**Questioning Cure Disability, Identity, and Healing.mp4**

**Erik Parens: …** Meritus in the Department of English at the University of Missouri, he is a folklorist, disability activist, musician and author of the memoir *The Secret Life of a Black Aspie*. Prahlad will suggest that, in a society that is racist. To be Black is to be traumatized and to be disabled. Analogously, in a society that is based on neurotypicality, to be autistic is to be disabled. According to Prahlad, the same ableist society that creates those disabilities also manufactures a cure that is, in fact, a poison. And for those who did not see them, I put scare quotes around the word cure. The poisonous cure is either to conform to norms of whiteness and neurotypicality or to disappear. Rejecting that poisonous cure, Prahlad will prescribe what we might call genuine healing.

Our second speaker, Ann Millett-Gallant, is an art historian and disability studies scholar who teaches at the University of Greensborough, University of North Carolina at Greensboro and is the author of the memoir *Remembering: Putting Mind and Body Back Together Following Traumatic Brain Injury*. In 2007, Ann suffered a traumatic brain injury. In her remarks, she will use the term cure without scare quotes, and she will suggest how even a true cure is importantly different from healing. While Ann would have welcomed being cured of some of the distressing symptoms that resulted from her traumatic brain injury, cure of those symptoms was not possible, but what was possible was to heal. As Ann will explain, it was possible for her, enmeshed in her community and engaged in her art, to flourish in her own new way.

Our third speaker, Karen Nakamura is a cultural and visual anthropologist at the University of California, Berkeley, and she will speak about the way in which the idea of cure is often wholly irrelevant to someone's ability to flourish. Rather than needing any sort of cure, Karen will speak about disabled people needing tools. Tools for hacking environments that weren't built for atypical bodies. Again, it is not atypical bodies that need to change, but unsupportive environments that need to change.

After our three speakers have offered their remarks, Rosemarie Garland-Thomson will facilitate a brief conversation among them and for the remainder of the event, Joel Reynolds will facilitate the conversation with all of you in the audience. It is now my pleasure to turn the Zoom mic over to Prahlad. Prahlad?

**Anand Prahlad:** Thank you, Erik, for that introduction. I am in a Black man's body, I'm dark-skinned. I have on a hat that my dreadlocks are tucked under. And I'm against the background of an orange wall that has some white paint at the bottom. I'll begin by talking briefly about my disabilities, to put the rest of my comments into perspective. All of my disabilities have been socially imagined or politically engineered by white American institutions. My first disability in American society is my Blackness, for since the 15th century incursion of Europeans into Africa and the subsequent slave trade, Blackness and the white imagination has been constructed as both a physical deformity and a mental impairment. So racism is a widely unacknowledged form of ableism. My second disability is PTSS, US post-traumatic slave syndrome and inter-generational trauma that affects most people of African descent in the Western Hemisphere. My third disability is my own PTSD, trauma from the ongoing racial abuse in my own lifetime. The fourth disability I mentioned here is my autism.

Like many from my background, I think of the idea of curing disabilities as a fairy tale spun by white institutions and sold to the masses. It's like the tale of the ugly beast that kisses a beautiful princess and is suddenly transformed into a handsome prince. It exploits people's suffering and offers them false promises. It invites us to think of disability as an individual issue and distracts us from focusing on collective and systemic problems. It translates into “fixing us,” which means making us into something that conforms to a white, so-called normal. And so cure is as much more about culture as it is about medicine and health.

Meanwhile, some of us are so different that society declares us unredeemable, too broken to be fixed, too different to ever become anything close to the white normal. For us, the recommended cure is more explicitly exile, genocide, or eugenics. The actual goal, then, is really to cure society of us more than it is to treat what ails our minds, spirits, our bodies. I remember as a child growing up in rural Virginia, a stone's throw from the plantation where my ancestors were slaves, in the age of segregation. We had little access to health care other than natural remedies. We were exiled from white society except as house cleaners, nannies or manual laborers. We were disposable. And meanwhile, in the nearby medical hospitals, scientists and doctors are busy experimenting on Black bodies of men, women, and children. They were using them like lab rats, to experiment and develop medicines and treatments, but ironically, it cannot be denied to those like them.

While many things have changed since segregation officially ended, many things have not. I dare say that for large percentages of Black disabled people, perhaps for disabled people in general, being able to truly flourish is still as elusive as it ever was. Under slavery, able-bodied and disabled Black people found ways to subvert the system to take care of themselves as best they could to maintain positive self-identities. And we have continued to do so. But in the end, the enslaved were still enslaved and in many fundamental ways, our modern lives are still shaped by similar forms of oppression.

The system we live in is brutal, inhumane, and sadistic, and it values money, things, and winners above human dignity and well-being. It perpetuates the most superficial ideas of beauty and dismisses any profound concern with developing the inner life. Still, we survive. We subvert. We sometimes achieve and excel. But how often do we truly flourish?

To use myself as an example, I have been able to have a career family and to be fairly successful as an author and scholar. But in my 67 years on planet Earth, I have never had a day where I felt safe, where I was not afraid or anxious, where I was not looking over my shoulder or where I was not reeling from a combination of transgenerational and present day trauma, in which I was not on the edge of losing my fragile grip on my ability to socially function and end up either institutionalized, homeless, or otherwise removed from society. Every day I have felt viscerally my health deteriorating as a result of the stigma attached to my disabilities. It is well documented that environmental racism, a form of ableism, is a leading cause of physical and mental illness among Black people, as well as a major reason for short life expectancies. This also holds true for many other forms of disability.

I've had moments in which I flourish, certainly, but as I weigh those against the days and months and years of mental and emotional distress or debilitating physical pain, I am more saddened then uplifted. It is not enough for us to think in terms of just surviving or stealing pieces of dignity here and there. I believe that dignity, care and the right to flourish should be guaranteed for everyone, not for occasional moments or as goals we have to wage endless battles for, but as givens, from the moment of birth to the moment when we exit this plane of existence and we no longer have the luxury of time to wait for a change.

If the system isn't radically transformed and soon we will all be facing economic and social collapse that will lead to unprecedented and widespread suffering and despair. And as always, those of us who are the most vulnerable will suffer the most and be considered the most expendable. Despite the enormity of injustices like the pandemic and environmental racism, we need to be actively imagining a different kind of society, a different kind of world, one in which community and understanding, connections with each other and nature are the rules, not the exceptions. To do this, we will have to throw away the book of white capitalist fairy tales and create new stories that reflect a different vision. The titles we have been raised on tell us that human beings are strong. They can do amazing things with their minds and bodies, withstand impossible conditions, conquer any obstacle.

