my ability to live well, access to healthcare and the constant changes with my clinic and their turnover of medical practitioners that resulted in barriers to completing my disability forms. Thank you, Erica, for mentioning those barriers as well.

I'm going to hand it back over to you, Natasha, to respond to our question. Yeah. So very much what Fatima said, I've had a huge issue with finding providers that I can trust.

And then when I finally come across those healthcare providers, like I've been so traumatized by the system and I've had so many years of not being believed or being told my symptoms are my fault and things like that, that it's really, really hard to have that trust and be able to express what's going on with me. And then that can be a barrier to treatment in and of itself if I'm not doing a good job explaining all of my symptoms and explaining where I'm at with my health.

But I've also had kind of some of those sort of logistical barriers to accessing health and wellbeing in other areas of my life.

So for me, transportation is a huge issue. I got a power wheelchair last year, and that has been absolutely life-changing because I can leave the house a lot more reliably. And I live near a park, so I can actually get outside, which is fantastic.

But in terms of getting to a grocery store with my COVID vulnerabilities, that's pretty risky. And if I need to go further than kind of my personal energy battery or my cares battery, then I need to get paratransit. And it has been an absolute nightmare.

It takes a lot of energy to wait for the service. It can take a long time. Booking is quite difficult for me.

And then, again, they don't have COVID protections. So in November, when one of the drivers was buckling me in my chair into the vehicle, he sneezed on my face, and I got COVID and nearly had to be hospitalized. And he'll never know the impact that he had on me.

But I'm coming into a lot of situations like that now that these protections are gone. I was trying to get to a doctor's appointment and to go get a wheelchair repair, and I had to get transit between the two. And so I'm at this point, like, really, really risking my health to access these essential services where there are no protections.

And the same thing came up with home care. I waited three years on a waiting list for home care. With my condition, I can't be awake for long periods.

So I had kind of a four-hour block where someone was supposed to come, and she never came within those periods. And so my blood pressure gets very low. So I either have to go to sleep or I'll literally pass out.

And so I was like, well, if you can't come at the time when I'm able to be conscious, then it's really hard for me to get those services. And I had sort of a essential home services worker who was sick enough to go to the emergency room with a respiratory infection and then thought it was okay to come. So I had to cancel that service.

And so even things like accessing food, getting transportation to my doctor's appointments, and getting help with preparing my food, with showering, with getting my laundry done, all of those things have become essentially off-limits. And I'm having to cancel doctor's appointments and tests that I would like to get done. And I'm really, really lucky I can rely on a couple of friends to go get groceries for me.

But a lot of the world has been cut off in ways that are now taking big tolls on my health. And I'm afraid that even more is going to be cut off because I can't access those things. Thank you so much for sharing that, Natasha.

I'm sorry that that happened to you as well, the story with the transportation worker. Keegan, you can go next. Yeah, I think like most people in this group, I've had really bad experiences with healthcare professionals, like with social workers, with psychotherapists, like the whole gambit.

And so that's definitely resulted in me being very hesitant to access care or having the opposite experience where I have a really good worker. I had a really great social worker for like two years and then she quit and got a better job somewhere else. And I was like devastated.

I was like, I'll never open up to anybody again. Thankfully, I was able to after a while. I was like, OK, actually, that's a lot because I need more help than I'm getting right now.

But it was just really hard to, you know, get to know this person. And I think it speaks to, you know, like how difficult the field is, how poorly compensated workers are, the lack of like worker supports, like, you know, like, especially, yeah, like just how organizations set workers up to fail and then that in turn sets clients up to fail. And yeah, I'm a type of person who there are a lot of times where I probably should have gone to the hospital for like either mental health related stuff or physical health related stuff.

And I was just like, there's no way, like, y'all are going to have to take me there kicking and screaming. And when I get there, I'm going to pretend that everything is fine and nothing is wrong so that they'll just quietly let me go. Like, you know what I mean? Like, just because it's so it's just so difficult to be in a vulnerable position and to be relying on people for help and then have them just discount your experiences, not listen to you, you know, be actively violent towards you or discount your very real experiences.

