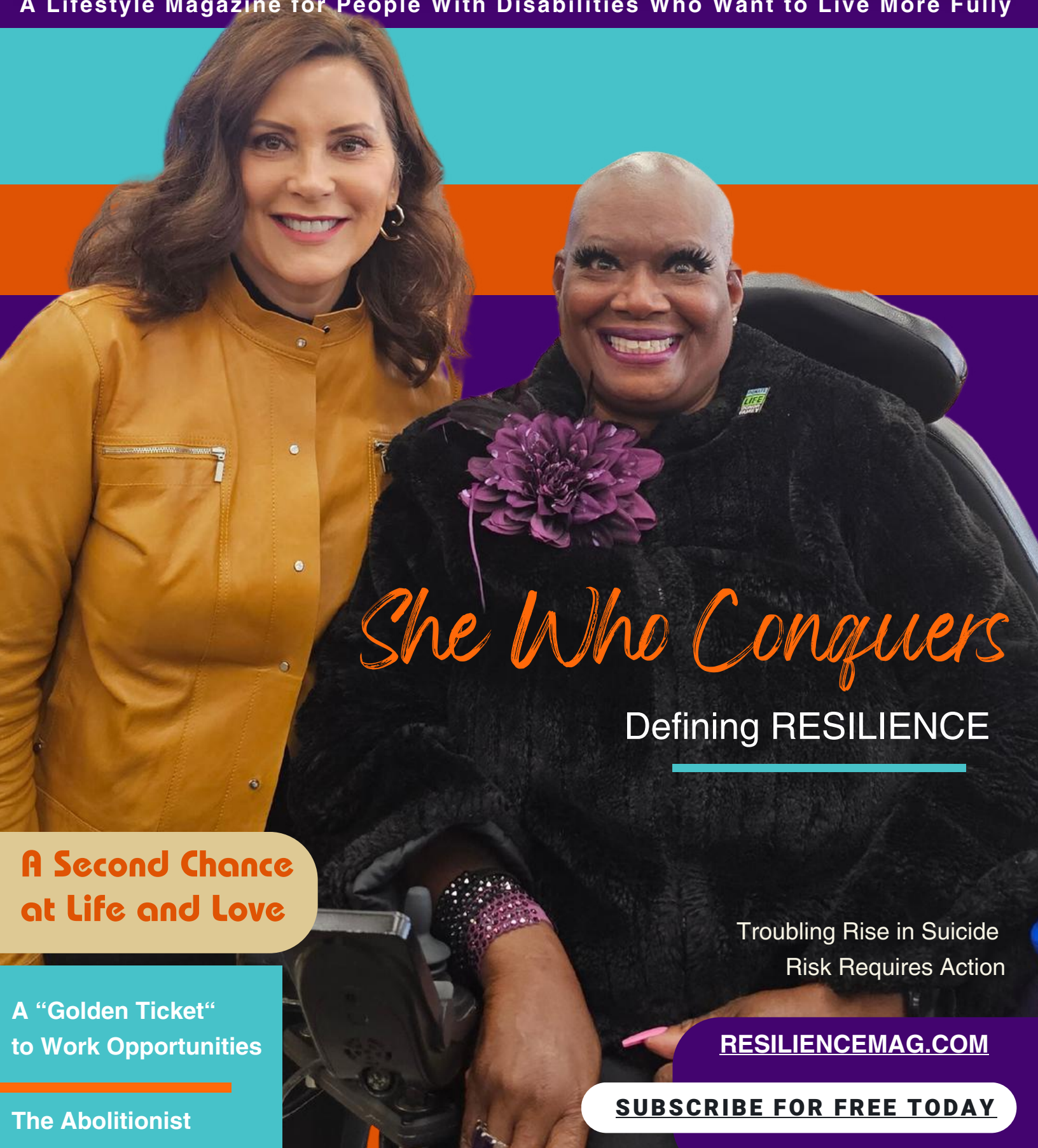


November/December 2023

RESILIENCE

A Lifestyle Magazine for People With Disabilities Who Want to Live More Fully



She Who Conquers

Defining RESILIENCE

**A Second Chance
at Life and Love**

Troubling Rise in Suicide
Risk Requires Action

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A "Golden Ticket"
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The Abolitionist

EDITOR'S NOTE: For some readers, downloading the PDF may offer a better reading experience.

COVER IMAGE: Gov. Gretchen Whitmer (Michigan) poses with disability advocate Dr. Kimberly Barrington (seated). *Image courtesy of Dr. Barrington.*

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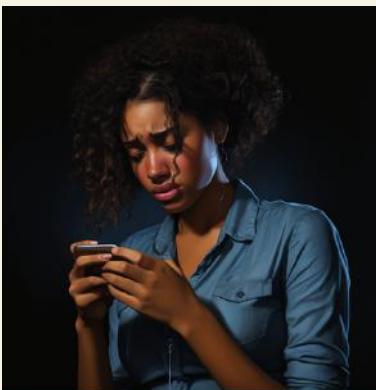
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RESILIENCE

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Message From the Publisher and Editor

Welcome to our second issue of *RESILIENCE*, the new lifestyle publication that is intended to inspire, motivate, entertain, inform and share stories about people with disabilities and those involved in our world.

We hope that our first issue impacted lives. From my past experience working on publications for people with disabilities, I have learned that sometimes just one - yes, just one - new piece of information can make a huge difference in people's way of thinking and can open new doors of opportunity.

In this issue, we tell you about two amazing women who have largely dedicated their lives to helping others: Dr. Kimberly Barrington and Mona Patel.