The truth is actually a little different though. Human beings are incredibly fragile. They break easily. They have a difficult time facing problems. They tend to elevate physical and technological achievements above the quality of being. We need to create stories and press the most important achievements as those that happen inside our hearts, spirits and minds. The old stories have also taught us to think of people as individuals. We have the self-made man and pulling ourselves up from our bootstraps, etc. But this is also a kind of fairy tale. If I can use myself again as an example, as an autistic, synesthesic person, not only having my senses overlap but also having physical empathy, I have never felt the sense of I-ness that I understand is considered normal. My I has always included those around me, but also the natural world. For example, birds, trees. I am the cardinal that sings outside my window in the morning. Not metaphorically, but really. And the cardinal is me.

It's one of the reasons why I can't imagine flourishing as an individual thing. How can I flourish if all the mes aren't? How can I flourish if my brothers and sisters are in pain or dying? If the bees and butterflies on our part of me are dying? And so our new stories have to reflect the interconnectedness between all forms to impart the idea that all of our well-being depends on the well-being of all. And so in the end, it is society that really needs to be cured. The society in which, for example, sadistic personality disorders, delusional disorders among those in power are considered normal, even admired, in which all too many have fallen under the spell of ableist fairy tales that malign all but the most narrow ideas of beauty, rationalize the bullying of those who are different and celebrate the most superficial notions of what it means to be human. For now, those of us who are in society's eyes different will continue to find ways to inscribe our realities in the public consciousness, to fight for a change and to envision a society and a world in which fundamental healing becomes more of a focus than cure.

**Liz Bowen:** Hi, this is Liz. We're going to move along to Ann Millett-Gallant next. Thank you, Prahlad. Ann, you’re muted.

**Ann Millett-Gallant:** Are the slides up?

**Liz:** They will be up in one second.

**Ann:** My identity as disabled is multi-faceted. A medical diagnosis at birth in Ohio was congenital amputation of all four limbs, suggesting I had no visible arms or legs. Such terminology points to what was missing or lost rather than describe my asymmetrical physique. My limbs never developed in my mother's womb fully. And she and other loved ones still fail to make me feel complete. I am further privileged as a white academic. I hold a PhD in the teaching of history, publish my research on representation and disability and digital culture have strong support systems and adequate financial resources. Others have complimented my adaptability and the most positive attitude. I was, am, someone as an adult who knew myself well, and I saw myself as shining a light on all of my subjects.

In May 2007. I was vacationing with a good friend in San Francisco, and at the end of a vigorous day of sight-seeing, I lost control of the light-weight travel scooter I was driving, tipped over the curb and came crashing down on my head. Luckily, I had been told, this occurred close to the hospital that was a premier trauma center. Luckily, though, I later learned my sister took us there, and someone told her that if I had been taken elsewhere, perhaps no one would have tried saving me. Other than that, it was my father who said that when I arrived at the hospital, I was within twenty minutes of dying. He also shared his frustrations that no one was allowed to ask questions.

The physicians refused to make any predictions about the results of my brain injury, TBI, characteristically because of the diagnosis, not to mention the inconceivability to most people. I healed through several years of intense physical therapy sessions.

I mean healed, not cured. This distinction is crucial. My healing path refuses any expectations I could return to any imaginary, pre-trauma state of wellness. My brain and my body have fought many devils together after refusing prosthetic limbs twice after uncontrollable muscle spasms, lack of sleep, unexplainable bone infection, I decided to forgo the prosthetics and be comfortable in my own skin. I had documented the vital signs that my loved ones applauded, and my reaction to my medical records, planned stints in multiple hospitals, palliative therapy, and the newest emotions and anecdotes comprise much on the story.

In 2017, I self-published a memoir, composed through years of journaling, researching TBI and therapy, and making artwork. This creative process proved to be therapeutic still. I compare my corporeal and mental differences to the so-called possible state of normal through academic and personal writing, multimedia collages, and tactile, vibrant hues of paint on canvas. Painting, drawing, and collaging, personal and commercial energy enables me to explore the tension between my pre-trauma agency versus the guilt I felt about what happened as I’d been so-called responsible for the accident. You can go to slide one now.

Neurologist Louise Coaxa states that anxiety and depression are the most typical results of TBI, and that feeling guilty constantly signals depression. By juxtaposing pictures, it spoke to me about my increased anxiety, sleep disturbances, and loss of self-confidence, and had healed many wounds. Collages help crystalize my memory and synthesize my tasks and present experiences, in visible forms that had curated myself, creating visible reminders about my mind and body’s amusements and trauma, helped me visualize my experiences in tangible, artistic forms. Scholars and practitioners assert that trauma cannot be expressed in words due to the complexity and personalized nature. Researchers and physicians that counsel on TBI have discovered the multiplicity of outcomes and consequences of it, and have discovered that a survivor’s future is dependent on the personalized community resources and identity actions prior to TBI.

After impact, I was comatose for six weeks, alternating states between survival and unconsciousness, and somehow, I decided to survive. I was accomplished already, and I wasn’t finished. The goals of art therapy are to heal, rather than to cure. Making art, storytelling, and analyzing my artwork with a therapist did not erase my traumatic past, but rather help me cope with new impairments and refashion my body images. Over time, I have become more competent and resilient.

I traveled from San Francisco to Columbus, Ohio once in 2007, where I had many resources already. Because I was practically uninsured, my father liquidated my investments carefully, so I qualified for Medicaid disability insurance. A journalist had published a human interest story about me in Columbus’s paper, called “Willpower,” that featured a large close-up of my face, wearing make-up and earrings to off-set that I had lost part of my skull. In 2010, I found it and felt startled. I recognized myself as a deer caught in headlights. I recreated the photograph as a drawing using ink and Wite-out, placed specifically at the site of my brain trauma to emphasize my eyes and my trauma and my humanity. This image is now on screen.

For today – okay, go to the next slide. For today, I collaged three printed images of my paintings from the past eleven years, on a canvas painted orange, and accompanied by the words “trauma drama mama” placed below them. My depiction of the inside-out vibe due to my brain absolutely severed is left justified. An exterior depiction of my cranium cut in half, with its intricate hints of ridges symbolize the inside of my brain. “Cabbage” is a term that chastises people who are not normal. Additional acts of social stigma, and the forms of examples of others asking “What happened to me?” and how long I had been doing things for myself attempt to thwart my explanations. Sometimes I turn these into teachable moments. Other times, I reply no.

