

## Introduction

TODDLER: Don't be a asshole, daddy!

[rock music]

♪ Oh, Jesus, please help me not to become an asshole ♪

♪ Enlighten me if by the off chance it's already too late ♪

♪ I don't wanna let my opinions dumb down my actions ♪

♪ Or fall asleep to the sweet sound of my own voice echoing in my brain ♪

RANDY BLAZAK: Hey, everybody. Welcome to episode 18 of Recovering Asshole, the podcast where we unpack the invisible knapsack of privilege and find out we're still figuring out what words to use.

I'm your host, Dr. Randy Blazak, and I'm really excited about this week's episode, 'cause we're gonna dive into the issue of ableism and disability rights with Grant Miller. This is an issue that I started to really think about on a more personal level in 2002 when I had a brain hemorrhage, which is a fun one, when your brain starts bleeding. I had a stroke, which was sort of the least of my problems. I was in the hospital for about a month, and there was a bunch of Physical Therapy. And I couldn't walk for a while, and then I could walk, but I could only walk with a cane. And it took a good three months for me to get back to normal, "normal." There's a word we're gonna have to talk about: What is normal? But while that was happening, I would find myself getting angry at people who were angry at me for moving kinda slow because it took me a while to get across the street or to get down the sidewalk or to get into an elevator. And then suddenly, I realized, hey, that was me not too long ago. I'd been angry at people who were moving slow because they walked with a cane or had some disability. And suddenly, I was walking in their shoes, literally.

But even that phrase, "walking in someone's shoes" is problematic because not everybody walks in shoes or otherwise. So, just the language of how we talk about disability issues is challenging and needs to be unpacked. Then there is the larger issue about why hurrying is so important in our culture that defines slower moving people as a "problem." As a sociologist I can see that it's the attitudes we learn that define certain members our community as somehow "disabled" and problematic. It's not about the disabled person. It's about society. That's our current social model.

Oregon has its own history. Portland had these laws in the 1880s that are now known as Ugly Laws that made it virtually illegal to be in public if you were "crippled" or "deformed." You could be arrested and fined. And there's this amazing 2007 movie called "The Music Within" that's about the birth of the disability rights movement, and there's a scene in that movie that's filmed mostly in Portland--a lot of it's filmed at Portland State--where a man with kind of a severe case of cerebral palsy is trying to dine in a restaurant in Portland in 1974 and is arrested under one of these Ugly Laws. And so, that's really the genesis of the

movement that gave us the Americans with Disabilities Act of 1990 that really changed a lot of the institutions around these issues.

But we still have a long ways to go. So, I've invited Grant Miller to this episode. In fact, Grant invited me to their house in SE Portland. And Grant is an artist and a community organizer, trained in New York in drama but is now living in Portland doing some of this important work around access issues, especially with the Portland Art Museum, forming an advisory committee on disabilities issues. And so, a great person to talk to.

Before we started the interview, Grant wanted to do an access check-in, which it was very interesting. We needed to know what we both needed to fully participate in the interview, including which pronouns we would use and what would make us feel comfortable and things that I don't even think about. I mean, before we even started this interview, Grant asked me if my podcast were transcribed for D/deaf people. And [chuckles] I hadn't even thought about it, as a non-deaf person. It just hadn't crossed my mind. So, there's another one. So, that's something I wanna look into is getting these podcasts transcribed for people who can't hear our amazing conversations. This episode will definitely be transcribed.

So, let's just go down to Grant's house in SE Portland and listen to this conversation. And then we'll see on the backside if I'm any less of an asshole at the end of it. All right.

### The Interview

So, I think first of all, for our listeners, we should have you describe your disability so people know. 'Cause there is a wide range of things that people can be experiencing.

GRANT MILLER: Right. Well, I think there are a lot of ways to describe disability, and by the way that I speak for example, I would imagine some listeners would hear me and think, "Well, I don't know. He doesn't sound disabled to me." And so, I think there are a couple of answers to this question. Rather than give the simple answer, which would be perhaps a medical diagnosis, I'd like to define disability first before saying what my disabilities are.

RANDY: OK. Perfect.

GRANT: So, in contemporary activism and discussions around disability, there are two kind of competing definitions of disability. One is what's called the Medical Model of Disability, and the other is what's called the Social Model of Disability. And so, by the Medical Model of Disability, I would say I have a diagnosis. This is what my diagnosis is. I have a congenital disability, which means I was born with it. Dah dah dah dah dah.

The Social Model of Disability would say that I'm disabled by the social structures in my environment. So, I might say that I'm disabled by a culture that has stairs everywhere. I would say that I'm disabled by a keyboard that expects a normative hand shape. And I would say that I'm disabled by a culture which has certain normative expectations about what my body should and shouldn't be able to do.

So, in terms of what is my disability: I think that in general, I prefer to just self-identify as disabled and not give people a medical diagnosis.

RANDY: OK.

GRANT: But are you familiar with Audio Description?

RANDY: No.

GRANT: So, when folks go to see a piece of theater like at Oregon Shakespeare Festival, if the person who's gone to the theater is blind or partially sighted, they can get a headset which has a description of what's happening onstage by a professional Audio Describer. And so, that description would be something like, "A bare stage with a tall, black curtain behind it, and three white actors are moving around together wearing black clothes." And then you would say, "She raises her arm with a knife in her hand." And then she says the line. And then you would say, "She stabs him" or something like that. So, an Audio Description is a way of giving people access who can't necessarily see a piece of theater, a piece of art, a given situation, perhaps a lecture.

So, I've prepared a description of this room, and then I thought I might give a description of myself to help clarify for people.

RANDY: Perfect. OK.

GRANT: An actually, I wrote this as though we were sitting on my couch, so I might change it on the fly.