Dr. Barrington's life is a testament to resilience in the face of one traumatic event after another. No matter what life has done to knock her down, she has gotten back up. You'll definitely want to learn more about this amazing woman. We also hope to be learning more from her life experience in upcoming issues of *RESILIENCE*.

Patel, a mother, social worker and leg amputee, is the founder of San Antonio Amputee Foundation (SAAF), a very active organization that provides support groups, individual peer support, education, group activities, resources and other important services for amputees.

I first met this amazing woman more than 20 years ago when I wrote an article about her for another magazine. At that time, several people in her life were worried about her future as a relatively new amputee. When you read her story, I think you'll see that those concerns were unwarranted.

In this issue, we also address the dangers of depression and suicidal thoughts, which are sometimes experienced by people with disabilities.

Dealing with a disability or multiple disabilities is not easy, but learning how to navigate a life with disability might alleviate some of the difficulties. That's why learning from others who have experience with disability can make all the difference in how we cope with ours. Moreover, I believe that it's important for people with disabilities to see other people with disabilities who are thriving. Those examples can give us the hope we need for a brighter future.

A great historical example of a person with a disability who lived a large life even though he was physically small is Benjamin Lay. In fact, after reading about his life as a disabled man in the 1600s and 1700s, I think you'll agree that he was a giant among men.

We hope that you'll keep reading and sharing *RESILIENCE* with others who can benefit from it. It's important that we support each other.

- Rick Bowers

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Your Dreams Are Our Business

She Who Conquers

By Rick Bowers

“All the world is full of suffering. It is also full of overcoming.”

– Helen Keller

“I’m going through life with style and grace and a smile on my face.”

– Dr. Kimberly Barrington



In life, a positive and persistent mindset matters, and Dr. Kimberly Barrington certainly has one.

A big one.

To have such a mindset, glowing personality, and zest for life despite all the trauma she has lived through is indeed the definition of

RESILIENCE

So, who is this amazingly resilient woman?

Barrington is a 57-year-old woman with several health problems and disabilities who has also had to deal with numerous traumatic events during her life.

She suffers from post-traumatic stress disorder (PTSD) due to military sexual trauma (MST) from her time serving in the U.S. Navy.

She's a domestic abuse survivor and has been homeless.

She's had two mouth surgeries because of a rare bone disorder.

She's had five head surgeries.

She can't see out of one eye, has partial hearing loss, and lost all of her hair because of an autoimmune disease.

After having her fifth head surgery in March 2013, she was diagnosed with thyroid cancer in April and suffered a stroke that October, which left her needing to use a wheelchair for mobility. Perhaps even worse, she felt abandoned and hurt by friends who didn't want to make the additional effort to include her anymore.

She's certainly had enough trauma in life to make most people just want to give up and believe that going on is not worth the struggle. And she did give up for a while, suffering through severe depression and even attempting suicide. But giving up permanently was not for this resilient woman.

Not by a long shot.

Instead, she followed—whether intentionally or unintentionally—the advice of the old Japanese proverb about ultimate success: “Fall down seven times. Get up eight times.”



Getting Knocked Down

In the early 1990s, after she was physically and sexually assaulted while serving in the military, Barrington almost became one of the estimated 22 veterans who die from suicide daily. In addition to dealing with the trauma, she was fighting for her disability benefits, and it all felt like too much to deal with.

And then one day it was.

“When my kids went to school that day, everything that I had glass, I broke,” she told WOOD TV8 in an interview. “I had pictures on the wall, and I said that these pictures mean absolutely nothing anymore to me. And I took one of the pieces of glass from the picture frames, and I slit both my wrists.”

Even though she was unable to function in those days, she laments that no one paid much attention to her depression because it was largely an “invisible disability.” It was very different from today, she says, when she uses a wheelchair and people immediately label her as disabled.

“When I was up walking around, nobody cared that I was depressed, that I had anxiety, that I attempted suicide, [and] that I was on lithium,” she explained on *One Leg Up with Pauline Victoria*. “Nobody ever talked to me. No one ever considered that a disability.”

She’s come a long way since those dark days, and it’s hard to believe she was in that place when you hear her talk and see her smile and laugh. But every now and then when she’s telling her story, you can see a hint of sadness as she recalls that different world of depression and loneliness where she once lived.

Fortunately, that tremendously heavy negative stuff in her life has been offset by so many positive things today.

Until losing her husband, Stanley, who had congestive heart failure and had a heart attack two minutes from home while driving, she was a happy wife.

She has three adult children and eight grandchildren to enjoy.

She earned a doctorate after her 2013 health crisis, is the first African American Ms. Wheelchair Michigan USA (2019), co-hosts the podcast *Rolling On The Road*, and is the founder of [100 Shades of Diverse Abilities](#). Her life is largely about service to others these days.



Standing Up

Barrington, of course, got where she is today by finding ways to overcome the dark moments.

And over the years, she's given several hints about how she's coped: through humor, art, fashion, mental health therapy, pursuing her education, learning how to adapt to life with a disability, and helping others.

In describing her lack of vision in one eye in an interview on *One Leg Up with Pauline Victoria*, she joked about this serious disability in her life.

"I don't see out of [this eye]," she said. "It's just there to be cute. It holds up my eyelash and gives symmetry to my face."

The more she speaks, the more you can see the power that laughter has in her life.

And art? A tool used by many therapists, art is believed to offer numerous benefits for emotional health, and Barrington has gone so far as to say that it saved her life.

"I would always write, and I think that writing is an art form in and of itself—to create a picture with words," she says. "I was about 9 when I started writing because my parents got divorced and it was a way to deal with my feelings. Then, in about 2012, I started participating in ArtPrize, and I thought it was great."

In fact, you might even call the way Barrington dresses an art form.

