

# POSITION STATEMENTS

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## ANTI-RACISM

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Racism is the systemic prejudice, discrimination, or antagonism directed towards a person or people based on their membership in a particular racial or ethnic group, typically one that is a minority or marginalized. Anti-racism means being committed to the daily work of identifying and disrupting racism in both its implicit and explicit manifestations. This includes looking at public policy work with an intersectional lens, considering the intentional or unintentional impact upon people of color with intellectual and/or developmental disabilities<sup>1</sup> (IDD). It also includes partnering with all Black, Indigenous, and people of color with IDD because they are uniquely capable of providing the leadership required to truly address issues at the intersection of disability and racial justice.

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## ISSUE

Today, as throughout history, racism is embedded at the individual, institutional, and structural levels of society. To be anti-racist is to actively identify these embodiments and work to reverse and repair them. The first step in being anti-racist is acknowledging how biases can be intentional, unconscious, or unintentional. It is also critical to acknowledge that people with multiple marginalized identities experience complex challenges because of their intersectional identities. People of color with IDD face more profound challenges because of historical and current barriers. Some examples of these challenges include:

- **Inequity in Education:** Children of color are more likely than their White peers to be identified with a disability in schools with a majority White census but are substantially under-identified in schools that have high percentages of students of color. Additionally, Black students are more likely to be misdiagnosed or categorized with an intellectual disability or emotional disturbance, while more accurate diagnoses of learning disabilities,

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<sup>1</sup> Intellectual Disability (ID) is a lifelong condition where significant limitations in both intellectual functioning and adaptive behavior emerge during the developmental period (before adulthood).

Developmental Disabilities (DD), first defined in 1975 federal legislation now known as “The DD Act”, are a group of lifelong conditions that emerge during the developmental period and result in some level of functional limitation in learning, language, communication, cognition, behavior, socialization, or mobility. The most common DD conditions are intellectual disability, Down syndrome, autism, cerebral palsy, spina bifida, fetal alcohol syndrome, and fragile X syndrome.

The acronym “IDD” is used to describe a group that includes either people with both ID and another DD or a group that includes people with ID or another DD. The supports that people with IDD need to meet their goals vary in intensity from intermittent to pervasive.

autism, or speech/language impairment remain unrecognized. Students of color are also more likely to be restrained and secluded. They are more likely to be placed in a restrictive classroom setting than their White peers.

- **Disproportionate interactions with the criminal legal system:** Law enforcement disproportionately interacts with people of color. People with disabilities are overrepresented amongst those who are injured or killed by law enforcement. The lack of a crisis response system that can serve people with IDD and people with co-occurring IDD and mental health disabilities contributes to these horrific instances. In schools, the presence of school resource officers and other law enforcement agents often leads to the unnecessary and harmful criminalization of students of color with disabilities, as early as elementary school. Threat assessment teams target those same students for behaviors related to their disabilities. These early interactions compound the likelihood that people of color with disabilities will be forced into the criminal legal system, contributing to the preschool to prison pipeline.
- **Systemic Health Inequities and Access to Health Care Services:** People of color experience far more barriers to quality health care and health insurance than White Americans, systemically leading to negative health outcomes. On average, communities of color experience a significantly higher incidence of chronic health conditions. People with IDD are already more likely to develop common health conditions such as high cholesterol, high blood pressure, cardiovascular disease, obesity, and diabetes; rates are even higher for people of color with IDD. Additionally, people of color have historically experienced a breakdown of trust with health care providers because of inequities in access and the provision of services. Studies have demonstrated that many health care providers carry implicit biases towards people of color, perhaps most shockingly demonstrated in the mortality and morbidity rates of Black mothers in childbirth. These mothers are more likely to develop a disability and are more likely to give birth to premature babies who, if they survive, often develop chronic complex medical conditions. A history of sterilization of people with disabilities, including a disproportionate number of people of color with disabilities, as well as illicit medical experimentation involving people of color, has increased distrust. Other systemic gaps, such as a lack of accessible transportation in Tribal and other areas, has kept people of color from getting the care they need.
- **Housing Discrimination:** Historically, many people with disabilities, especially those with the highest needs, were forced to live in large, congregate residential treatment institutions that isolated the residents from the rest of society. These facilities also discriminated on the basis of race and treated people of color with disabilities differently. People of color with disabilities continue to face the risk of institutionalization in the modern versions of these facilities and face housing discrimination when they seek homes in communities of their choosing. People of color have been excluded from housing through block-by-block segregation, restrictive covenants, redlining, and racially targeted subprime loans, along with other discriminatory practices. The current greater rates of housing insecurity for communities of color are a legacy of these practices, many of which continue to this day. They are compounded for people of color with disabilities who might also need wheelchair access or deaf-accessible housing. Black and Latino renters are more likely than any other group to face eviction.

- **Socioeconomic Inequalities:** People of color with IDD face compounded barriers to financial independence through employment discrimination, barriers to banking services, medical debt, geographic food deserts, and exposure to unsafe housing (such as lead poisoning), and environmental racism (such as disproportionate rates of asthma and lung disabilities for families of color living in high pollution areas). These historical factors all prevent people of color from building wealth and disproportionately impact the generational wealth of families of color, especially those with family members with IDD.

## POSITION

To be anti-racist, all policy reform efforts must include the voices of and perspective of people of color with disabilities. Policy work then must move forward to enact necessary changes with and in support of the efforts of people of color and disability-led organizations. To do this work, policy and advocacy efforts must:

- Acknowledge the impacts that racism and the intersectional aspects of racism have had on existing systems.
- Acknowledge the role that all organizations, including our own, have in perpetuating racist systems and structures.
- Analyze and identify specifically racist structures and biases that impact people of color with IDD.
- Actively advocate in response to circumstances that have a significant impact on people of color with IDD.
- Engage people of color from diverse communities in ways that are culturally respectful and intentional, ensuring that they are present, heard, and supported at every level of leadership and in all federal policy work.
- Prioritize efforts to eliminate racist barriers, systems, and biases, including reversing the impacts of historical discrimination, while working towards collective access.
- Demonstrate a commitment to cross-disability solidarity by ensuring that each person, regardless of their disability, has an option to be a part of the disability justice movement.
- Support efforts of people of color with disabilities and the disability and racial justice movements.
- Examine internal priorities and efforts continually to ensure they are actively anti-racist.

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