We are in my house and sitting in my living room. We are in the office and dining part of my dining room with two large windows to the street to the front of the house at the other end of the room, which has some quartz stones and sculptures on the window. Those fit the aesthetic of tchotchkes and art on shelves and the walls. We are sitting at the dining room table at the opposite end of the windows, which is circular with a blue table.

Randy is taller than me. My hair is gray and black, whereas Randy's is a little more brown. He has blue eyes. Mine are hazel. He is much taller than me. Could you move your arms? And down? So, Randy's arms straighten to 180 degrees, whereas my arms only extend to about a 90-degree angle. His hands are a little bit more wrinkled than mine but much larger than mine and hairier as well. He's wearing rings on each hand. I'm not wearing any rings.

My hands are much smaller than his. My wrists are at an angle sort of at about the angle of a Craftsman home. And my fingers are also at about an angle of a Craftsman home, and they're kind of stuck at that angle.

And so, usually when people will look at me, they will say, "Oh, that person's body is not like most people." Some will use words like deformed or abnormal. Different is sort of the Portland bubble safe word. People say, "You know, you look different" or something like that.

RANDY: Mmhmm.

GRANT: But kids will be like, "Mommy! Why are his hands broken," or something like that.

RANDY: Wow.

GRANT: But again, what I'm doing is more of a description of my body rather than saying, "My disability is" blank diagnosis.

RANDY: Got it.

GRANT: Yeah.

RANDY: So, that's an amazing way to think about it 'cause it's just about descriptions as opposed to some medical binary here, you know, you're sick or you're well, right?

GRANT: Yeah.

RANDY: Tell me a little bit about how you came into that way of thinking about it. 'Cause I have to imagine as a child, it was incredibly challenging, especially thinking about how cruel kids are.

GRANT: Absolutely, yeah.

RANDY: And so, to be able to move from the othering that we do with people with disabilities to just thinking of a differently-described body.

GRANT: Yeah, yeah. Absolutely.

RANDY: When did you start thinking, OK, there's gotta be a different way of thinking about this?

GRANT: Yeah, it wasn't until my 20s, to be honest. And just a languaging piece: You said, "the ways that we talk about people with disabilities." But I would say that as a disabled person, in many ways, I'm still very much a user of this kind of language, that I still notice it, particularly with disabilities that are ones that I don't have. So, we as a culture, not just we as

the abled people, are the ones who would look at disability in this way, just as a lens around what you just asked.

So, I was labeled disabled at birth, and I went through a lot of-- Just a content notice for people listening: I probably will be talking a little bit about medical trauma. So, just be aware. But I underwent a lot of surgeries when I was really young. So, my first one was when I was 4 months old.

RANDY: Wow.

GRANT: And then the next one, 6 months old. Another in 1st grade, when I was 5. Another in 6th grade. And those were surgeries that were provided through Shriner's Hospital and Children's Hospital in Seattle at no cost to my family.

And so, this is going back to that idea of two different models of disability. The Medical Model of Disability was really how I came to understand myself. I understood that there were things that were wrong with me, that needed to be corrected, and that it was doctors who knew how to correct them, and that those corrections typically meant going through things like surgeries or going through extensive Physical Therapy or having Physical Therapists in my school or having Occupational Therapists in my school. And so, as I moved into college, so fast-forwarding very rapidly, I worked with disability services. And really, I was told that I needed to advocate for myself and that if I failed to do so, disability services wouldn't back me up if I was having trouble in classes. That I had to know what accommodations I needed in advance, and if I didn't ask for those in advance, and they weren't provided to me, then any challenges that I had academically were really my fault.

RANDY: Oh.

GRANT: And so, I came to really internalize a lot of ableism through my whole life, but especially in college, which really said that I'm not as good as the other students, I'm not as effective as the other students. And in order to be recognized and acknowledged for my skills as a student, I needed to hide my disability from my professors. I needed to be really nice to the disability services people. Otherwise, I wouldn't get my services. And that there were some things that I needed that I just wouldn't get or that I would need to figure out on my own, like how to do laundry.

And so, it wasn't until I get involved with the Radical Fairies--which is a sort of legacy of the queer liberation and gay liberation of the '70s that's a continuing movement that isn't without its fault--that I started to hear about ableism, and I started to connect with other people with disabilities. The first person to tell me about the Social Model of Disability, Steve Nail, is a person who's living in Oakland now. If you're listening, hi, Uncle Bug. And he introduced me to this idea that disability isn't created by a medical condition or by something that is a priori wrong with me but that is, in fact, a social condition. And I'd been

exposed to queer theory in college, so I'd come to understand that. But when I was in school, there was only one disability class, and it wasn't offered by a disabled person. I didn't really have this idea that it was possible to be in community with other people with disabilities.

RANDY: You know, the first time I was kind of exposed to this thinking was I had a hearing-impaired student who showed me a documentary about cochlear implants and the notion that if people are Deaf, we can "cure" them with this technology and make them more like us.

GRANT: Right, well, and again, that "we" and "us."

RANDY: Yeah, and that's it is that somehow, they should be more like us instead of us being more like them, like learning American Sign Language or things like that. There was this incredible resistance within the Deaf community against cochlear implants because of the symbolic value that says you should be more like us instead of letting us be the way that we are, and you learn our language. And I had never even thought that. I thought, well, why wouldn't a Deaf person wanna hear? It's the first time I ever thought maybe it's our definition of them that's the problem.

GRANT: Yeah, yeah. Well, and again, there's that "our definition about them."

RANDY: Yeah.

GRANT: And the definition of normalcy is so heavily tied to eugenics in this country and is so much a product of industrialism of the late 1800s that the concept of normalizing a population and that the definition of normalcy really being defined around this ideal of white male, white male academic, white male statistician and that being the baseline for normal.

RANDY: Sure.