Contrasting with others’ deadpan assertions, my cabbage is bejeweled and adorned, with a ghoulish, dancing center, or heart. Next I adhered a painting inspired by my perception of a documentary film, My Beautiful Broken Brain. The image in two hearts floating on a rosy background includes a cat and a brain and face. This represents my anxiety. It references my relationships with other mothers. Craft paper with rosy polka dots frames the images with whimsy and delight. These images overlap cerebrally and mystically. The collages stages three self-representations and links them in multi-dimensional journey. This trio references self-care, care, and interdependence. I will never be cured but now I have the tools I need to feel healed. Thank you. Now it’s my pleasure to turn the digital mic over to our next speaker, Karen Nakamura.

**Karen Nakamura:** Hi, everyone, it's delightful to to see you today. Thank you for coming. I'm really honored to be here. So to day I like to talk about what I see as the Crips’ dilemma, whether we cure ourself or hack the world. The care industry seethes. Why are disabled people so hesitant about the cure? Perhaps because there always seems to invoke other C’s. Control, compliance, conformity. We can perhaps see this most aptly in psycho pharmaceuticals used to control people with psychiatric disabilities such as myself. The taking of these drugs is often not within our control. We are often forced into compliance, monitored for compliance and the goal of the drug “therapy” is conformity to social standards rather than any alleviation of our own pain.

But we can see this in other domains as well. Think of the cochlear implantation of two-year-olds. Here again, control, compliance and conformity are offered not only in the implantation of the cochlear implant, but also in the post-implantation speech therapy protocols, as chronicled by Laura Martin in Made to Hear. Signing is forbidden. The child must comply to hearing conformity. To take the cure, we have to accept the control of normative medicine, be compliant, and conform. Is this really too much to ask? Ultimately, in the end, most of us learned that the way of the cure is futile. Now whatever we do to try to conform, we will always stick out, always be the other. Crip scholar, Alison Kiefer talks about the forestalled nature of Crip Futurities, that the cure is always presented as being just over the hill, six months, two years, 10 years. If we could just be patient and wait for it, you might find it. I think we've been patient and impatient for too long, and we know the false promises of the cure. We can wait, but it will never come. We were always already human and post human. Ed Roberts chair.

In the social sciences and humanities these days, it's fashionable to talk about the turn towards post humanism, that is tearing down the divide between the human and non-human, whether it be to talk about cyborg bodies or the symbiosis of our microbiomes. However, Crips have always known that we were always already human and post human.

In 1995, two months after his friend's death, Mike Boyd dropped off Ed Roberts’ wheelchair on the doorstep at the Smithsonian Castle in Washington, D.C., Ed's chair revealed the marks and dance of the many battles this disability activist fought for his own civil rights and those of others. At the Smithsonian, it became part of the national collection along with other artifacts, including George Washington's dentures. And I like to think that the comparison is fitting. Ed's chair was very much part of his body like George's teeth. And like George's teeth, its chair was designed to be part of his body. It had a portable respirator, portable ramp. In the days before car carts, straps to keep his upper body stabilized and a joystick positioned in just the right position. Anyone else sitting in its chair would feel, well, feel like they had George's teeth in their mouth.

Engineering at home, keeping space. Every disabled person is an engineer, is the philosophy undergirding a website headed by Sarah Hendren and Caitlin Lynch. Of course, the household applications created by Cindy, who is a quite who had a quadruple amputation following a medical emergency. The adaptations are mundane. A way to pour out laundry detergent, a hand clap for a stick of deodorant, but they are also innovative and creative. Hendren and Lynch's point is that we are all engineers and designers and disabled people, particularly so, given that the world is not designed for us and our needs. Every day we have to engage in hacks, using our canes to operate elevator buttons, putting tactile dots on our appliances to know where the buttons are, letting our service dogs carry our meds so that they can remind us to take them.

Architect Jonah Keller and Crip scholar Margaret Price have written about how disabled people hack spaces, making use of buildings and our built environment in ways that the able-bodied neurotypical designer perhaps never imagined. We find the hidden light switches, the quiet nooks, the clear sightlines, the service entrances, the doors that aren't locked and the underground paths. We convene and create Crip space with our very presence.

Deaf spaces, Gallaudet University is the world's only four-year college for the deaf and hard of hearing students, nestled in southeast Washington, D.C. Its campus was originally designed by Frederick Law Olmstead in 1866 and not to insult it or him, it looks like almost every other college campus in the Northeast. At a time when it is important to stress that deaf students could attend college, it was important for Gallaudet to express this sense of normality, but that but by the end of the 20th century times had changed. In 1988, the Deaf President Now movement had instilled a deaf man as the first president of Gallaudet.

In 1990, Americans with Disabilities Act had ensured everyone could go to college. More quietly, though, in the background, deafness had become, well, partly cured. The 1988 DPN movement had been caused in part by the epidemiological and demographic bubble of deaf kids created by rubella epidemic in the 1960s. The MMR vaccine would ensure that there would be no more future demographic bubbles. Genetic counseling, which Gallaudet itself offers, would reduce genetic causes and cochlear implant technology could take care of much of the rest. Gallaudet would face a future shrinking population of students who wanted to be like the rest of society. In 2005, architect Hans Oberman and a cohort of fiery deaf scholar at Gallaudet created the deaf space project. Its goal was to fundamentally change how buildings and spaces at Gallaudet were designed and created.

They made a manifesto about how signing deaf people occupy space and use it to change our hallways, common spaces, elevators, stairs, slopes, paths, classrooms, offices and even walls were designed and created.

In this paper, I've talked about the difference between curing and hacking space. But what of mad activist? As a matter activist and scholar, I wonder how this cure hacking dilemma applies to us. We have a much more troubled relation with biomedicine than some of our physical or intellectually disabled kin. In my more fiery days. I was fairly anti-pharma. I refused to take the pills that were literally poison. But the world is equally toxic and fighting the world constantly equally draining and psycho pharma does make it easier to just live.

And that's our dilemma. We don't have adequate metaphors for what the little pill means for us. Is it just compliance, conformity, control? Or are they perhaps also the wheelchairs and canes that let us navigate the world around us? Make it tolerable for us? How can we mad activists work to rework the built environment and social institutions so that we don't have to constantly take this false cure? We're still very much at the beginning of our movement and I have few answers.

Crip archeologists. As an anthropologist, I often wonder if archeologists a thousand or 10000 years from now will know we existed. And by we, I mean disabled people, my friend and Crip artist, Lee Valera talks about going to a museum and recognizing one the skeletons on display as having the same type of scoliosis as her. She imagined the life that this person might have had. Sometimes that disabilities are visible on our bodies. But what about the artifacts we leave behind?