"No matter how you feel, get up, dress up, never give up, and show up for life," she says.

She loves to dress flamboyantly—often in her favorite color, purple—and recalls that after one of her head surgeries and the loss of her hair, she purchased a bunch of cute \$2 hats at Walmart and sewed parts of her deceased grandmother's antiquated jewelry to them. That fashion statement brought a little cheer to her during a difficult time when she felt unattractive because of her hair loss and the surgical scars on her head. Today, she has her own unique style and says that all of her clothes are custom made.

In 2014, the Veterans Administration had her complete an independent living program with Disability Advocates of Kent County. She was pretty angry about her situation, but they taught her how to adapt to living with a disability, and the program gave her a new lease on life.



Around that time, her love of learning also led her back to college to earn her doctorate in theology in 2021.

“I like to finish things that I start,” she says. “I also needed to have a degree to be seen as a quote/unquote ‘expert’ to be able to help others.”

She now says she loves her life, even after suffering two types of heart attacks simultaneously this year.

“I wake up every day, wheel myself to the bathroom, look at this huge mirror, and say, ‘Good morning, pretty girl. I expect great things out of you today.’ And she looks back at me from the mirror and says, ‘Are you sure?’ And I say, ‘Yes, we got this.’”



Michigan Gov. Gretchen Whitmer was hosted by Kent County, where she spoke on legislation she recently passed that supports disabled veterans and their families. Dr. Barrington, a disability rights advocate, attended the event along with Brian Love, incoming director of the Michigan Veterans Affairs Agency.

Helping Others

One of Dr. Barrington’s most important qualities is her ability to turn her personal adversity into a way to help others.

After her husband’s death on April 28, Gift of Life Michigan contacted her just four hours later to ask her if she would donate his organs. It was a sudden request, and she had to decide in just five hours. After thinking about it, even as she mourned the loss of her beloved husband, she decided to donate. As a result, 80 lives were improved.

According to Barrington, “Two blind persons received their sight; burn patients received skin grafts; bone cancer patients received tissue; people with neuropathy received peripheral nerves; dialysis patients were able to get fistulas; open heart surgery patients received arteries and veins; skin grafts trimmings will help train dogs to find missing persons; and globally [Stanley’s] donations will leave an eternal legacy of research and education.”

Barrington is also a longtime disability rights advocate and has been instrumental in helping change policies and laws, helping increase awareness for various causes, and raising funds for organizations she supports.



The Process of Becoming

Dr. Barrington, like many who have suffered so much, has come to an interesting perspective on the things she's survived.

"I wouldn't want to change anything," she states unequivocally. "I wouldn't want to be out of the wheelchair. As a matter of fact, I was more 'crippled' when I was walking around."

She says that everything that has happened to her—the seemingly bad and good—has made her who she is, and she likes that person. The empathy and knowledge she has acquired through her experience has molded her into a person who knows how to change lives.

"My understanding of what it means to have served this country [and] faced hardship, homelessness, disrespect, disappointment, and fears for the future more than qualifies me to walk someone else through the process," she says. "I believe my experiences have greatly prepared me to be the catalyst to make systemic change within my sphere of influence."

Today, she's living proof that the Stoic philosopher Epictetus knew what he was talking about when he noted the value of facing difficulties nearly 2,000 years ago: **"The trials you encounter," he said, "will introduce you to your strengths."**

Related Resources

[Rolling On The Road](#)

[100 Shades of Diverse Abilities](#)



Troubling Increase in Suicide Requires Action

After declining in 2019 and 2020, suicide deaths increased approximately 5 percent in the United States in 2021. The provisional estimates released by the Centers for Disease Control and Prevention (CDC) in August 2023 indicate that suicide deaths further increased in 2022, rising from 48,183 deaths in 2021 to an estimated 49,449 deaths in 2022, an increase of approximately 2.6 percent.

“Nine in 10 Americans believe America is facing a mental health crisis. The new suicide death data reported by CDC illustrates why. One life lost to suicide is one too many. Yet too many people still believe asking for help is a sign of weakness,” said Health & Human Services (HHS) Secretary Xavier Becerra. “We must continue to eliminate the stigmatization of mental health and make care available to all Americans.”

“The troubling increase in suicides requires immediate action across our society to address the staggering loss of life from tragedies that are preventable,” said CDC’s Chief Medical Officer Debra Houry, MD, MPH. “Everyone can play a role in efforts to save lives and reverse the rise in suicide deaths.”



Image made using Midjourney

“[The report released by the CDC] underscores the depths of the devastating mental health crisis in America,” said U.S. Surgeon General Vivek Murthy, MD, MBA. “Mental health has become the defining public health and societal challenge of our time. Far too many people and their families are suffering and feeling alone. These numbers are a sobering reminder of how urgent it is that we further expand access to mental health care, address the root causes of mental health struggles, and recognize the importance of checking on and supporting one another. If you or a loved one are in emotional distress or suicidal crisis, please know that your life matters and that you are not alone. The 988 Suicide & Crisis Lifeline is available 24/7 for anyone who needs help.”

The National Action Alliance for Suicide Prevention and the 988 Suicide & Crisis Lifeline suggest five steps to help safeguard people from the risk of suicide and support them when in crisis:

1. **Ask:** Asking and talking about suicide may in fact reduce rather than increase suicidal ideation.
2. **Help keep them safe:** Reducing a suicidal person's access to lethal means is an important part of suicide prevention.
3. **Be there:** Increasing someone's connectedness to others and limiting their isolation has shown to be a protective factor against suicide.
4. **Help them connect:** Individuals that called the 988 Lifeline were significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful by the end of calls.
5. **Follow up:** After you've connected a person experiencing thoughts of suicide with the immediate support systems that they need, following up with them to see how they're doing can help increase their feelings of connectedness and support. There's evidence that even a simple form of reaching out can potentially reduce that person's risk for suicide.