GRANT: And so, deviations from that normalcy are a basis for exclusion, segregation, medical intervention. And a lot of social movements, until the '70s, really didn't question that idea that deviance from the norm was somehow, how do I put this, that movements of women, of people of color were so often described as being disabled in different ways. That women were hysterical. They were too hysterical to be involved in politics. They were at greater risk of fainting, for example. And all of these ideas of why they needed to be excluded weren't really-- They said, "Well, we're not those things. So, because we're not those things, we should have a right to be included," rather than saying, "Even if we were hysterical, even if we were susceptible to fainting doesn't mean that we should be excluded from political life."

RANDY: Yeah, yeah.

GRANT: And so, a lot of political movements didn't really challenge that until the '70s or so.

RANDY: So, tell me a little bit about your childhood and just kind of what--

GRANT: [chuckling]

RANDY: I'm sure there are plenty of stories. But just sort of-- So, the reason I ask is because sometimes when I'm talking to someone who, for example, is a racial minority, and there are all these stories of, "When did you notice your blackness was an issue and put you at a disadvantage?"

GRANT: Yeah.

RANDY: And did you have any of those early experiences where you kind of thought--again, we're going back to this construct of what's normal and what's not normal--but that you were facing some challenges that kids your age didn't always?

GRANT: Right, right. Yeah. No, I think that-- So, are you familiar with acquired disability versus congenital disability?

RANDY: Sure.

GRANT: Yeah. So, as a person who would be referred to in a medical model as having a congenital disability or being born with it, I don't think there was ever a moment--at least not that I can think of--where I said, "Oh! Wow. I'm different than the others." Because I always perceived myself as being different from the time that I was born. I knew, as I came into consciousness, that there was always a different path for me and that that path usually required more discomfort and a greater responsibility to hide that discomfort. [chuckles] And I do think that is also attributed to growing up white and to growing up upper middle class, in a progressive liberal family. And so, the expectations might've been different, had I grown up in a different, either with a different class status, or had I not been white. And so, was there a moment? I don't think there was a moment in my childhood. I think that when I was taken out of class to go do Physical Therapy, I just always felt like, oh right. This is what I'm supposed to do. This is what's supposed to be happening to me. Oh, I have to go take a test on my cognition? Of course, this has to happen to me. This is a part of the inconvenience that the people around me are having to work with.

RANDY: Ah!

GRANT: Yeah.

RANDY: Wow.

GRANT: And so, again, talking about internalized ableism: There wasn't really any alternative that I saw as a kid. And so, when people would tell me, or friends would tell me, "Well, I don't see your disability!" or, "I forget that you're disabled," at the time, that was a compliment to me. Because it meant that I was hiding it well or whatever, even though if you look at my body, you'll recognize that--speaking from a normative aesthetic level--I'm a deviant in some sense. [chuckles] And so, I'd like to tell a story.

RANDY: OK.

GRANT: I think it was about 2013. I was with my family, and it was at Christmas. We'd gone to go see a movie, and during the movie, there was this girl who was sitting a row in front of me. And she kept looking back at me. She kept turning around her entire body to twist and look at me. And I kept looking at her, and as soon as she noticed that I was making eye contact with her, she turned around. Now, this wasn't a child. With children staring, I'm used to it. I don't like it. I'm used to it. But she seemed like she was early high school.

At the end of the movie, she got up and was starting to walk away, but then her aunt stopped to watch the credits or something. She turned and looked at me. Don't ask how I know it was her aunt. I don't know. And I said, "Do you have a question for me?" And she looked very startled. And then she rushed off with her family member.

I turned to my sister. She looks me, and she says, "Why were you so mean to that girl?"

And I said, "Well, because she was staring at me."

My mom says, "Well, Grant, she probably just thought that you were cute."

Now, I knew that she was looking at my hands, and I knew that she was staring at me because she saw that there was something different. And there is an emotional experience that I have when that occurs, and it is very uncomfortable. And the fact that my family who've known me my entire life are making an effort to not only mitigate that reality but to actually not even acknowledge that that's happening for me, that was a major turning point for me in realizing that I wasn't actually about my body. I wasn't angry at her. I was angry that my experience was being completely undermined. That it was being, in some ways, shunted down, and that going back to that question of childhood, what's that moment where I realized I was disabled? This was when I was much older, I realized that people without disabilities don't necessarily have an understanding of my experience from a compassion place. Don't have an understanding of my experience, now the language I would use from a social model place.

RANDY: What would you have preferred in that setting? Would it have been OK for her to ask you?

GRANT: Right, right.

RANDY: Because the reason I ask this, there was just a recent conversation about Veterans and people saying, "Thank you for your service" and what does that mean? And what would Veterans rather hear?

GRANT: Right.

RANDY: And they would rather here, like, "Where did you serve, or what branch?" Not just sort of this thing that is kind of a cliché.

GRANT: This platitude, yeah.

RANDY: Not that there's equality between Veteran status and what we're talking about, but-

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GRANT: No, but there are disabled Veterans, of course.

RANDY: Sure, sure. So, in a situation like that--this gets into kind of what I wanted to talk about a little bit at the end--what would've been, for you-- I mean, obviously, in movies you just want people to shut up and watch the movie.

GRANT: Right. Right!

RANDY: But what would've been another way for that to go down?

GRANT: Mm. Yeah. Well, hmm.

RANDY: I mean, would it have made you feel uncomfortable if she said, "Can I ask you about your disability?" Or would you have been just like, "I'm just here with my family watching a movie, and I don't wanna talk at this point."

GRANT: I might've been. Although, I don't think so. So, I was a youth ambassador for Easter Seals when I was younger. So, at a young age, I internalized this belief that I needed to make an effort to make other people comfortable. So, in general, I won't opt for the, "No! Stop looking at me!" But that's just part of how I'm acculturated. I have a lot of respect for people who can do that and who do do that. But how would I have liked that to have gone?

Yes, to watching the movie. But I think yeah, I think that if she had said, "I notice that your hands move differently than mine. Could you tell me about that?" Maybe.