The new Gallaudet that's being redesigned as deaf space will certainly be visible if the archeologists know what to look for. What about other spaces? Bryan Bashin, the head of S.F. Lighthouse for the Blind tells us a wonderful story of going to the home of a mysterious benefactor who left a safe lighthouse $125 million. He instantly recognized the home as that of a person who is slowly going blind. The tactile art, the magnifying glasses, the bright lamps, the large television screens placed in odd spaces. Will these types of details be apparent to our future archeologists? But only, maybe, if they were blind would they realize them. I wonder what the traces we leave behind will be. And so I exhort to you my invisible audience behind the Zoom screen. Reject the cure. Try to hack spaces, hack your world, leave traces behind. Be remembered.

**Erik:** Thank you. Rosemarie, I believe we're turning it over to you to facilitate the conversation.

**Rosemarie:** Okay, thank you, I'm clicking buttons. Thank you very much for these three wonderful presentations, Prahlad, Anne, and Karen. I have a few questions that are prompts for discussion among the three panelists, so I would invite you all to participate together in a conversation. And the first question that I wanted to put forward is this one. So people with disabilities who have managed to flourish and to live lives that most of us would consider to be good are often described as being strong, and I'm using that in scare quotes. And I was struck by the contrast between this stereotype of strong disabled people and Prahlad’s point, which seems to me to be very true, and that is and I'm quoting, “Human beings are incredibly fragile.” How can we talk about flourishing as we have experienced it in our own lives? How can we understand that in relation to this fact of human fragility? Anyone want to begin?

**Ann:** My view of the screen.

**Rosemarie:** We have your voice, Ann.

**Ann:** Okay. Yes, I think that people always say, “You’re so strong because you’ve overcome so many things.” And I have overcome certain things like architecture that doesn’t accommodate me or people that don’t address me properly, new doctors that haven't treated me-

**Rosemarie:** We lost you, Ann.

**Karen:** I think her connection dropped entirely, I don't see her in the participant list.

**Rosemarie:** It's a hard technological environment, Karen. My own internet just faded out and I had to get back in again. But perhaps Prahlad and Karen would like to comment a bit on this supposed conflict between the idea of strong and the human fragility that Prahlad mentioned to us, that is part of what structures our existence.

**Prahlad:** Well, I'll try to comment on it. When I think and when I'm talking about strength in my talk, I'm referencing the way people tend to think of stress and what they tend to think of as strong, like you're strong if you can lift 500 pounds or you're strong if you can endure a certain amount of pain or, you know, strong if you cannot show your emotions. So as I'm thinking about it and talking about it, I'm trying to suggest taking on stress and a different way. So our bodies are fragile. We don't have fur. It's if you drop us off at the North Pole naked, we would die. And we are so susceptible to so many things, environmentally things, nature things and it doesn't take a lot, really, to cause harm to a human body or a human mind or human spirit, and in some cases takes very little. So that's sort of what I mean when I say we're fragile, so I'm suggesting we think of stress and in different ways, then it's typically thought of. So for example, it takes strength to try to understand yourself, for example, to it takes strength to look at your fear. Those kinds of things are what I'm suggesting. And in a way with a more meaningful way to think about being strong than the typical ways that people often think about it.

**Rosemarie:** Ann, you were interrupted by technology, would you like to continue talking about strength and strong and Prahlad’s assertion that human beings are incredibly fragile?

**Ann:** Yes, because we're little and we’re sensitive, and we wound and we hurt physically and emotionally. And, you know, the idea of cures is just going from a transformation from ill or disabled to non-disabled and healthy and to see it more as we're all on a continuum and we all have things to deal with and that we can heal some things for ourselves and some things for other people. But as you do, you realize to erase trauma from your life isn't possible. Or, you know, just to avoid it, the trauma that we all go through and it is it is really hard, going to therapy. And I chose art therapy because I liked art and I was an artist. And so some of the ways of dealing with some of the pain, might be different ways other than just medicine, or typical exercises or whatever is prescribed.

**Rosemarie:** Karen, did you care to comment?

**Karen:** You know, I think when people talk about being strong, it's often in the context of, you know, “Oh wow, you must have had some internal strength to survive the challenges that were presented here.” But from my perspective, you know, I live with a great deal of survivor's guilt because I know many more people who you know, much more talented, much stronger. And they didn't survive. And it was more luck than anything inherent in myself that has allowed me to come to this point, so I don't like the language of our strength because it implies there's something inherent about that. It's more that a whole bunch of us walked past this giant minefield and a great number of us got decimated. Does that mean that there is anything special about those who didn't know? And it instead it tends to act like it … You know, it's it's society that's created that minefield, right? It's created an environment that makes it so hard for us to exist. And by praising the survivors, you think, “Oh, that's so great, you crossed that minefield like no one, and, you know, it's like what you could not put that there, could have made it so that all of my community across.”

**Rosemarie:** I'm going to say amen to that.

**Karen:** Yeah, exactly.

**Rosemarie:** I think all of your presentations put forward the need for a what I call a sustainable or a sustaining environment for all human beings to live in, but for people with disabilities, that sustaining environment requires, perhaps, more and distinctive tools, to use Karen's concept, but tools in the very broadest sense, the kind of tools that might be technologies, but the kind of tools that might be, and I think Prahlad was suggesting this other people and other living beings and for Ann, the kinds of tools that consist of the implements of making art are all part of the larger sustaining environment that has allowed those of us who have flourished to flourish.

So I wanted to suggest taking our conversation in another direction, and that is that the presentations here that the three of you offered to us, affirm that it is less us, our bodies and our minds, that need to be cured, but rather that society needs to be cured. And I think Karen's concept of control, compliance, and conformity, that lovely alliterative idea is really crucial here about curing society rather than curing us. Our bodies and minds. Could each of you perhaps or some of you talk a little bit more about what kinds of social curing, what elements of society need to be cured in order for us to flourish more effectively in the world we live in?

**Karen:** I'll jump in, you know, just for a start. You know, when I was teaching two years ago, disabled sense, you'd constantly say, you know, the one of the hardest things, especially in that community of people who have low energy for so-called while we call ourselves the spoony community, it's often very hard to get to class. And people have been begging for years and years. Hey, why can't we have a Zoom option? Why can't we have a Zoom option? Why can't we? Why doesn't all this technology make it easier? And always it was. Oh no, we couldn't possibly do that. Oh no, it'd be impossible. And then suddenly a global pandemic hits, and it's like, hey, “You’re whipping out the Zoom,” l or, you know, and the thing with faculty, all these meetings that we went here, it's like, “Well, why can't we just participate with Zoom?” It's like, “Hey, we can.” And you know, suddenly all of these possibilities open and everyone's talking about going back to the old ways, “Hey, we're really looking forward to in-person meetings. We’re really looking forward to in-person classes,” and for sure that some people for whom that is the more accessible option.