I think another barrier that I like so much is just like, OK, well, the trans, me being trans isn't a barrier. It's the transphobia in institutions. That's the barrier.

And often like, you know, that's one, especially being like, you know, whatever, non-binary, just like, you know, using they them pronouns. And like, you know, the way people interpret me is very different. Like, it just depends on person to person, what they're putting together is like this person is a man or this person is a woman.

And honestly, it could change just from me walking down the block. Like it's just someone calls me sir at the first store, the second store, someone calls me ma'am. Like, it's just, you know, like, I don't know what it is, but and that's honestly, I don't mind that, but it can be very scary going to institutions where you don't know what this is going to be like.

Or like there have been plenty of times where, you know, I've tried to access or, you know, I'm currently trying to access like addiction services and like residential services. And a lot of them are gendered, like either like men's recovery houses or women's recovery houses. And I appreciate, understand why that is historically within, you know, like the reasons why that is.

But it makes it very difficult for me because I'm not either. And, you know, being misgendered

for like three months or more at a time seems really difficult, but I can't like, there's only a few co-ed residential places in all of Ontario, let alone like the city that I live in. And so it's slim pickings.

So that I think that that thing about choice, again, is coming up a lot. I think just having the option, having choices, being able to be like, I think these things are wrong with me. Let's do these tests.

Or, you know, I think this type of intervention is what I need. I need this type of care, like, you know, and like being able to have that actually met. I think that was just, yeah, that's so key.

Thank you, Keegan. Appreciate that. In the chat, Margaret said, obstacle where I have been told my benefits coverage won't allow for a new device, despite physical need documented by a psychiatrist, etc.

I'm at year four and can now only get a new device at year five. So I sought funding from support from outside charitable organization. Thank you for adding that.

Do we have anyone else who would like to share any obstacles you've encountered in accessing key services? We can touch on housing, food, transportation, home care, etc. Any final thoughts you have on this question? For me personally, I've been like denied disability support. So financially, I live with my parents, I can't afford it.

And I'm very reliant on them for most things. So that's very hard. I think many people have difficulties navigating conflict with their families.

And I've had to deal with that a lot over the years, it's gotten better, but it's been a long journey. So not having that financial support is difficult. Thank you for sharing that.

So our next question is, if you have experience with financial support programs, could you share your insights? And part of these financial support programs can also include going back to when we were in like peak pandemic lockdown stuff where there was CERB and if you've tried to apply for CERB and if you were on disability benefits versus CERB versus other kinds of support programs. So this is really broad, but we're focusing here financial support programs on government financial support programs. If you have any experiences, obstacles, insights, feedback about how those programs are being run, please do share those experiences.

Wanda, you can start us off. Yeah, so I did qualify for CERB and that was really helpful for a number of reasons, including I was an entrepreneur when COVID started. However, to qualify for CERB, I believe the criteria was your income in 2019.

And I still had employment income from 2019. So I was able to qualify and that was really, really helpful because I had literally just launched my business before COVID. So I mean, I was still pre-revenue.

And then of course, all the challenges COVID brought for self-employment, for my family. Yeah, it would have been really difficult to not have it. And I realized CERB was not related, connected to disability.

It was people qualified. It was based on income. It wasn't a disability benefit.

So I realized that, however, given I am disabled, given my sons are, as I say, there were so many other challenges. Besides that, I would say that just a challenge that I've had was determining whether or not I'm eligible for the disability tax credit. So both my sons have received that, but not something that I've pursued.

I couldn't really get a straight answer from my diagnosing professional at the time. And then it's not on her. It's really on me because I couldn't get kind of a clear answer from her.

I haven't really pursued it. Thank you, Wanda. And next, Keegan.

Yeah. So earlier in the, I think this would have been maybe 2021. So not like the original, not like the first year, but still there were different restrictions and stuff like that.