But honestly, I don't know. I mean, really, I think that there's so much information out there about people with disabilities that she would go figure it out for herself. Now, if it's a little kid, and it's like, "What's wrong with your hands," I might say, "You know, I was born this

way" or something like that. Or, "Nothing's wrong with them. They're just different than yours." Or, "Nothing's wrong with them." End. [laughs]

RANDY: OK.

GRANT: Yeah. But I think that to your question though, what would I have preferred that she had done, another question I hear there is how do we talk across the difference? Or if you're curious about knowing about my experience, maybe just asking: "What has your experience been with your body in this culture? What has your experience been as a disabled person?" Or, "Are you disabled? Do you self-identify as disabled," perhaps. But I don't know. I don't do a great job of trying to imagine how best somebody else should think about what they should ask me.

RANDY: Yeah. Well, and it's also the idea that you should be the ambassador for all people. It's like asking an African American: "Can you tell me about being Black in America?" I can only speak for myself. So, you know, there's this, why should this pressure be placed on you for someone for what they don't understand. They can Google it.

GRANT: Right, right. Well, you know, while I totally recognize that parallel too. I also just wanna point out that in general, making the comparisons between disability and race, it's a very, they are very different.

RANDY: Yeah, sure.

GRANT: And part of the reason I say that is because I'm white, and so many white disabled activists will say, "Yes! Well, it is just like colorblindness." And well, it's not just like colorblindness. But I do often take that ambassador role. I'm getting paid for that now a little bit and doing that educating work. But in my experience, educating people has typically meant to my needs getting met in a way that they otherwise wouldn't be if I didn't educate them. And so, having a high threshold for people asking me questions that I might not like being asked or might not like the way that they ask me, has been a coping mechanism that I've developed over time that not everybody has and I don't think people should have to develop.

RANDY: Right.

GRANT: Yeah.

RANDY: And it seems like--you would have a better perspective on this--but there's much more visibility--for lack of a better word--of people with disabilities. I mean, I'm old enough to remember the freak shows at circuses where if you had someone who had a disability--

GRANT: Wait. How old are you?

RANDY: I'm gonna be 54 next month.

GRANT: Wait. There were still freak shows when you were--

RANDY: Yeah, in the South, yeah.

GRANT: Oh!

RANDY: Yeah, in the South.

GRANT: Oh, of course.

RANDY: You would have someone who would be like Alligator Boy because of his skin, you know.

GRANT: Right, yeah.

RANDY: And so, there were still those things, and it was a way of, of course, othering but also finding kind of a way for people to identify. I mean, now, the thought of someone who's morbidly obese being in a freak show as the Fat Lady seems incredibly inhumane.

GRANT: Well, yes. Well, and even the phrase "morbidly obese," in and of itself has it's pitfalls.

RANDY: Right, right, right. So, my question is, because of the changes that we've been going through and technology and the slow but sure change of trying to make a more open society and the Americans with Disabilities Act and all these bits and pieces, we do have a much more mixed society in many ways, including people with disabilities working at the art gallery. And it's just--

GRANT: Well, not enough, but yeah.

RANDY: Right. But it's much more in abled people's spaces.

GRANT: Mmhmm.

RANDY: So, the opportunity to have a conversation or to stop the kind of, "Oh, my gosh! That person is so different than I am," it seems like there's more of an opportunity for that conversation where it seems less-- I hate to keep going back to the race thing, but as a kid in the South in the '70s, the whole notion of biracial people was really freaky to me.

GRANT: Whoa!

RANDY: Because it was such a taboo in the South about white and Black.

GRANT: Whoa!

RANDY: Yeah, that I would just stare, as a kid, like, "So, you're half Black? And is there a line down the middle?" To me, it was the strangest thing as a child in the '70s. And of course, now, I mean, I have my own biracial child.

GRANT: Interesting. Mmhmm.

RANDY: So, it becomes more normalized. I hate to use that word. I'm doing the air quotes. I do the air quotes a lot on the podcast. It becomes more normalized. And I just wonder if there's more opportunities to be able to have those moments with people where like, "Oh, yeah. OK. I can ask this question." 'Cause part of this is the discomfort around things that you're ignorant of and thinking about the language, like do I use the language of ability and disability? How do I talk about this without being offensive? And we are kind of, especially in a progressive place like Portland, we're so worried about using the wrong words that alienate and otherize people. And so, is this a moment that-- First of all, how should we talk about the issue of disabilities?

GRANT: It's very difficult, yeah.

RANDY: Is there a moment here where it feels like it's OK to talk about it?

GRANT: Mm, mm. Hmm. Hmm.

RANDY: The other part of this--as you ponder on that--the other part, as you're in now sort of an advocacy role, this is another thing that I think about with regards to race that I think makes sense here is that there's all kinds of disabilities, including physical disabilities and mental disabilities, disabilities that people were born with, people have acquired them later. There are things that Veterans come back from war with and those types of disabilities. And it seems like whenever we have this conversation, we lump everybody with a disability into one category, one sort of umbrella category.

GRANT: Right, right.

RANDY: And that's problematic. And it also makes me wonder if you see yourself as having something in common with other people who are under that umbrella.

GRANT: Right, right. Well, so--

RANDY: Like, could you have a conversation with a guy who has PTSD that just came back from Iraq--

GRANT: [laughing]

RANDY: --and be like, "Hey, you know, we're in the same boat." Or are you completely different?

GRANT: Well, I could definitely have a conversation with somebody who has PTSD because I have PTSD. I woke up during surgery when I was 5 years old.

RANDY: Oh, my god.

GRANT: And I was completely paralyzed while I was under the knife, and I've continued to experience the consequences of PTSD. Right. But so, part of the reason I talk about eugenics is because my neurochemistry has been disabled due to the legacy of eugenic policies. But that's not the question that you asked me a moment ago.