If you or someone you know is in crisis, please contact the free [988 Suicide & Crisis Lifeline](https://www.988lifeline.org) by calling or texting 988 or chatting online at [988lifeline.org](https://www.988lifeline.org). Connect with a trained crisis counselor 24/7/365.

This article is based on information provided by the CDC.

Warning Signs of Suicide

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

What to Do

- Do not leave the person alone.
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Contact the 988 Suicide & Crisis Lifeline by dialing 988
- Take the person to an emergency room, or seek help from a medical or mental health professional

Provided by [ReportingonSuicide.org](https://www.reportingonsuicide.org)

Resources

988 Suicide & Crisis Lifeline

The 988 Suicide & Crisis Lifeline is a free hotline for people in crisis or for those who want to help them. Call 988, or visit [988lifeline.org](https://www.988lifeline.org) for more information or for crisis chat services.

Crisis Text Line

Text SAVE to 741741

This a free and confidential texting service for emotional crisis support.

Black and Brown Females With Disabilities at Higher Risk for Depression and Suicide

By Becca Wake



Are you black or brown, female and disabled?

If so, you might have what Eddie Glenn, PhD, called “triple jeopardy syndrome” more than two decades ago. This concept describes the disparate treatment of African American women with disabilities and their increased disadvantage in society because they are victims of race, gender and disability bias.

Even worse, being black or brown, female and disabled could also be putting you at risk for mental health issues, depression, a mental health crisis, or even suicide.

According to a Feb. 3, 2023, article in *The Nation* titled “The Crisis Killing Black Women,” in recent years, “Black teenage girls and young women have begun killing themselves at unprecedented rates.”

The article gives further details:

“Between 2013 and 2019, suicides fell among white teenagers, but increased nearly 60 percent among young black women and girls age 15 to 24 years. And while suicide rates for white women overall declined 10 percent from 2019 to 2020, among black girls and young women aged 10 to 24, rates increased 30 percent.”

On Sept. 6, 2022, the University of Florida College of Public Health & Health Professions published an article titled “Study explores suicide risk for people with disabilities.” This article began with a simple statement: “People with disabilities are believed to be at higher risk for suicide than people without disabilities.”

According to “The Mental Health of People with Disabilities,” “Adults with disabilities report experiencing frequent mental distress almost five times as often as adults without disabilities” (<https://cdc.gov>).

Taken together, these articles support the belief that black and brown females with disabilities are at increased risk for mental health issues and suicide.

Obstacles to Getting Help

Unfortunately, the solution to the problem is not as straightforward as it might be if the risk were to white females without disabilities. Other factors are involved that can make it more difficult for these individuals to get help.

In a May 11, 2021, article in *TIME* magazine titled “Suicide Among Black Girls Is a Mental Health Crisis Hiding in Plain Sight,” Arielle Sheftall, a researcher at the Center for Suicide Prevention and Research at Nationwide Children’s Hospital in Columbus, Ohio, points out a reason: the stigmatization of mental health in black communities.

As a result of this stigmatization, these girls and women may put off seeking help until it’s too late or may not seek help at all.

Another problem for many blacks is their lack of trust in the medical system.

According to a Winter 2022 article in *BAVUAL* magazine titled “Blacks Fear of Medicine,” “Medical mistrust among the black community has lingered for over a century, causing late diagnoses, untold suffering, and often-avoidable deaths. These feelings are so potent because of numerous cases of negligence, systemic racism and overall prejudice toward black people.... There is a long history of medical exploitation of blacks through force, coercion and deception to achieve medical ends without their consent. African Americans have been used as guinea pigs for many innovations, and they have seen institutional racism in medicine in an abundance of documented medical procedures for more than 150 years, including horrid experiments and testing on enslaved people, sometimes without pain relief.”

The article discusses such cases as the infamous Tuskegee syphilis experiment begun in 1932 in which black men who had syphilis were deceived about the study and were later left to suffer harmful effects, including blindness, mental impairment and death, without treatment, even after a cure for the disease became available.

Even today, “black adults are also more likely than white adults [20 percent vs. 5 percent] to report being treated unfairly because of their race/ethnicity while seeking care for themselves or family members” (“How Recognizing Health Disparities for Black People is Important for Change,” Feb. 13, 2023).

As a result of such negative interactions with the healthcare system, many blacks may not be willing to go to a doctor or other healthcare provider.

According to Sheftall, the problem is made worse because of a lack of diversity, especially in rural areas, among mental health professionals.

Black Americans may be less likely to seek mental healthcare from facilities that don't include black professionals. These individuals may also be less likely to share their personal information with healthcare providers they don't feel comfortable with and who may not be able to identify with them.

As a result, these individuals may instead turn to places they feel safer, such as churches, beauty shops, other social venues, or online for help. Indeed, this type of community support could be valuable because, as the *TIME* article noted, studies show the importance of support from one's community and a positive view of one's ethnic or racial identity to mental well-being.

Unfortunately, the COVID-19 pandemic led to more isolation for some black and brown females with disabilities and also hindered their beneficial social relationships.

On top of all of these problems, many medical facilities aren't accessible for people with some types of disabilities, and black and brown females with disabilities may not have insurance or be able to pay for needed treatment out-of-pocket..

How Did We Get Here, and What Can We Do?

The factors that lead to depression, mental health crisis and suicidal thoughts in people differ from person to person. However, some common factors include being bullied or discriminated against, being abused physically or sexually, having low self-esteem, negative thinking, a lack of opportunities, a poor economic situation, loneliness, and feelings of hopelessness.

