Nova Scotia Disability Symposium

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Thank you Ms. Divine;

I am privileged to be here on this panel today and am thankful for the invitation. I'm happy to have my colleague & friend Donna Smith-Darrel with me here and pleased to meet Tracy Russell and her colleague Rosie Sylliboy from Mawita'mk.

Before I begin my comments I want to tell a brief story:

> Many years ago a colleague and friend of mine invited me and my ex-wife to attend their children's music recital. As you may know, many private music teachers hold their recitals in long term care facilities; nursing homes.
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> My friend's son was a very precocious 6 or 7 year old at the time. He was and still is a very bright and observant young man. At the time he was not very thrilled about taking piano lessons. On this occasion he was grumbling as he swung his music case back and forth: "How come we always play in these nursing homes?" He asked his mother: "And how come there aren't any Black people in these places?"
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> Without a pause, his mother just replied calmly to him: "Just remember that, dear."

This funny anecdote is a story that reflects some of the folklore about care giving, aging and disability within the African Nova Scotian (ANS) Community: That is, Black people take care of their own . . . from the cradle to the grave. This folklore is built on the idea that ANS have large and supportive extended families that are socialized to look after all of our possible needs across the life span. The folklore extends our belief that we are a hardy and well-resourced people, this commitment to caregiving creates little challenge for our lives and results in a rich and happy life for caregivers and those being cared for at home.

This reminds me of another story.

I remember that years ago, about ten years after the development of substance abuse treatment services for adolescents, a social worker interviewed me to ask the questions "why after 10 years of specialized services to adolescents have we not had one single referral of an ANS to our services?" My response was obvious: "It's because Black kids don't have problems with drugs!"

I tell these stories for 2 reasons. First, they highlight the question: "What do we know about African Nova Soctians and their presence in service delivery systems?" And secondly, as stories, they highlight the answer, which is: "We don't know." What we have are thoughts, feelings, and stories. So rather than provide information in terms of what we know about ANS and disabilities, let me outline a couple of things we suspect. These offerings are intended to spark conversation and perhaps help identify areas for future investigation.

1) To investigate disability and the experience of persons living with disability we will first need to understand how people in the ANS communities define disability. We should not presume that our current understanding of what defines disabilities is consistent across cultures and experiences. A learning disability that makes it challenging for a person to learn to read my not be a recognized disability in a community with a low rate of literacy. When we talk about substance abuse and addictions we have tended to medicalize the unhealthy use of substances. The trafficking in substances has tended to be criminalized and not addressed as a health concern that is part of the continuum of addiction except by communities where trafficking is the larger social problem associated with drugs. How this may play out when considering disability in the ANS community is unknown, but we should not assume that the definition and the experience is the same.

2) Though services for persons living with disability are not as rich and comprehensive as they should be, many do exist. We should consider who are the people being served by these providers and ask the question, who are they not serving. If we find that ANS are not being served within our current service delivery continuum we should ask why not. This question should place a burden on the service delivery sector to self examine their cultural competence and relevance to a diverse population rather than place a burden of inquiry on the underserved population (this idea does not originate with me. I credit Dr. Wanda Thomas-Bernard for this). This is not to suggest that the ANS community should not be involved, consulted and involved in such examination, rather that the burden of making the case should rest with the service providers rather than with the community.

3) Though work has been done on the idea of cultural patterns of help seeking behavior, given the reality of the history and experience of ANS in Canadian society, our inquiries should not be limited to understanding cultural competence and cultural patterns of help seeking. Systemic and institutional racism exists in our society: The BLAC report uncovered it formally within the education system. The Marshall inquiry clearly articulates its continued existence in the criminal justice system. We should expect it in our framing up of considerations of persons living with disability. An investigation that starts with this premise is more likely to engage honest and open responses to any inquiry.

4) To investigate disability in the ANS community is to invite a method of inquiry that is intersectional in its nature. A feminist methodology, intersectionality explores the relationships among multiple dimensions and modalities of social relations and subject formations (McCall, 2005). To study race and disability is not sufficient. What about, gender, age, socio-economic status, immigrations status, sexual orientation and rural and urban experience. Our questions about race and disability should not be an exercise in further marginalizing these other considerations but should be a vehicle of liberating the discourse to be truly inclusive and sufficiently complex.

So these are my opening comments. My apologies if I rambled somewhat in the sharing. My attempt to be responsible for more time than originally planned may be to blame.

Thank you,

Robert S. Wright, MSW, RSW