But we've already seen a bit of the possibilities. You know, I think I find Zoom very tiring, especially speaking Zoom where I have to have the video up. I do like Zoom meetings where everyone's on chat and it really isn't Zoom, but then Twitter. But we have now seen some possibilities that society can change, but only changes when it affects the majority of people. But now that we can see it's possible, I think that there's room.

**Rosemarie:** Go ahead, Ann, please.

**Ann:** Well, one of the access needs is still medicalized.

**Karen:** Yeah.

**Ann:** And we have to go see all kinds of different specialists to get a new wheelchair. I have to, something. That's an inconvenience. And, you know, if I have to renew my disability license plate and I have to do several paperwork, the mail on this and then faxing that and so on up here. And so a lot of these things just turn into a hassle. That I've heard that some in-home presenting is good but things that also still might have gotten harder. And it's so vast and people are so packed in together, and that makes it difficult. A lot of things with access can be difficult. There isn't one solution that's going to be accessible to all people, I suppose.

**Rosemarie:** So you're suggesting that society can be cured by a different distribution of resources? I think we're all saying that. And a different set of priorities about how we build literally and fund the world that we share together.

**Karen:** One of my goals in in teaching and one the reasons I like teaching large classes is because I know I'll get at least a few students will go on to change the world. Who maybe have the resources and the privilege, but I want to at least sensitize them. Hey, you know, start thinking about these things, and maybe I'll also have a few Crips who will do it too. I think as we start to occupy more positions, maybe we'll start to have drugs that aren't toxic and shorten our lifespan at the cost of being able to exist. Maybe we'll have more devices. Maybe we'll have somebody at an insurance company who will have the brilliant idea that maybe someone needs more than one wheelchair at a time, so you don't have to get rid of your old chair when you get a new one or maybe someone or design a wheelchair that'll work in the rain. You know, power chair, I mean, all these innovative thoughts, but we need to be in those positions to do that.

**Rosemarie:** One of the terms that Erik offered us in his introduction is the idea of genuine healing, which I think is a really productive concept. What would any of you, how would any of you perhaps describe genuine healing? It seems to me that it's it's going to require understanding people with disabilities and illnesses as much more than our diagnostic categories, which I think we've all been talking about here. To be seen more as whole people rather than broken people, that really difficult metaphor of broken and fixed and people, and this seems very important and what all three of you said, and it certainly is in my own work, people with dignity that others in the world can recognize. It seems to me that the kind of dignity that we, as people with disabilities try to describe in our own work and try to elicit is a particular kind of dignity that must be that asks to be recognized in distinctive ways. And I wondered if any of you or all of you might have something to say about what this genuine healing might be like in your worlds.

**Prahlad:** Well, I'll say something on that one. I'm also flashing back to the previous two conversations that I didn't really say anything because I didn't know what I thought. But this helps me to figure out what I'm actually thinking. I have a hard time thinking of the issues you're mentioning in isolation from the society in general. So I was thinking, “Okay, what? What kind of technology or tool would help an autistic person to function better in the world?” Well, there are some things that I could think of. But those tools might serve a few artistic people, but then you would still have a society that was full of intolerant, insensitive people who weren't willing to grant an autistic person dignity or space are hard to think of them with the same consideration that they would with someone who is not autistic.

So if I'm that person and I have to go to work every day and on my job, I have a tool. Let's say I have a quiet room that I can go to. Well, when I go to the grocery store, there's no quiet room. When I go anywhere else, there’s no quiet room. And so I'm still living in a society where if I leave my home, I'm sort of being the subject of microaggressions and certain forms of abuse. So it for me, it comes back to a more holistic answer to those questions than just what might be to our technology or environment that might help me.

I can go walking in the woods because I'm fortunate enough to live in a place where I can go walking in the woods and where there are woods, but an autistic person living in an inner city. That especially in a, let's say, impoverished neighborhood. Well, they can't go walking in the woods, and in fact, if that person is Black, if they go walking at all, they could get shot. So. When you ask the question, how would I imagine shelling taking place for me? The first thing that comes to my mind would be cure all those people out there, and that would allow needs a space to actually focus on my own healing rather than using all of my energy just to cope with a hostile environment. I could go to a retreat, but I can't live at a retreat. Does that make sense?

**Rosemarie:** I think that's a good place to end with the-

**Karen:** Oh, I'll have one small thought, if I can. Is that okay?

**Rosemarie:** Please, please. We have we have a bit more time.

**Karen:** Just one small thought. You know, this is a little bit I had cut out of the original paper, but one of one of my friends, a disability activist in Japan, Shinji Kadota, he = said he works to envision a world in which when when a child is born, he is disabled, the parents, you know, the friends of the parents instead of everyone pitying the parents say that is absolutely incredible. You know, you are so fortunate to have given birth to a disabled child because we know that that child is going to change the world. And in some ways, isn't that what all parents want, is a child who will make the world a better place and he said, we disabled people do that. We make the world a better place. Where we go. things magically happen. Wheelchair ramps get built, automatic door openers get installed. Quiet rooms at conferences get made. You know, visible fire alarms get installed. All of the activism that we have done, you know, closed caption television captions appear. All of the activism that we've done over the past 60 years has made the world a better place. And I think, you know, we need to acknowledge that. We need able bodied neurotypical people to acknowledge that that we are the ones that bring these changes onto society and so that again, when a disabled person is brought forth into the world, we celebrate that as the marvelous occasion for someone who has that potential for change.

**Rosemarie:** Karen, thank you. Because you jus offered the best hack that I've thought up or heard in a long time. And that is that you just hacked a gender reveal party, to bring up the idea of a disability reveal party, which would be exactly what you just described, and people could start making cakes and all sorts of technological apparatuses to celebrate.

**Prahlad:** When is this party happening?

**Ann:** We'll all get invited along.

**Rosemarie:** Tomorrow and we'll get the NEH to sponsor the whole thing. Thank you. We can move on now to. Thank you so much. We can move on now to the next part of the program. Joel, are you there?