Some (or all) of these factors and others may apply to black women and girls with disabilities because of their disparate treatment and increased disadvantages in society due to race, gender and disability bias.

While a variety of government agencies and nonprofit organizations are striving to address mental health issues, depression and suicide, several hurdles need to be overcome to make such efforts more relevant for black and brown girls and women with disabilities. (See Mental Health Resources at the end of this article.)

It is hoped that the various efforts to address mental health issues, depression and suicide - as well as the factors that contribute to them early on - will bear fruit. Unfortunately, although reducing the negative factors in women's lives that increase their risks may pay off in the long-term, some girls and women may already be near or in a crisis. It's essential, therefore, that those at risk and others involved in their lives understand how to act when a more immediate crisis is occurring. Acting quickly could save a life.

According to [ReportingonSuicide.org](https://www.reportingonsuicide.org), the following are some of the warning signs of suicide:

- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

What to Do

According to [ReportingonSuicide.org](https://www.reportingonsuicide.org), if another person is experiencing a suicide crisis, taking the following actions could help you save a life:

- Do not leave the person alone.
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
- Contact the [988 Suicide & Crisis Lifeline](https://www.988lifeline.org) by dialing 988
- Take the person to an emergency room, or seek help from a medical or mental health professional

Also, if you are experiencing suicidal thoughts, seek appropriate help. You may contact the free [988 Suicide & Crisis Lifeline](https://www.988lifeline.org) by calling or texting 988 or chatting online at [988lifeline.org](https://www.988lifeline.org). There, you may connect with a trained crisis counselor 24/7/365.

Help Is Available

You don't have to face this crisis alone

Mental Health Resources

Some of the following resources are intended for a general audience and others are specifically intended for black and/or minority audiences.

Black Mental Health Matters

Instagram: [blackmentalhealthmatters_](https://www.instagram.com/blackmentalhealthmatters_)

Black Mental Wellness

<https://BlackMentalWellness.com>

Black Emotional and Mental Health Collective (BEAM)

<https://beam.community>

Black Mental Health Alliance

Instagram: [bmhaofficial](https://www.instagram.com/bmhaofficial)

Depressed While Black

<https://depressedwhileblack.com>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://samhsa.gov>

National Alliance on Mental Illness (NAMI)

<https://nami.org>

Inspiring Children Foundation

<https://inspiringchildren.org>

Innerworld

<https://inner.world/home>

Divas With Disabilities Offers Free Online Mental Health and Wellness Program for Black and Brown Women

By Rick Bowers



After Donna Walton lost her leg to cancer at age 18, she experienced many negative thoughts and feelings that put her in the unhealthy emotional state that sometimes leads people to a mental health crisis.

“I spent many years dealing with low self-esteem, poor body image, and negative thinking, and I was often on the edges of clinical depression,” says Dr. Walton.

“Fortunately, I never considered suicide, but without the opportunities for hope I had in my life, I too might have gone down that path. Hope for something better was an essential ingredient in my path to healing and, ultimately, thriving.”



Dr. Donna Walton.
*Photo by Tim Coburn
Photography.*

Walton is the the founder of Divas With Disabilities (DWD), a nonprofit organization that serves black and brown girls and women with disabilities, who she believes have a unique set of challenges. These challenges are based on their exposure to what Eddie Glenn, PhD, called “triple jeopardy syndrome” more than two decades ago. This concept describes the disparate treatment of African American women with disabilities and their increased disadvantage in society because they are victims of race, gender and disability bias.

A Program of Hope

Because of her personal life experience, Dr. Walton, EdD, has a special place in her heart for these black and brown girls and women, who often face the same types of challenges she had to face after her limb loss.

Like Walton, they must deal with “triple jeopardy syndrome,” which can make them more prone to some (or all) of the following factors that can contribute to mental health issues: being bullied or discriminated against, being abused physically or sexually, having low self-esteem, negative thinking, a lack of opportunities, a poor economic situation, loneliness, and feelings of hopelessness.

Although the specific factors that lead to such mental health issues in a particular individual vary from person to person, these are some of the common culprits.

Divas With Disabilities' new Mental Health in Action program is intended to help address these problems. As such, DWD provides free online group meetings called Empowerment Salons for black and brown women with disabilities to help them cope with anxiety, poor body image, low self-esteem, negative thinking, lack of hope, and other factors that may contribute to mental health issues. Tools and techniques that may be used include meditation, journaling, nutrition and group solidarity.

By providing mental health coping strategies to these women early on, the program may play an important role in improving their well-being and preventing more serious problems in the future.

As a black woman with a disability who has experienced these types of problems herself and who has a doctorate in rehabilitation counseling and training in cognitive behavioral therapy, Dr. Walton is an ideal person to head this initiative.

“This program will provide a safe space where black and brown women with disabilities can be comfortable learning how to prevent and deal with mental health issues and other life problems so that they too can move forward toward success,” says Dr. Walton. “We want to see these women get the lives they deserve before mental health issues get a chance to take root and cause serious harm. Our goal is to help them thrive and live their best lives.”

If you are a black or brown woman with a disability and want to learn more about this free program, visit www.divaswithdisabilities.org and join the community for free today.

DWD will send information about upcoming Empowerment Salons to the community via email.

***Keep in mind that space is limited for each Empowerment Salon and that participants are allowed in on a first-come, first-serve basis.

Editor's Note: The program is time-limited and may not continue after 2023 unless additional funding is available.