You asked me, can I talk to people who seem to have different medical impairments than myself? And I would say that speaking from a medical model, not necessarily. Like when I was younger, I was kind of taught that I was different than other disabled people. And maybe in some way, I was better 'cause I could prove that I wasn't disabled through the ways that I spoke or the ways that I moved. But now, as I'm older, I realize that I very strongly believe in cross-disability connection because of the social position that people with disabilities are put in. That there is a form of solidarity that I experience not because of my medical condition but because of the way that people like me are pushed to the margins in a culture that is driven by ableism, racism, patriarchy, and capitalism. And people like me are put to the edges and devalued for so many reasons beyond just disability. Does that answer that question?

RANDY: Yeah, yeah. It's the reaction that creates the solidarity. It's not you--

GRANT: Well, no it's--

RANDY: --it's through how society defines you.

GRANT: --it's the social conditions that create disability. So, what would be an example of this? So, if I meet somebody who comes up to me and tells me that they are disabled, and then they proceed to go into a story for me about some particular moment at which they became-- Like a moment ago, you told me about an injury that you had had and the rehabilitation process that you had. Now, I didn't ask to hear the story of your medical trauma, but you also said that there's a relation of disability there. There's an experience that you had of being the person who's moving more slowly down the street. And I imagine you heard both voices of the person telling you to hurry up and the person telling you that you are that person who's slow now.

RANDY: Yeah.

GRANT: And that, I think, is an example of internalized ableism. But the [laughs] that person who's having that conversation with me, I'm sure we have a lot to relate on in our experience of poverty, in our difficulty accessing disability services, in our difficulty

accessing housing, in our difficulty with relationships or getting basic respect in social situations. And that those commonalities of social exclusion and segregation are a basis of solidarity and are a basis of relating to one another and connecting through community.

So, it's not just a matter of privilege, oppression, subject points outside of the bubble of abled space. But it is a kinship in recognizing whoa, you have similar experiences of people shutting you out in ways that are very similar to mine even though we don't have the same medical diagnosis.

RANDY: Yeah.

GRANT: I wanna go back to your experience around freak shows and miscegenation. You didn't say miscegenation. You said mixed race. The freak show legacy is endlessly interesting to me, and I think it's worth noting that at World's Fairs in the late '1800s, early-1900s that it was very common for disabled people to be displayed as examples of the degenerate race. So, for example, I can't remember the performer's name, but it was a person with Down's Syndrome who was labeled as an "idiot mongoloid." And "idiot mongoloid" was actually the medical term for Down's Syndrome until the '70s.

RANDY: Oh, my god.

GRANT: Now, mongoloid is one of those original racial categories from a white person 400 years ago whose name doesn't actually need to be remembered right now. And I point that out because the combination between white supremacy and disability, the interplay between those two during the times of eugenics and progressivism in the United States are so often forgotten by people today. And so, I just wanna make sure that I mention that.

But going to the comment you had about how mixed race was seen as so unbelievable in the South when you were growing up, people often forget that the eugenics movements were European, not just German and also existed in the United States. And that the Germans and Nazis were looking at the miscegenation laws in the United States and saying that, "This is how we legislate eugenics. Look at what they're doing in the United States. They're banning race mixing. That's what we need to do." So, they started sterilizing and killing and medically experimenting on people like me. And that's how they justified their eugenics program, was partly by looking at the United States and race mixing.

And so, as a person who lives in a white liberal city, there's so many people who see themselves as white liberals who just don't know that history and who don't realize that the goals of standardizing and building statistics around our population to create large systems that can dictate people's lives is very tied to eugenics and is very tied to progressivism.

RANDY: Yeah. I mean, when I talk about the people that I study, including the rise of the Third Reich and what happened in Nazi Germany and how, you're absolutely right, some of

it was modeled after what was happening in the United States, that was sort of the first target of the Nazis were people with disabilities.

GRANT: Yeah.

RANDY: In some of the most cruel and unbelievable ways, even before they went after the Jewish population.

GRANT: Yeah.

RANDY: So, this idea of creating some type of genetically perfect race that was perfect, in the quotes, that these disabilities would not exist in their world because they had weeded them out through eugenics.

GRANT: Mmhmm, mmhmm. Well, and the idea of a perfect race, again, it's centered on a norm that is white male, straight ideal of the late 19th Century.

RANDY: Right.

GRANT: But there is, of course, a long history of oppression of people like me, of people who have bodies like mine, who have limbs that don't look like most people's and that sort of thing. I think it was Aristotle who said that babies born with deformities should just be left out for exposure for the good of the empire.

And my ancestry is broad, as many of ours are, but I have ancestry who are British and Welsh and Irish. And so, there's also the oh, damn! I can't remember the Monster Baby of something. It's this poster from the 1500s of a baby who has a likeness to me. And the church used this baby as a way to say that this mother was probably an adulterer, and this baby was a monster baby. And may she suffer the consequences of having a child out of wedlock.

RANDY: Ugh.

GRANT: And there are also, of course, this--well, not of course. Many people don't know this--the mythologies of changelings: The devil came and took my baby away and replaced it with a changeling. And the only way to get your baby back from being a changeling is to throw it into a fire or to put coals in its mouth or to give it to the witches. And so, there's this whole mythic idea of what to do with babies with deformities. Now, this is more my story and my lineage. This isn't every person with a disability. But there were examples of myths that would say, you know, my son was a happy son until one day he was replaced with a changeling. And he's an adult, and now he's very depressed and dark and not the same. Which, that could be speaking to certain kinds of neurodivergence that they didn't have the language for.

RANDY: Yeah.

GRANT: But we're also looking at a monotheistic culture that is basically building an ideal of a body that is basically a male body and a labor-ready male body. And so, people who exist-- Oh, in your left-handed podcast, the person who was on that talked about how left-handed people were designated as witches.

RANDY: Yeah, you have the devil on your left shoulder.

GRANT: Right, right. Well, women who were medicine women, who were empowered or standing up against the Christian church were often labeled as witches in order to burn them at the stake. Have you talked to any witches as a part of your--

RANDY: No, that would be fascinating.