**Joel:** I am indeed here. Can everyone hear me okay? I'm going to keep talking, but if something's going wrong, please interrupt me. So we are now moving on to the section of this event that takes questions from the audience, as has happened with our past events, we have a wonderful set of questions and sadly we will not be able to get to all of them. I would like to encourage everyone who's watching, please continue this conversation on Twitter, on Facebook. Please feel free to email any of us. We are really excited to keep this going beyond the event, to talk and think together about these questions, issues and concerns.

The first question from the audience that I will pose to any and all of the panelists who would like to respond to it comes from Lisette. I hope I'm pronouncing your name correctly. L-I-S-E-T-T-E. She writes. My brilliant disabled friend Naomi Ortiz, shares a story in her book called *Sustaining Spirit* about how a friend taught her the difference between healing and mending, where mending is not a return to your previous state, but rather a transformation of yourself where the wound may or may not be there anymore, but you are no longer who you once were. Is there a place for mending on the path to flourishing?

**Ann:** Well, I just thought . . . Oh, do I talk?

**Prahlad:** I was just Joel to read that is the definition of mending again.

**Joel:** Yeah. This, Lisette writes, mending is not a return to your previous state, but rather a transformation of yourself. A transformation that occurs even if the wound is now no longer there. I can tell it's a good question because we're all like, “Hmm.”

**Ann:** In my face, I still have a lot of wounds visible and because I went through following my accident, I can’t use prosthetic legs anymore. But in another way, I had to tell them with my knee and muscle contraction, it got to be too much. I thought it would just be more comfortable for me and less painful to just not use them at all. And once I did that, at first I felt like I'm losing something, but then I just became more comfortable doing things without them. So in a way, I mended in that way. I just altered my perspectives and how I did things, and I stopped feeling uncomfortable being on the floor around people. So that was a way of mending for me.

**Karen:** In terms of psychiatric disabilities, I don't know what healing and mending are. You know, all of the cures we've been offered tamp down the symptoms. Or at least some of the symptoms, but they don't really heal. They don't really cure. They don't really mend. Once you stop taking them, you're back to where you were, which is an odd trip. There's one term that that's been used by some activists, psychiatric activists in Japan, which I like, which is to use the word recovery. From the language of AA, I don't like that it's from AA, but I am always a psychiatric disabled person, even when I'm doing well, even when I'm taking medications. It is always who I am. It's in my nature. So it's sort of like accepting who you are and working from there. So I like that that language, I'm always in recovery, but the dimension I don't like are that it takes away some of the activist component and puts the onus on myself.

**Prahlad:** It would be similar with autism. There's no mending or healing. I don't know that there's any mending or healing necessary because I don't think it's an illness. And when it comes to PTSD or PTSS trauma. And let’s say trauma related to race. Well, when I think of PTSD, I think you have a trauma. And then there is the after trauma. And in the period of the space, so that after trauma, then you can actually engage ideas like recovery or healing. But if you have trauma today and when you have trauma tomorrow. And then you have trauma the next day, and that's your life, then where is the space for actual mending or healing, so I think that's one of the really disturbing things about racial trauma, is people aren't granted the space, a post-traumatic space, really.

So I don't think in terms of as far as my own disabilities, healing in that way, I think our healing and moments such as creative moments where one can, let's say transcend the trauma. Or one can even make it into something else so that it's not what it was at the moment that you experienced it or. If you practice yoga, or you practice meditation, then maybe you're able at moments to take some of the trauma that's settled in your body out, but I don't know that that would be mending.

**Joel:** And then I have a second question from the audience, and I'm not sure this person actually meant to have it semantically come together with the last one, but I think this will actually allow us to build a bit on the comments you each each just made. And this question comes from Patricia. And she writes, I have mixed feelings about Rosemarie’s discussion around broken and fixed when one is recovering from a medical trauma with newly acquired disabilities. There is very definitely a feeling of being broken when one is in a time of crisis and imbalance, et cetera. But as one adjusts and learns how to live with your new body-mind, the new normal, then, of course, that sense of being broken shifts and can shift to simply being okay, or maybe even greater.

But the point of this, this the person who wrote this question, I think, is to say, aren't there contexts in which it is and should be permissible and acceptable to consider oneself broken? And I just want to add one little thing here that I think one of the reasons this conversation between the three of you is so rich and I felt like I've learned so much is there's been a very strong interplay between psychological, psychiatric, intellectual disabilities, physical and also pointing to disabilities that are quite clearly a result of societal injustices, inequities, societal problems and the complexity of moving between, I think each of these three domains and showing the ways in which they're connected and not cleanly separate. I think that that's been coming out over and over again in our conversation so far. And so maybe this question is an opportunity just to circle back to the way in which there might be situations where, for example, feeling broken is okay. I forgot one more thing. And Liz Bowen pointed this out to me that in one of your paintings is actually called my beautiful broken brain.

**Ann:** Yes, I can’t believe Rosemarie was saying that, if you don’t mind, and I think she was saying that people think of it in terms of being broken, not that the person themselves is broken. That other people, as you know, conceptualize that and broken can be an individual experience and that also, I think, to be broken can be open to interpretation. You know, I consider myself broken one day about something that I’m upset about that day, and I completely go through that. I might feel broken from some of my experiences and try to deal with the pain the best I can, like through artwork. Just explore these ideas, and one of the reasons I say artwork is that it’s creative expression and can bring interpretations to it, but there’s always more interpretations. And that’s really interesting to me, that the study will give you that. It could be both, in terms of one’s society and one’s nationality, or individual experience, at the same time. I don’t know if that’s helping respond to that question, but maybe it’s a problem of classifying both versus whole. Those absolutes, you know? Broken means different things to different people at different times. That’s something you have to overcome someday completely.

**Karen:** Yeah, there's a Japanese art form of repairing pottery with gold called Kintsugi, where you use gold to inlay to repair and you get some really beautiful pieces that have been repaired with that. In some ways, the broken and repaired piece is more beautiful than the original one. It reminds us know to go back to Prahlad’s point about the frailty and fragility of the world and of things, that nothing will last forever, and that each break is unique and each broken pieces unique. And how it comes back together is is also unique. I don't think it's bad to refer to ourselves as broken at times. You know, certainly there are periods where my brain comes crashing down on me. And today is one of them. I apologize for my affect, but I'm reminded that these are the moments in which it reminds me of my humanity, reminds me of frailty, but also the moments that also gave me the energy to do things later on. So it's not always a negative to be broken.