I was having a lot of trouble paying my rent. And so I applied for an emergency grant with the city of Ottawa, where I live. And so I think that's provincial funding that they get to support people who, it's like a one-time payment for people who are being evicted, which I was going to be evicted.

I had served the N4s and everything. And so I had to submit a bunch of information, basically everything about my life and what I was up to and my bank statements. And there's a whole lot of, a whole whack of information.

And they thankfully did pay the two months of my rent that I hadn't paid. And then also an additional month. So that was really helpful.

It took a lot of stress off me. I mean, it is kind of vulnerable to have to be like, okay, here's my entire situation. And I can see why some people would be put off by that.

But I was like, I cannot afford to get evicted because I cannot move backwards unless my parents like, or like, you know what I mean? Like if I'm sort of pushed to shove, that's what I would do. But I just like, I would, there would have to be a lot of pushing and shoving, just like there's a lot of pushing and shoving that I just can't handle. And so, yeah.

And then I mentioned earlier that, so that was like that piece that was helpful, although invasive. And then the second part was the long-term disability that I'm on now. And I recently applied for that in February after a hospitalization where, you know, like speaking with the psychiatrist and the doctors, they were like, you cannot be working right now.

And like, you know, I have a lot of, I think our society is very, you know, pro productivity and it's easy to kind of tell yourself that, oh, things are not so bad or I'm fine. Like I can do this. When

like in reality, it's like, no, I really can't do this.

And so once again, that was a whole bunch of health information. I had a bunch of interviews with the insurance people. And so I think, yeah, like once again, there's, there's so many hoops, so much paperwork, so many forms, like, and for some people, like that's just not going to work.

Like, you know what I mean? Thankfully, I have the skills. And if I didn't, I have people in my life who I'm sure would help me and everything like that, but it's not easy to do this type of work. And so, or like to like apply for these programs and stuff, that's such a huge barrier.

And I feel like it should just be so much more easy. You just click a button and be like, I need help. And then there's an e-transfer, like, you know what I mean? That's what it should be.

It's easy, like simple like that, not all these questions. Thank you, Keegan. Would anyone else like to share experiences you have with the financial support programs? I've gotten in the chat as well, another one from Erica.

It says, I'm in the process of getting property and assets dissolved from the end of a relationship more than eight years ago. Despite being on income assistance and waiting for my court date to remove my name from the title and arrange a fair judgment by a judge slash court, I'm very limited to resources because the mortgage and land title shows as a monetary capital gain and disqualifies me from any support services to help with rental subsidies or support services in general due to their mandates with their funding departments to help me with accessing support services. Even though I don't live in the property and even though I've shown proof of a waiting for a court date to resolve this property and assets because I don't have any financial gain from it at all.

That's why I'm waiting for court to decide and divide the property and assets. But on my bank statements, it shows that I have a mortgage and it's always like, take equity out of the mortgage, which is hard to do when it's shared with your ex-spouse and hard to get a loan from your equity when you're in a trial case to get some sort of financial support. It's been one of the major reasons for my ongoing health concerns and my ability to live without barriers when it's far beyond your control.

Thank you for that. Next is Natasha. Yeah, so in terms of what was most helpful, I definitely found CERB to be really, really helpful.

It was enough that I didn't have to worry and that I could actually put a little bit more focus on taking care of my health. So, that was really, really nice when it lasted. I had a bit of a saga with applying for ODSP and working for much longer than I should have.

And, you know, some health professionals were telling me I really should stop because it was taking a toll on my health. But my doctor at the time, you know, so many doctors aren't educated about my conditions or don't believe me and things like that. So, in terms of having

those forms filled out, it was not worth it to try and to go through all of the difficulty and the stress of all that paperwork.

So, I eventually found a nurse practitioner who I could pay to do the forms and she did a great job. And I had a therapist, a psychotherapist who worked on a sliding scale at the time. So, she was able to write me a really good letter of support as well.