GRANT: There are plenty in this region.

RANDY: OK.

GRANT: So, this is all to just say that the mythology around bodies like mine has always been one that's sort of been dangerous to the normative culture. But I really do attribute this idea of mass exclusion and segregation of people like me to industrialization.

RANDY: Yeah. Makes sense.

GRANT: And the racism that developed from the time of slavery and forward.

RANDY: Let's talk a little bit about privilege. Because part of this is I'm trying, in my own journey, trying to have empathy with people that are in different categories that we've defined, these man-made categories. And I'm trying to think about--

GRANT: I just wanna clarify: When you say that we've made, the categories that we've made--

RANDY: That we, society. OK?

GRANT: But then you said--

RANDY: Well, it was my language.

GRANT: --that man have made. But yeah, I just think that in terms of talking about our privileges that are sometimes invisible to us or privileges that those of us who benefit them don't recognize, we often use the word "we" as a way of describing a normative culture. But when we're actually saying "we," who's the we that you're talking about? When we say, "We in this society say that some of us have privileges, and some of us don't," the we that's being talked about, from you, is potentially white men.

RANDY: Right.

GRANT: For me, it would be potentially white acculturated males or something like that. So, I don't like to be, I don't like to-- Hmm. I don't like to tell people their language is wrong, but because you're doing a recovering from being an asshole project, I'm also wanting to interrupt and question.

RANDY: No, it's important to think about.

GRANT: Yeah.

RANDY: It's important to think about how we include ourselves in this. I think one of the reasons I say we is that I've taken responsibility in this thing that's society as well. I don't wanna put it on someone else, but I've participated in that construction of the normal.

GRANT: Of course, I have too. Yeah.

RANDY: So, there is, I think there's a little bit more awareness now. I mean, thanks to things like the Americans with Disabilities Act, just in terms of things like access to buildings and accessibility to higher education, as a professor, I will be told if I have someone who has a learning disability or someone who's sight-impaired and to adjust my class. Which is something that I don't think happened when I was in college.

GRANT: Yeah.

RANDY: So, there is a bit more awareness.

GRANT: Right.

RANDY: But there's just probably so much that I don't even think about.

GRANT: Yeah, yeah.

RANDY: I wonder what your take on what I don't see on this issue. And I'm sure there's probably a bunch of stuff. But what comes to mind?

GRANT: Well, the first thing that comes up is that we're both sighted people, and so [laughs] what do we not see? You know, there's a frame--

RANDY: Oh, there you go.

GRANT: --just around sight.

RANDY: Well, I'll just say, I'll mention this that when we were getting ready for this, you asked if there was a transcription available of my podcast. And I hadn't even thought about transcribing this podcast for people who are hearing-impaired.

GRANT: Yeah.

RANDY: It never, I mean, it's a brilliant idea because obviously, they could benefit from this journey as well.

GRANT: Right.

RANDY: But the bubble I was in, I never hadn't thought about it until you mentioned it.

GRANT: Yeah, yeah. Well, and so, as a person who's not D/deaf myself, I'm not speaking from D/deaf experience. But I do know that in general, friends who I've talked to do tend to use D/deaf or Hard-of-Hearing rather than hearing-impaired. The impairment part, again, is tied to that medical model.

RANDY: See? There you go.

GRANT: Yeah. So--

RANDY: See, I was trying to be more inclusive by saying hearing-impaired 'cause deaf seems like an old 19th Century colloquial term to marginalize people.

GRANT: Absolutely. And there is also a difference between deaf with a lowercase d and Deaf with a capital D. Deaf with a lowercase d typically does refer to an impairment or a medical impairment. Deaf with a capital D refers to community and culture. So, you talked about cochlear implants.

There's that Deaf with a capital D is a community and culture that doesn't see itself as needing to ascribe to a normative experience. Now, again, I'm not D/deaf. I do not know what that experience is. This is what I've heard through friends and through work. And I stress this because it is very important, as a person working within disability, to not presume that I know other people's experience. So, just gonna put that out there.

But you've asked this question twice, and I still haven't responded to it.

RANDY: [chuckles]

GRANT: So, I'll get to it now. Which is, it seems like disability has surfaced in the consciousness of culture in a way that it hadn't 30, 40 years ago. Is it better? What's that like? That's one of the questions that you asked. And I would say yes, absolutely. Unquestioningly better. There was a time that still exists now, but there was definitely a time in the '40s, '50s

where if a child was born with some sort of disability, the family would say, "Well, we need to take them to an institution." Sorry, I leaned over for a cracker. "We need to take them to an institution. We need to let nurses or specialists handle them." And so, there was a-- We just weren't seen. We weren't involved in the culture. We weren't-- Again, there's that seeing metaphor. We just weren't a part of the culture. We weren't recognized as part of the community. Our medical impairments were seen as a limitation from participation in society that meant that we needed to be removed from society. And so, yes, things are better now.

However, those cultural practices are still very present right now. There's still people living in group homes, still living in institutions. Fairview, which was an institution in Oregon only closed within the last 10 years. A lot of these institutions are about entirely dictating people's lives and not enabling them towards independence. And most families who don't have the resources to help their kids think this is the best option.

So, is it better? Well, when I think about my time at Vassar, when I think about the course that I took at Harvard recently, there were many rights violations that were happening. And it was always made very clear to me that I did not have the power to challenge the institution in those rights violations.

RANDY: Mm.

GRANT: That I was either disenfranchised and made it sound as though I was the person who was in the wrong, or it was just made clear that the institution had much more legal power than I did. So, in some cities where you have things like curb cutouts and elevators, yes, we're slightly more visible. But we are potentially 30% of the American population, and yet very few of us are working. Those of us who do get into work situations often have a very difficult time getting accommodations met, even though there is somewhat of a legal requirement, which is getting rolled back with the current administration. And so, as you've said a couple of times, you don't even know quite how to talk about disability.