**Rosemarie:** And I wanted to suggest, as I thank you for that comment, that, I would want for us all to think that these conversations are less about what's permissible and not permissible, what's okay and not okay, but rather that what we're doing is together exploring and offering a variety of different perspectives, not rules, about how to think and be in the world as people considered disabled and people considered not disabled. And one of the things I appreciate about the concept of the humanities is that it invokes the idea of the human and the human is a way to yoke many of these differences and variations that human beings and the larger non-human world bring forward to us and to think about them, so I would not want my language and thoughts to be considered permissible or not permissible. Nonetheless, thank you for the comment about broken and unbroken.

**Joel:** Anand, did you want to jump in or should I move to the next question? No pressure, just checking.

**Prahlad:** I'll just add a little bit. When I think of broken I could think of, I think it's a medical creed, “Do no harm.” But in fact, it's very difficult for medical professionals to treat people very often and do no harm. So sometimes the harm does end up leaving people feeling broken in ways that they weren't before they received those treatments. So I don't think it's just necessarily whatever disabilities we might have before engaging with medical professionals. I think sometimes it's also the results, the side effects of medical treatments that cause conditions that we might feel, “I'm broken, I feel broken in this way or that way.”

And, you know, it's often a trade-off. Well, does the feeling of brokenness and that way that this other thing over here is managed better, is that a better situation than if you didn’t have the new brokenness and the thing over here was not being managed, so it can get complicated in that way.

**Joel:** And this is also making me think. So I'd make a personal comment for a second. You know, much of my psychiatric disability is, a lot of them are a result of questions of grief and loss and separating out, what is in relationship to very specific events versus what is just a question of difference and of how I am but a question of difference and how I am that I sometimes feel very viscerally as being broken and I sometimes feel very viscerally as a sense of loss. That is a very complicated kind of interplay and brings in, yeah, one has to think about both environmental and structural factors and individual ones to to even kind of broach those types of issues.

One other question from the audience that I wanted to make sure we we got to. And I think that this will kind of take this last part of the discussion and open it up even further to one of our primary themes of not only today, but this event as a whole, that of flourishing. This comes from Greg, and he writes, I understand Professor Prahlad to be reinterpreting flourishing so as to be lamenting limitations imposed by social factors. And at the same time, accepting personal limits as a feature of all human life and embracing interdependence with others, including the natural world. Greg writes, I find this very attractive. Does it not, though also raise a conceptual challenge for knowing how to ensure that human foraging is a right enjoyed by all people? How can we know if one is close enough to being who one wants to be or having what one wants or feeling like one can be oneself to be described as flourishing.

**Prahlad:** Can you read the question part again?

**Joel:** Absolutely. Greg writes, does balancing . . . Let me try and rephrase this. This balancing the tension between accepting personal limitations and acknowledging the massive social limitations that are imposed on us, does acknowledging that tension raise a problem of knowing how we can tell whether or not someone is flourishing and how we can establish a world in which there are rights, human rights such that that is as maximized as the first thing is maximized for as many people as possible. I hope that I did justice to the question by slightly rephrasing it. Maybe the simplest way to rephrase it, now that I'm thinking about it more, is how do we translate these insights from today into questions of human rights? How do we make societies such that more people can flourish with the bodies and minds they already have? Big question, a very big question.

**Prahlad:** I think maybe I would rephrase that as, where do we where do we begin and how can we begin because to say how we can accomplish it, I don't think we have that much time left to actually map that out, but some places that we could begin, I think one of the the main places we could begin is with a different kind of education in K through 12 so that people graduate from high school with a different kind of sensibility about what it means to be a human being. What it means to be a human being relative to other lifeforms on the planet and what it means to be a human being in this particular moment in which we're living right now. And I say that with full understanding of how difficult it would be to transform educational institutions like the public schools, for example.

But a lot of things are difficult. I think it's a necessary thing that would make a big difference in the future trajectory of our society, if that could happen.

**Karen:** I think it's coming, you know, at universities across the nation with, I found there's no university that hasn't had a rapid increase in the number of students who have nonappearance abilities, whether it's psychiatric or developmental or neurological. And that, I think, is the success of the ADA, that they've managed to thrive in kindergarten, elementary, middle and college in environments and had APs that allowed them to come. Now they're coming to college and they're finding barriers and faculty are having to change. But for 10 years, that wave is also going to come into society, and we can either try to stop it and institutionalize them. But I don't think we can ever go back to that period. I think it sad, companies and other places are going to have to figure out, Well, what do you do with this generation of kids who have thought that at least restrictive environment is the natural? That of course, they have the right to thrive. Of course they have the right to be here. Of course they have the right to everything. So I have a lot of hope for that for their generation of kids who are born after 1990.

**Joel:** One more question from the audience and the fact that that, Karen, you've just brought up the question and Anand, you both brought up the question of younger people and especially people going through education. This will make that slightly more focused. Michelle, from our public audience asked, What are people's views about parents making decisions about getting a cure for their young children? How do we help parents to consider all of these rich points that have been brought up about identity, pride and difference with respect to their children?

**Karen:** For me, it's talk to the adults who are living with that disability, you know, whether I think of their cochlear implants. What I think of, you know, applied behavioral therapy. Talk to the adults so many times it's just, you know, able-bodied neurotypical who are making those decisions or advising. If you talk to deaf people now about cochlear implants, they'll say, Hey, yeah, maybe have it for your child, but realize it's just a strong hearing aid. It won’t make your child hearing. And so you should also accompany it with sign language and just see which which one when your child wants. But they have the right to language exposure. So give them both, give them both the English and give them both hearing. You talk to adult autistics who have underwent ABA therapy and they'll say that was horrible. I spent all day with a therapist who was just teaching me how to not to stim, and that's all we did. And that was such a colossal waste of time. There are so many more things I could have done with my life, but we never talked to the adults. And I think that's the thing is that, you know, you're not alone. There are other people who have gone through it and they can share their experiences.

**Prahald:** I would agree that that would be a part of life that parents could become better educated about disabilities on a sort of macro level. I think again, having some fundamental transformation of our social system would help because a lot of parents are really making decisions based on, they can't take time off from work or they are afraid that their children are going to be bullied, or they are afraid that their children are going to be left behind or have experiences and they're in their school or in other situations where they are traumatized because of their difference. So I think if parents didn't have to be concerned with those kind of issues that they would be a lot more open minded about not necessarily looking for a cure, quote unquote, for their children.

So I think a lot of it is just practical, and if you're a single mother, for example, and let's say you have three children and you have to work two jobs in order to make ends meet, and you have a disabled child who requires a lot of attention and then you're given the option for them to be cured, quote unquote, and to receive some sort of treatment that would mean that their disability is not as noticeable or that is, it's momentarily fixed. Well, you can understand there would be an inclination on the part of the parent to take that option. So I think that part of it is really social circumstances that weigh on parents a lot of the time that influenced their decisions.