And so, I did eventually get and I got approved very quickly because I had a number of very complex health things going on at the time and still do. But in the meantime, I had to do employment insurance and I found that very difficult because they kept asking for more information that I don't think they were really supposed to ask. And I wound up feeling in a very, very uncomfortable position and sending them all of my ODSP application with my personal medical information and all of these letters and things that isn't really required.

But that's the only way that they would approve me and I needed to keep paying rent. So, it was a little bit of a difficult process in that way. And I mean, what matters the most in the end is that I stayed in my apartment and I was able to get by and keep living.

But it was, yeah, it was long and it was difficult. And I think it took more out of me than it should have. And there are a lot of issues in the system with that.

And next, Wanda. I was just reminded, I went through the RISE program for entrepreneurs with disabilities and or mental health conditions during COVID. And that was really, really helpful.

Some of the reasons I just said, I had only started my business just before COVID. But I mean, even if it wasn't COVID, that was a really helpful program. And it was virtual.

There's ongoing support for alumni of the program that I'm engaged in right now. And it was free. That's really important.

Yeah, thank you, Wanda. I appreciate you sharing that. In the chat, Nahin said, given that I was denied disability financial support, I accessed the unemployment center in Ontario to find a part-time job to support myself indefinitely.

They offered financial support to buy an office chair and support work remotely. I was lucky enough to find a job that was understanding about my health conditions, and I've been working ever since. Unfortunately, there are no health benefits in the job, and I still have to pay for everything out of pocket.

It's a mixed bag. Thank you for sharing that, Nahin. All right, I'll pass it off to Nashwa for our next question.

So if you haven't shared this already, what specific improvements or changes could enhance resources we've spoken about today, support services, housing options, and financial assistance available for women and gender-diverse people with disabilities? So very open to

hearing specific improvements. Keegan? Okay, well, I think there should be better case management or system navigation available for people trying to access financial assistance programs. Like, I'm a social worker by trade, and so, you know, for me, even I find these forms difficult sometimes.

I'm like, what are they asking here? Like, why do they need this information, or how am I going to get this information? And so having people available who are there to assist you, and who aren't there to actually destroy your case on the lows, because it feels like oftentimes, like, you know, when applying for these financial assistance programs, you're just waiting for one reason or one mis-form to deny you, and so having that available. And then I think, yeah, like, we need to get rid of, like, means testing just in general. It adds so much administrative cost.

It's like, there's money for everybody. There's, like, resources for everybody, and it would be so much easier if we just had universal basic income. Like, I, you know, I'm, you know, I know that the Canada Disability Benefit is, like, still in the works for some reason, when it should just be in people's pockets as of yesterday.

Like, you know what I mean? Like, so, but yeah, like, there's all this red tape of, like, you know, how it's going to be administered, and all, and like, so much of this, I know, would be eliminated by getting rid of means testing, just making it an open-ended situation. But that would mean that we give people the resources that we need to survive, and like, some, the powers that be, you know, they're not, they're not even trying to do all that, but I think that would make it so, so much easier. Or at least, even if we can't have that, where it's like a carte blanche, everybody just, here's a check, just put in whatever amount you want.

Having people who can assist you applying for, to apply for these, and like, those caseworkers need to not be overwhelmed. Like, I'm thinking, like, they need a max load of 15, max, max load, because right now, like, you know, you have people working with hundreds of clients who don't have time to really sit, and like, listen, and help you, like, in the thorough way that you deserve. And it's like, once again, yeah, because of the constraints of their organization, but I think, yeah, having case managers who aren't burnt out, who are well compensated, and who are there to support you in getting the resources that you need would be an excellent change.