Image made using Midjourney

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Scratches

**AN INTERROGATION
OF SELF-ACCEPTANCE
AND HEALING THE SCARS WE WEAR**

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A Free Online
Mental Health in
Action Session
From DWD

**Speaker: Emmy Award-Winning
Music Artist Toni Hickman**

To learn how to join this free session for black and brown females with disabilities, visit www.divaswithdisabilities.org and become a DWD member for free today.

DWD will send more information about the upcoming session to members via email.

DivasWithDisabilities.org

Join our community and movement for black
and brown girls and women with visible disabilities.

Showing up *unapologetically*
to reshape what visible
disability looks like



DivasWithDisabilities.org

Our Audience Is Your Audience,
and They Read Online.

Do They Know About You?

If not, read on to find out how
you can reach them.

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EMPLOYMENT



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A Path to Financial Independence

A “Golden Ticket” to Employment Opportunities for People With Disabilities

By Zach Kiser

If you have a disability, the risk of losing your government benefits such as Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare and/or Medicaid if you take a job can be terrifying and can prevent you from trying to improve your financial situation.

Fortunately, if you qualify, Social Security’s Ticket to Work program may be able to alleviate this risk and give you the ability to work without losing your benefits until you are able to succeed without them.

This voluntary program supports employment for people ages 18 through 64 (and, in some cases, older) who receive SSDI or SSI benefits and want to work. Enrollment is free, and there are no additional costs to the participant.

The program also connects participants with the services and support they need to succeed in the workforce and provides them a path to employment, personal fulfillment, and financial independence. It is a program of hope for many.

Success in Achieving More Independence

Jessica, who was born with cerebral palsy, is a great example of how the program may be able to help you.

After feeling stigmatized and being denied opportunities as a youngster in school, she became interested in psychology and, even though she faced accessibility issues in college, she earned a bachelor’s degree in psychology and then a master’s degree in clinical mental health counseling.

Although she received SSI, she wanted to get a job so she could make more money and not be reliant on her small government income. She therefore took advantage of the Ticket to Work program to get free employment support services, benefits counseling, and assistance finding a job.

In 2020, she got a job at Virginia Counseling Associates where she works with clients to address the symptoms of mental illness.

"This work allows me to do what I'm passionate about," she said. "It gives me a purpose. As a person with a disability who also struggles and enjoys life, I want to help others see their own value and the strengths that will enable them to live their best life."

Jessica's story is just one of many. The Ticket to Work website includes her story and the stories of several other real people who have benefited from the program and have started jobs with its help. These individuals have a variety of disabilities such as cerebral palsy, autism, spina bifida, amputation, narcolepsy, anxiety and panic attacks, intellectual and developmental disorders, and more. [Click here to read more stories.](#)

As Jessica and these other individuals got jobs and began making more money, they were able to reduce or end their dependency on government benefits. It was a win-win for them and the government.

What About You?

Do you, like these individuals, have career and economic goals you want to pursue without risking your government benefits? If so, the Ticket to Work program could also be your "golden ticket."

A "ticket" from the program provides people with disabilities access to various resources necessary for them to find and maintain employment, including state vocational rehabilitation (VR) agencies and other employment networks (ENs). These resources offer such services as training, education, rehabilitation, career counseling, job placement, and other support. Some ENs provide resume writing, interview skills, assistance seeking job accommodations, assistance with organizing, help communicating with your employer and Social Security, and benefits counseling.

Work Incentives may also be helpful. These special rules may, for example, allow people who receive SSDI or SSI to work while receiving monthly payments and still retain Medicare or Medicaid.

"For the longest time, I heard from a variety of sources that if you work full time, you're going to lose your benefits," Ticket to Work participant Michele said, regarding her experience. "Then AHEDD entered the picture and told me about Work Incentives that would let me keep my healthcare while working, continue to receive my [Medicaid] waiver support services, work while receiving [SSI cash benefits], and get back on benefits if I was unable to continue working. I didn't believe them at first."

She learned that a Work Incentive known as "Medicaid While Working" would allow her Medicaid coverage to continue even if or when her earnings become too high to get an SSI check. She took advantage of the incentive to allow her Medicaid coverage to continue while she works. Since healthcare coverage was so important to Michele, learning that it would not be lost when she got a job was a huge relief.

Michele was also relieved to learn about "Expedited Reinstatement," an incentive that may allow her to get back her Social Security benefits without reapplying if she has to stop working because of her disability within five years.

While these Work Incentives can help many participants, not every incentive will work for every participant. You'll therefore need to learn about the ones that can help you in your specific situation.

Starting Your Own Business

Even if you are one of those who have already heard about the Ticket to Work program, you might not have known that in some cases it can even be used by those who want to become self-employed or start their own business rather than get a job.

This may be especially enticing for many who can benefit from being self-employed in work they can do from home.

Do you have a passion for childcare, marketing, art, auto mechanics, or some other type of work and want to start a business in that field? If so, you should let VR or you EN know that as soon as possible. Depending on your specific situation, they might be able to help you get started and turn your dream into reality.

Depending on your career goals, the Ticket to Work program might be able to help you succeed in your specific situation. The program doesn't just aim to find people with disabilities jobs but rather to put them on a path to long-term financial freedom.

Whatever barriers you think are stopping you from achieving your work dreams, such as fear of losing your government benefits, limited work experience, a lack of job skills, a lack of education, or mental or physical health challenges, the Ticket to Work program may be able to help you overcome them.

Visit <https://choosework.ssa.gov> today for more information and to get specific details about the current Ticket to Work program since some of its policies might change at any time.



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US Department of Labor Announces \$7.5M Agreement to Continue Support for Disabled Youth Employment Initiatives

The U.S. Department of Labor announced in September the award of a \$7.5 million, five-year cooperative agreement to continue support for a policy center aimed at boosting disabled youth employment.