**Joel:** I think that one of the really powerful thing that that came out in differing ways from each of your talks was the emphasis on how a society so fundamentally shapes what we take to be our individual choices and that those choices are often not really choices at all, if you live in a society that's set up in a fundamentally unjust and inequitable manner, a society that doesn't offer universal pre-K that doesn't offer parental leave, that doesn't provide sufficient supports for parents who have children with different needs, that doesn't offer universal health care. I think you get my point. I might be referring to the United States in particular as an especially egregious example of a country presumably committed to life, liberty and the pursuit of happiness and yet not actually providing the supports for that to become a reality for the vast majority of its citizens. Hopefully, someday that will change.

But speaking of politics, and we will not and we do not need to get into details here, but I think that this might be a really important thing to bring up. There has been a debate at the national level over the last few weeks about the meaning of infrastructure, and people have been noticing that in this infrastructure bill, there are things like care for children built into it and care for older people and et cetera, et cetera. And I'll just be honest, my whole life, I've always been confused why infrastructure would only refer to roads and bridges when if you don't provide infrastructure for caring for actual humans, like what are we talking about? Nonetheless, I would just like to. I'm combining a couple of questions from the audience. Can you talk a little bit more about structural supports and infrastructure and the relationship between questions of cure and supports that must be in place for us to even imagine a cure in a non-ableist manner?

**Ann:** “Cure” often suggests that someone doesn't need services that cost money anymore. They don't need treatment that costs money, and that's problematic. And then things such as therapy in whatever form, the person needs to be funded ultimately. Now, I'm not an economist. Don't ask me. But you know, like you said funding for infrastructure of the human culture, too.

**Joel:** I want to, at this point where we're going to we're nearing the end of our time, but I'd like to invite Rosemarie . . . I'd also like to invite Erik and Liz, if they feel like jumping in and see if there's any any further questions that they would like to ask, any comments, anything that's been said before that maybe you'd like to highlight and circle back to as people maybe don't know about them. Our speakers are amazing and we get the great joy of working with them. But we've all had the blessing of being an email communication for, like, I don't know, eight months now. So it's been a very collaborative process and they know Rosemarie, Liz and Erik might want to jump in here.

**Rosemarie:** I'd be happy to begin by saying once again, thank you for these three presentations and to the National Endowment for the Humanities, for funding this and for the Hastings Center for structuring this, for Erik and the other people at the Hastings Center, but also for an opportunity to think about this incredibly challenging transformation that we have all gone through over the last year. Many transformations, but I just wanted to call attention to one of them that Karen brought forward, and that is the transformation from what we think of as in-person work and in-person events, if you will, and in person, live, together in public, and what we think of as virtual, because that's such a shift that's taken place in particular for people with disabilities because we, meaning people with disabilities, tend to use technology perhaps differently than non-disabled people, and I don't want to oversimplify this.

But as Karen has pointed out, in many of us who work in disability, culture and disability studies, the world is designed for a particular kind of person and thus, technologies and the world we live in has not been built for, let's just say, the kinds of people who have are involved as speakers and participants in these conversations. And it's so important to be able to think about how these transformational technologies are operating, how they both are paths to access for people with disabilities and at the same time, barriers to access and participation for people with disabilities. And so I want us to remember that our part of what we're doing here in this series is to think about that. This series began as an in-person event in New York. The first event was in person in New York, and we thought to just videotape it and we'd make that available, buried somewhere on the website.

And we needed to transition to fully virtual events, which we've had now three more events. And they have evolved in terms of people's comfort level and using these. And in exploring these new complexities of, if you will, disability and technology. And so I thank everyone for being able to address that in a complex way here and now, and I think the record of this, these conversations, which will be made into a book that Oxford University Press will publish, will be really important in our retrospective glance at what this year has been for people with disabilities. So thank all of us today for this and for the ongoing conversations.

**Erik:** Liz, did you want to add anything?

**Liz:** No, Rosemarie really kind of summed it all up here, I guess. I would just say thank you to all of you for, like Rosemarie, the complexity and just and just patience and flexibility that you've brought to this project in this process, I think one of the things that we've learned through organizing this series is just how, you know, the technology is often positioned as a kind of cure in itself and even in sort of conversations about disability, digital, like Zoom has made everything more accessible all of a sudden. And you know, we have learned and are grappling with this platform that it can often be really difficult. And, you know, suddenly the interpreter is not visible and suddenly the captioning is not working. And you know, for some people, the chat is really useful, and for some people, it's totally distracting. And there's just all of these complexities that have to be navigated that I think one of the things that's really amazing about disabled community is that, you know, we're all invested in working through that together and finding solutions and hacks, to use Karen's terminology. But you know what has been really powerful about working with you all and in the series is, you know, questioning the idea that there's these technological cures, either for our bodies or for the societal problems that we're grappling with.

And so, yeah.

**Erik:** I would only reiterate the thanks that Rosemarie and Liz have already offered. First of all, to NEH, again, just I cannot overstate how grateful I am for an opportunity to have a public conversation about the most complicated and important of questions, as Rosemarie said, we're not about legislating answers, we're about exploring questions, and there's almost nowhere left. Well, there are few places left where people get to honestly explore together hard questions that don't have crisp answers, and we've been able to do that today because of these remarkable, wonderful speakers. Prahlad, Ann, and Karen, I am so grateful. I know everybody in the audience is so grateful to you for what you’ve given us today. I don't have anything to add other than to ask, Liz, would you please put up the slide where we get to formally thank all of the people who have helped to put together this event? As always, it is many, many people.

**Liz:** Yeah, I'll read those out loud, too.

**Erik:** Great.

**Liz:** Thank you to the National Endowment for the Humanities. Patricia Brooks from the Hastings Center. Mark Cardwell, Julie Chibbaro. Susan Gilbert and Danielle Pacia, thanks to our sign language interpreters who now the slide has disappeared. Hate when that happens. Thanks to our sign language interpreters Mary Darragh MacLean, Mike Barrios and Jamie Hayes, as well as our credit cart services from Karen Johnson. Andrew Hansen and Amy Lee. And thank you to all of you in the audience who came here today and asked truly wonderful questions. I'm sorry we didn't get to all of them, but I think it's been a really amazing conversation.

**Joel:** We officially ending now, am, I suppose?

**Liz:** Yes, yes. And so I'm finding that it's hard when I'm sharing my screen. OK, bye everybody.