Fatima? I think just in general, like, our healthcare and mental health systems, like, it baffles my mind sometimes that they're not at all trauma-informed, which is wild to me. But I think just having anyone who works in the healthcare field, mental healthcare field, social services, to have, like, a trauma-informed lens and trauma-informed approach to providing care, because a lot of the times when you're trying to access these services, you're in a really vulnerable place that makes it difficult to do, like, navigate bureaucracy, makes it difficult to fill out paperwork, makes it difficult to go through this process that is very, like, sterilized and, like, dehumanizing. So, I think just, yeah, integrating a trauma-informed approach and providing, like, more thoughtfulness and support.

And then a lot of these services that, you know, you go on a wait list, and then two years later

you get in, but it's like, maybe by then your needs will have changed. So, obviously, there needs to be more funding and more, yeah, like, so much more funding towards these programs. There's a lot, but that's kind of the core things, I think.

Thank you so much. I'm just going to read a bit of what popped in the chat as people ponder and if they want to chime in on this one. So, Eric is saying, making it more individualized per case, not categorizing you in a general body of administrative qualifying factors, the same approach as trauma-informed care.

So, we're hearing that echo here from trauma-informed care practices. They talk a lot about a client-centered approach for resources and support services, but I've yet to experience that as an individual. And then Margaret is saying, establish local and formal networks of persons with disabilities to share information regarding resources and support services.

Would anybody else like to speak towards this question? Wanda? Going back to some of the comments that were made earlier about aging, yes, I find that there needs to be more of an awareness of the supports that are required for individuals, older individuals with disabilities. It's, you know, so much is focused on youth. And then I feel like we're finally moving into a place where more is focused on employment for people who are either already working or unemployed or underemployed, so we're but then we're not considering the particular needs of older individuals who either, who are disabled, who either are still working or are unemployed or underemployed.

And, and, like, I realize, like, I'm autistic, and I realize, like, from a research perspective, so much, so little is still known about autistic women to begin with, and then older autistic women, you know, less is known. However, if we don't begin to address, yeah, it's an area that will go, it will go unaddressed. You know, the needs are significant given the aging population.

Erin, would you like to lead us into the next question? So this is our big question, our final ending question. Feminist recovery means COVID recovery from all those policies and practices and what that looks like now with a feminist lens. With that in mind, what does feminist recovery look like to you, Egan? To me, feminist recovery looks like centering the experiences of, like, women or marginalized genders, like, in the way that we structure our society and our support systems.

I'm thinking about, you know, how historically women, gender diverse people have not been considered in, like, you know, literary canon, in medical systems, in our institutions, and the ways that that, you know, means that women and gender diverse people are excluded, have these horrible negative experiences. And so thinking about, like, you know, centering our collective knowledge and, like, you know, like, think about, like, what is it that we as women and non-binary folks or women and gender diverse people experience? Like, what are our strengths and how do, and like, you know, all the, like, collective wisdom that we have, I think, you know, employing that and really, I think, coming from, like, an approach where, you know, the people who are marginalized, you know, know their experiences best and know what kind of support

they need. And everyone else just needs to just sign the papers and sign the checks.

You know what I'm saying? That's my thoughts. Thank you, Kegan. I like that.

So, first of all, yeah, like, kind of building off what Kegan's saying that not a lot of, like, research actually is done in women's health and, like, a lot of research or medication revolves around, like, male anatomy and male hormones and all these things. So I think it's, like, investing in that infrastructure of, like, really actually figuring out women's health within the system and people who have those organs, have those bodies, like, of all different genders. Yeah, just having not the, like, cis male body as, like, the standard and everyone else kind of just gets pushed to the sidelines.

And then the other thing is, like, this, I don't know, in, like, Western medicine, it's very much, like, objectivity means that you're closer to truth, which for me and in my, like, cultural view and my worldview is, like, so not how I see the world. Like, actually, like, subjectivity is, like, closer to your own truth. Like, you're the only one who knows your own truth.

And so I think just, like, finding a balance between the objective and the subjective and between, like, and kind of bringing in this empathy and a more holistic lens to a very, like, sterilized Western model. So just, like, the part of, I don't know, blend, like, it's, like, a very masculine, I would say, thing. So, like, maybe blending in, like, feminine energy into the health care system a bit and just, like, including empathy and, yeah, like was said before, like, centering the person who's coming to you with their concerns that they have the most wisdom about their needs and just supporting them and providing their own expertise to add to that knowledge, I guess.