When I was growing up, I didn't see any images of people who looked like me working in any jobs. So, it didn't even occur to me what kind of job I would have when I became an adult. I just thought that I would potentially be in charge of a nurse or something like that. I mean, really. And so, is it better? Yes, perhaps, but in many ways, we're shut out of academic institutions. Disability Studies isn't entirely looked at as a legitimate course of academia. Increasingly more in the last 10 years perhaps, but still, not really. So many people with disabilities are put into prisons. We are put into workhouses. Goodwill can pay people with disabilities 33 cents on the dollar and say that they're justified. And there's no real challenge of this.

And most activist circles are deeply ableist and don't even understand that. They don't understand how inaccessible a march can be. They don't think about having scent-free events or looking at the--

RANDY: What-free events?

GRANT: Oh, scent-free. So, there's some people who have chemical allergies so that when they're--

RANDY: Scent-free.

GRANT: Yeah. So, I have friends who are incredibly isolated because if they go out into public, and somebody has a perfume, they'll be sick in bed for a month or more.

RANDY: Wow.

GRANT: And people don't think of this as a potential accommodation that people might ask for.

And so, I would say that we have a long way to go as a society and that many people who see themselves as well-intentioned don't really have even a baseline understanding of what disability is.

RANDY: Yeah. You know what? What comes to mind is this sort of parallel, again, when we talk about white privilege, one of the first things that comes up in this sort of famous piece, Peggy McIntosh's *Unpacking the Knapsack of White Privilege* is that if I'm white, I know that I'll see lots of images of myself around: Every time I turn on the TV, every time I go out into the world. And so, I have this sort of picture of what "my world" looks like. So, I'm a dentist, or I'm a professor, or I'm all these things. So, when you talk about the kind of invisibility of people with disabilities, it just reminds me of that notion of what I have. There's lots of interesting people. The Olympics are coming up, and so, the celebration of all these amazing abilities that are a normal part of our culture, the Super Bowl and our sports-oriented society, it's all about celebrating these "tremendous physical abilities" that these people have as the most desirable qualities in our society.

GRANT: Mmhmm. [laughs]

RANDY: That if I'm someone who doesn't have those, where do I fit into this world?

GRANT: Absolutely. That was absolutely my experience. Where do I fit into this world? How do I belong? And I think a lot of people who become disabled later in life never really know how to find an empowered identity around their disability. And part of how I've moved into an empowered place of disability--and I think maybe this does go back to your question of is it easier, or is this a more inclusive world--part of how I've found an

empowered identity around my disability is realizing that my body is a site of institutional violence that reveals how damaged-- Mm! Not damaged. That is an ableist term. How racist, ableist, and violent our culture is, and how our culture expresses itself through violence and disabling conditions through wars and the way that people become disabled. Through bad environmental regulation and the ways that people in poor communities are more likely to have health consequences to living in areas that have bad environmental regulations. Not having access to healthcare: That will shorten people's life spans. Not having access to healthy food: That shortens people's life spans.

And I'm uniquely positioned to speak to those issues in this culture that many people who don't know what disability is and don't know how it fits in to the larger systems that rule this colonial society can even speak to. And so, I do see an empowerment in disability in that I can sort of pull the curtain aside and reveal aspects of our culture that are just not quite understood to a lot of people.

RANDY: Can I ask you what might seem as like a strange question, but I think in light of this conversation will make sense? Do you wish that you hadn't had all those surgeries when you were little?

GRANT: Mm. Yeah, there's a yes answer and a no answer. The yes answer is that I found out that people with the same condition that I have who had the surgeries were more mobile, were not primarily wheelchair users. A lot of people use "confined to wheelchairs" or "wheelchair bound." Don't use that! I discourage people from using that.

RANDY: Wheelchair users.

GRANT: Wheelchair users! When I've used a wheelchair, I haven't been confined. In fact, I've been liberated in the way that I can get around. So, that's just a little of that.

RANDY: That's something I wouldn't have thought.

GRANT: Right.

But so, I can benefit from the privileges of appearing more abled and for climbing things like stairs, for using computers in a way that people who might not have had my surgeries couldn't have done.

However, I've also learned that people like me who didn't have surgeries don't experience chronic pain. They might be primarily wheelchair users, but I experience chronic pain, and I probably will for the rest of my life. So, it's--

And also, I wish that I hadn't been traumatized by waking up during surgery. And also, I wish I hadn't been traumatized by a lifetime of believing that there was something intrinsically wrong with me that needed to be corrected.

So, in a larger sense, I wish we lived in a culture where I didn't need to appear more abled or present as more abled in order to access my basic living resources.

RANDY: Yeah.

GRANT: And sure, I wish I didn't have to have those surgeries. But in the larger sense, I'm also glad that I did because I don't think I would even be speaking to you in this way, doing the work that I'm doing right now because I do benefit from a certain privilege.

RANDY: The last thing I wanna ask is how can the able world better respond? What more can we do?

GRANT: Mm. Mmhmm.

RANDY: We have the institutional responses, but we also have our inner personal responses?

GRANT: Yeah.

RANDY: I'll give you an example, a personal example. I was really excited about talking to you. I haven't seen you in a while. I think that you're a great person to talk about these issues and just society in general. When I came to the door, I thought, do I shake his hand or not?

GRANT: Mm. Mmhmm.

RANDY: I had this moment of panic, like should I shake his hand?

GRANT: Right.

RANDY: Or is that gonna be problematic? And I know that there are other able-bodied people, when they meet you that think, what should I do?

GRANT: Right.

RANDY: So, on an interpersonal level, how can we be better, not just have empathy but sort of be more on the same level where it's not sort of these-- Uncomfortable moments are great. This conversation, in a way, is an uncomfortable moment, and I think it's important to have it.

GRANT: Sure.