Administered by the department's Office of Disability Employment Policy (ODEP), the agreement will provide \$1.5 million annually for the agency's Center for Advancing Policy on Employment for Youth (CAPE-Youth). ODEP created the center in 2019 to enhance national, state and local workforce systems, focusing on improved outcomes for youth with disabilities, especially those from underserved communities.

"Expanding employment opportunities for disabled youth is critical to achieving workforce inclusion," said Assistant Secretary for Disability Employment Policy Taryn M. Williams. "This cooperative agreement will fund research, develop partnerships and share evidence-based best practices to help identify new career pathways and improve transition outcomes for these young people."

The center's development and management will be overseen by the Council of State Governments, a nonpartisan organization that fosters collaboration between elected and appointed officials across the country and the six U.S. territories.

CAPE-Youth is a collaboration between ODEP, The Council of State Governments, the K. Lisa Yang and Hock E. Tan Institute on Employment and Disability at Cornell University, San Diego State University Interwork Institute, and the National Association of Workforce Development Professionals.

To learn more, visit <https://capeyouth.org/get-involved>.

This article was adapted from information provided by ODEP.



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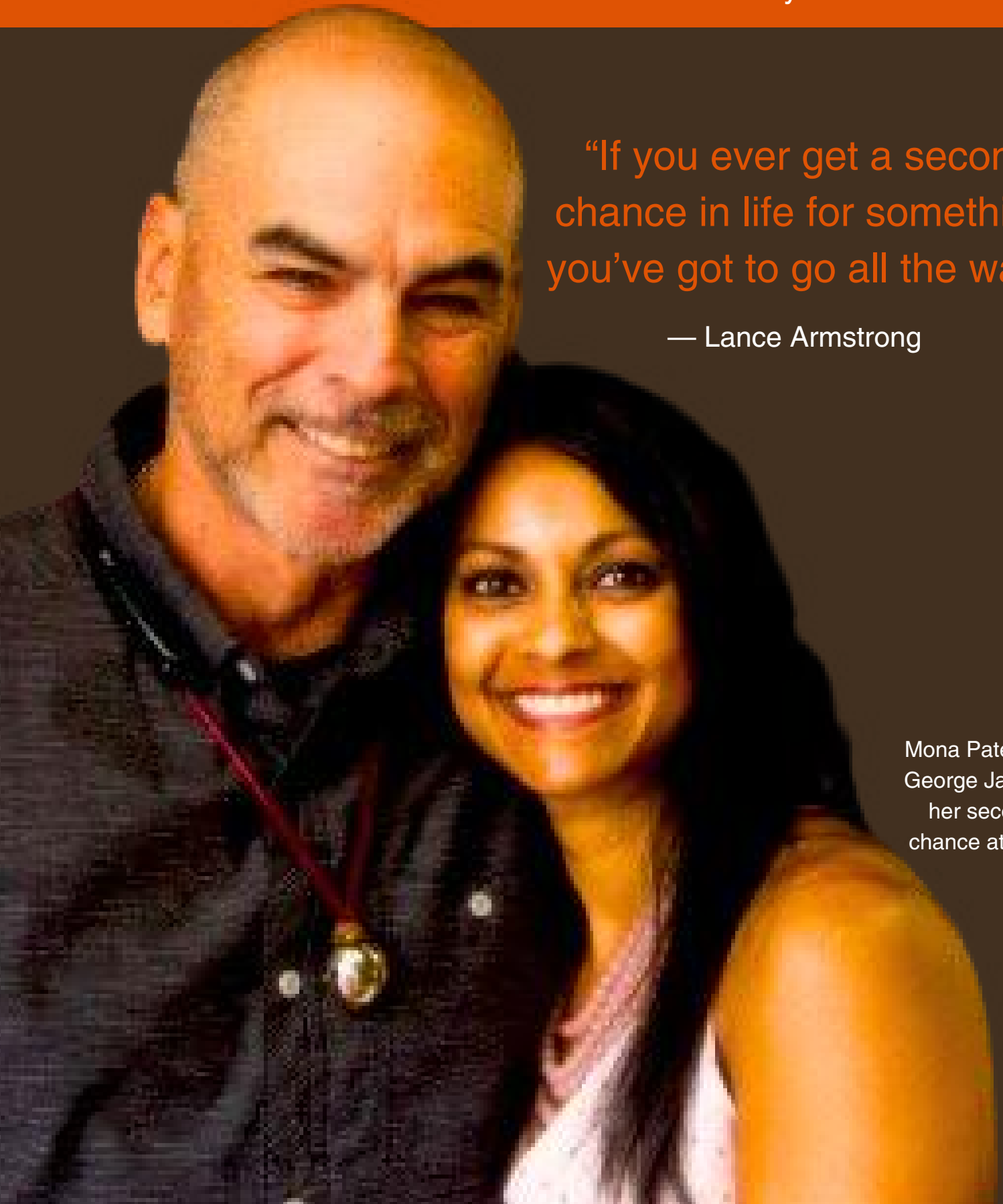
A Second Chance at Life and Love

By Rick Bowers

“If you ever get a second chance in life for something, you’ve got to go all the way.”

— Lance Armstrong

Mona Patel with
George Jahant,
her second
chance at love.



Some people believe that having a disability equals no chance for romance or a full life.

Don't believe it for a moment!

Take Mona Patel, for example.

More than three decades ago, after Mona Patel was hit by a drunk driver on her college campus, which resulted in the loss of her right forefoot, her parents thought her life was basically over. However, as it turned out, it wasn't the limb loss itself that impacted the 17-year-old's life so dramatically but rather other people's reactions to it.