Natasha? Yeah, building on what's already been said, where there are so many systemic barriers in place and there has been this huge lack of research in how conditions present in women and the gender of diverse people or the conditions that we experience more than men. Like, we really need to build that knowledge base, absolutely. But we also, I think, need to build the awareness that these barriers and these gaps exist so that there's more culture of listening to people's experiences.

And if I say, hey, I have these symptoms, you know, not just brushing it off because it's not what it said in your textbook or providing resources that have in mind that we do have different experiences and that we might be facing these medical struggles. Yeah. Thank you, Natasha.

Margaret said in the chat, a recognition that generally what benefits women with disabilities benefits all women in society. For example, working from home. Thank you.

Wanda? Yeah, in terms of feminist recovery, yes, want to reinforce what was said about difference between equality and equity. So, you know, treating everyone equally, like that's one thing in terms of looking at basic needs and everything. But yes, keeping in mind specific realities around marginalized groups.

And so, you know, again, persons with disabilities, but then women with disabilities, especially single parents, single mothers, and just how COVID and other circumstances disproportionately adversely impact. And so, yeah, COVID recovery, you know, it's not about let's not go back to the way it was because the way it was wasn't necessarily very good for equity seeking groups, but just like use it, use it, use a really bad new situation as an opportunity for improvement. Thank you.

And Nahid? Yeah, I think for me, feminist recovery is trying to see people as whole beings. A lot of the time for us when we're going through the healing journey and navigating medical health systems, we are immediately judged by the way we look or the way we speak or our inability to express the gravity of our circumstances. And people make so much assumptions about who we are and how we're dealing with it that they don't really listen to us.

And so trying to understand that there's a lot of depth to each person and how they navigate, say, if you have arthritis and there's another person who has arthritis, but each of them are navigating that health recovery differently because of where they're from and because of where they're brought up in. A lot of doctors, you know, they only have 15 minutes to figure out what's wrong with you, send you to multiple tests and not really see you as a whole person in this world and navigating it. So I think feminist recovery is understanding the full scope of the patient and the person who's dealing with that health issue.

Thank you, Nhi. We appreciate that input. And Keegan? Like I think what a feminist COVID recovery looks like is like improved indoor air quality for everybody.

I think it looks like access to like paxlovin, other antiretroviral treatments. I think it does look like masking with high quality masks and recognizing that like women's, like, you know, we've yet to see the consequences that COVID is, I mean, we're starting to see, but we've yet to see the full scope of consequences that COVID is going to have on our society and our health and well-being. And I think, you know, when things start to go left in society, it's women and gender diverse people who experience the brunt of it first.

And like, you know, thinking about like how so many women, gender diverse people are caretakers and how caretaking and like what that looks like when a caretaker all of a sudden needs care themselves and like recognizing that the landscape that we have for home care right now and for supporting people with long COVID is abysmal at best. And that I think it is a feminist duty to be advocating for the health of our collective population and recognizing the ways that, you know, we can be doing better in terms of taking care of people and their health. You've been listening to Reimagining Disabled Futures.

As we wrap up this episode, remember what feminist recovery truly means. It's about equity. It's about recognizing the complexity of people's experiences, and it's about dismantling the systems that harm rather than help us collectively.

We've heard about how disabled women and gender diverse people are navigating multiple

systems of support and the realities they face are a call for change. Change that not only goes beyond just recovery from COVID-19, but that also actively seeks to create a world where all people can thrive and live with dignity. Thank you so much for joining us.

Your voice matters and together we can continue working towards a world where feminist recovery is not only an idea but a reality. For more information on the Feminist Economic Recovery Project or to get involved, visit our website at dawncanada.net. We'll see you in the next episode.