RANDY: But how do we--

GRANT: Are you uncomfortable?

RANDY: Well, no. I'm only uncomfortable in that I'm not sure about the language I use. I would've used wheelchair-bound--

GRANT: But are you concerned that you'll hurt me with your language? Or that I'll be sad, or that I'll be alienated?

RANDY: Yeah, yeah. I think a little bit. Yeah, a little bit.

GRANT: Yeah.

RANDY: I want you to like me.

GRANT: Oh, sure.

RANDY: And I don't wanna come off as an asshole. I mean, that's the whole idea of this. So, I'm trying to figure out how to navigate these moments. Because I do know people, and I do know how I responded as a teenager. When I was--I mean, this is all a lot about telling stories about myself, but--when I was in high school in Stone Mountain, Georgia, there were nicknames for all the kids with disabilities.

GRANT: Yeah, yeah.

RANDY: And they were not included. And when I went to a high school reunion and saw one of those people who was a wheelchair user, I didn't know how to talk to her because I never really talked to her as a student or as a person because we were sort of afraid, you know?

GRANT: Right, yeah. Yeah.

RANDY: And I feel bad because those are probably some of the, those could've been some of the best friends I ever had in my life, but I was so with my culture engaged in distancing those people that-- And how do you know they had to think, "Oh, my gosh. Nobody even wants to talk to me."

GRANT: Right, right. Well, that isolation piece. Well—

RANDY: So, the question is how do I better, how do I make the world a better place on this issue in terms of my interpersonal reactions with people who are experiencing disability?

GRANT: I think that looking at how are you making the experience of being a human more accessible? So, I still experience ableism. There's still people with disabilities who I don't necessarily talk to in a way that is humanizing. And so, I try to first be open to the possibility that I might make a mistake.

RANDY: You engage in ableism.

GRANT: Of course, I do. And most of us do in this culture to varying degrees. Just as, as a white person, I engage in racism even though I really don't want to, and I also see that racism is a very major source of my oppression both as a disabled person and as a person who has lived below the poverty line.

But this question though is a question around, I think, basic humanity. And what do you expect as a human, and can you expect to treat a person with a disability or a person who doesn't present normally, on a large array of possible ways of looking at what's normal, with dignity? And so, for example, the shaking the hand question. If I see somebody who has a hand that looks like they might not typically shake it, if I say hello to them, and I see a gesture of moving towards me, I'm going to assume that they wanna have their hand shaken. I'm going to assume that this person wants me to look them in the eye, unless they're trying to avoid eye contact. So, I would first of all just say, just consider the expectations that you have about how you would want to be treated and go from there.

A friend recently said that he was worried about hugging me and wanted to make sure that he didn't squeeze me too hard because I look frail. And even though I didn't like the way he asked

it, I still appreciated that he was trying to negotiate with me about what felt right for me without saying there's something wrong with you.

So, when I think about your question, which is how do we try and be less of an asshole? Or how do we try and-- I'm sorry. You're going to have to cut my hums and haws perhaps every once in a while. But this, you know, how do we approach somebody? I would say consider your own bias about what is acceptable, and ask whether or not you can let that bias go in order to treat this other person with dignity. And to treat this other person with the respect that you would want to be treated with. And that requires empathy, which we're, as a culture, short on, especially as we cut arts education. But the, let's see--

There's a specific thing that I really want to point to. Actually, mm. So, something that I experience a lot is a concept that I've labeled "remote controlling," which is that people will talk about people with disabilities without people with disabilities being there.

RANDY: Mm.

GRANT: So, when the ADA was coming around, there was this big movement of something called No Talk About Us Without Us. And so, there's this idea that if somebody knows that I am coming to an event, and it's at an inaccessible space, sometimes that person will talk to another person, say, "What do I do for Grant? I don't know! Maybe, let's, we'll find somebody who can carry him up the stairs. That's perfect! We'll carry him up the stairs." And then I'll show up at the event, and they'll say, "All right! We're ready to carry you up the stairs."

And I think, no! I don't wanna be carried up the stairs. And then that person's feeling will be hurt because they think that they've been doing the right thing by making a plan on my behalf.

I call it remote controlling because there isn't a question of, "Hey, is this going to work for you?"

RANDY: They could just ask you.

GRANT: "And if not, what can I do to support you?" Yeah. I wish that we lived in a culture that was more willing to take care of one another, that was willing to look at interdependence as a way of life, rather than codependence as the only alternative to independence.

RANDY: Yeah.

GRANT: That when people go into a state of needing one another, that it's not seen as a drain on resources but an opportunity to come into greater trust and connection.

[rock music]

♪ Oh, Jesus, please help me not to become an asshole ♪

RANDY: That conversation coulda gone on forever! In fact, it did go on for a bit long after that. Grant and I continued to talk, and we got into a discussion about the pressure to conform to what's normal and how there's often violence and trauma associated with people being forced to be "normal," whether it's surgical or sociological. I mean, I think about trying to play football as a 8th grader, to be "normal," and the trauma of that. So, there was some important discussions there, and it's just not anything that we can confine to a one-hour talk.

But he gave me a whole bunch of resources and names that I'm going to add to the links. So, we put all these podcasts up on my website, [WatchingTheWheelsDad.net](http://WatchingTheWheelsDad.net), and that's where we'll post the links, including some of the resources that Grant talked about after our recorded interview as well as a link to the music of [Jared Mees](#), who gives us this great theme song.

I hope you enjoyed this as much as I did. It was really an eye-opening experience. I have to think about even how I talk about these things now. And so, I think this conversation will continue.

These podcasts are on iTunes. And so, if you find it there, please feel free to review it or give it a star or five. [chuckles] We're also on [SoundCloud](#), and we have a lot of great conversations coming up. So, this is a great example of how the work continues to be needed to be done because we are all works in progress. So, let's get to work.

♪ Oh, Jesus, please, please help me not to become an asshole ♪

Enlighten me