Although Mona had once been considered a great marriage prospect in their East Indian Hindu community in the United States, her mother feared that she would now be seen as imperfect—as damaged—and that no one would want to marry her. While her parents had once dreamed of an arranged marriage with a suitable partner, they now feared she'd be forced to marry someone who was also “less than” or also “damaged” in some way (perhaps someone from a less reputable family, with a medical diagnosis, or divorced or widowed).

Like most (or all) people with a new disability, Mona also had concerns about her future possibilities.

“I had just had my first amputation, and I vividly remember lying in my hospital bed trying to wrap my head and heart around all that was happening,” she recalls. “I thought about my disfigured leg, the skin grafts, and the 12-inch scar on my back, and I quietly asked myself who would ever find me attractive again.”

Fortunately, the reality was quite different than she and others expected.

“It turned out that Indian (and American) men were still interested in my hand in marriage,” she says.

Since her marriage was no longer a top priority for her parents, however, she used the time to complete her bachelor's degree in behavioral science with a minor in criminal justice from California Polytechnic State University.

“My focus was on my education and enjoying being single,” she says. That is, until a young man named Nishat swooped in and stole her heart!

From Stolen Heart to Broken Heart

Mona's parents were thrilled when Nishat, the son of close family friends, took an interest in her and began calling her.

Unfortunately, everyone was devastated once again when Nishat's parents, who had previously treated Mona like a daughter, told Nishat that they would not accept the relationship and that he would have to choose between Mona and them. Having a disabled daughter-in-law was out of the question, and they forbade him to marry her, Mona says.

As a result, when Mona and Nishat continued their relationship and married on December 31, 1995, about 600 guests showed up to the lavish wedding for the bride, but not a single person attended from Nishat's family. His parents had disowned him, according to Mona, and his father had ordered the family not to attend. A 30-year friendship between the bride's and groom's parents had been destroyed over a disability.

Although Nishat's family finally accepted him back, it took eight years for them to finally accept Mona into their family, and she recalls times when she had to swallow her pride with them just to maintain a semblance of being someone worthy of their approval. She says her mother-in-law sometimes referred to her using very derogatory terms in their native language, basically calling her "the crippled girl." Her father-in-law would simply look through her without acknowledging her existence when he came to their home to visit Nishat. She says the lack of a loving familial relationship broke her heart.

In 1997, after multiple surgeries to improve the damage to her foot, Mona had a below-knee amputation. She and Nishat would then go on to have two daughters before separating in 2010 and divorcing in 2013 when Anaya was 7 and Arianna was 5. The 17-year marriage was over. Importantly, Mona's disability did not prevent her from getting married, nor did it cause her divorce.



Starting Over

After a divorce, it can be difficult to start over, especially when it comes to beginning a new romantic relationship. Mona and Nishat had married quickly, and this time, she wanted to be more careful. As a result, she decided that before seeking a new relationship, she should work on healing herself.

“I reflected on the lessons from my marriage, worked to rebuild my self-confidence, and figured out what kind of man I wanted to attract and how to recognize and not pursue those with unhealthy behaviors.”

A girlfriend told her that it was hard to be single and date at age 40, but it was even harder with a leg amputation.

“My reply was that I truly felt my disability would actually help me get rid of the riffraff quickly,” Mona answered. “If a man didn’t accept my disability or didn’t want my kids around, then I didn’t want him around.”

She went on a few dates, but, for various reasons, the potential relationships didn’t pan out.

“My disability wasn’t an issue with most men who showed an interest in dating me,” she says. “There was one man I met online who after learning of my disability had some type of issue with it. He wanted time to think about it, and I simply told him that there really wasn’t anything to think about and wished him good luck.”

One day, a man who was 17 years older than her viewed her Match.com profile but didn’t leave a message.

“She had one picture and about two words on her profile,” says George Jahant, laughing at the memory. “It was the briefest profile I’ve ever seen, but she was just so pretty. Then I saw her age, and I was like, ‘There’s no way she’d be interested in someone my age,’ so I closed out and went on surfing.”

Mona, however, saw that someone had visited her profile and clicked to see who it was. She then sent George a friendly message telling him that he looked good for his age. She didn’t think anything else of it, but he replied back, and they continued messaging each other on the site.

Then one day he told Mona that he was canceling his membership and gave her his cell number in case she wanted to keep in touch. He said he was going on a trip, so she texted him a few weeks later.

“We talked for a while,” he says, “but she didn’t tell me about her amputation until a few days before we went on our first date. ‘Before we go out,’ she said, ‘you might want to look me up on the Internet,’ and I said, ‘Why? Are you wanted?’”

“Since I had chosen to not disclose my disability in my online profile,” Mona says, “this was my way of letting men not just learn about it but also to learn about what I’ve done with my life despite my disability.”

George didn’t look her up, so she went ahead and told him about her amputation.

“It didn’t bother me one bit,” he says.

After later finding out that one man lost his chance because he was concerned about Mona's amputation, George realizes that it was his gain.

"I don't know what he was thinking," George says, "but his attitude changed my life."

"George and I became exclusive after our first date," Mona says, "and on November 2, 2023, we celebrated 11 years together."

Winning Her Heart

Mona says her background and personality are very different from George's, and it's surprising they clicked so well.

"My world is filled with rainbows and unicorns," she explains, "and he's a retired police officer. He served 38 years, 34 of them on the SWAT Team, and has seen a whole different side of humanity. In my world, everyone is good, and there are no school shooters. His world was very different."

Her biggest concern, however, was their age difference and how it might impact them in the future.

"I would literally get my calculator out," she says, laughing at herself, "and I would calculate a future age of mine plus 17, then another age plus 17."

But George needed an answer.

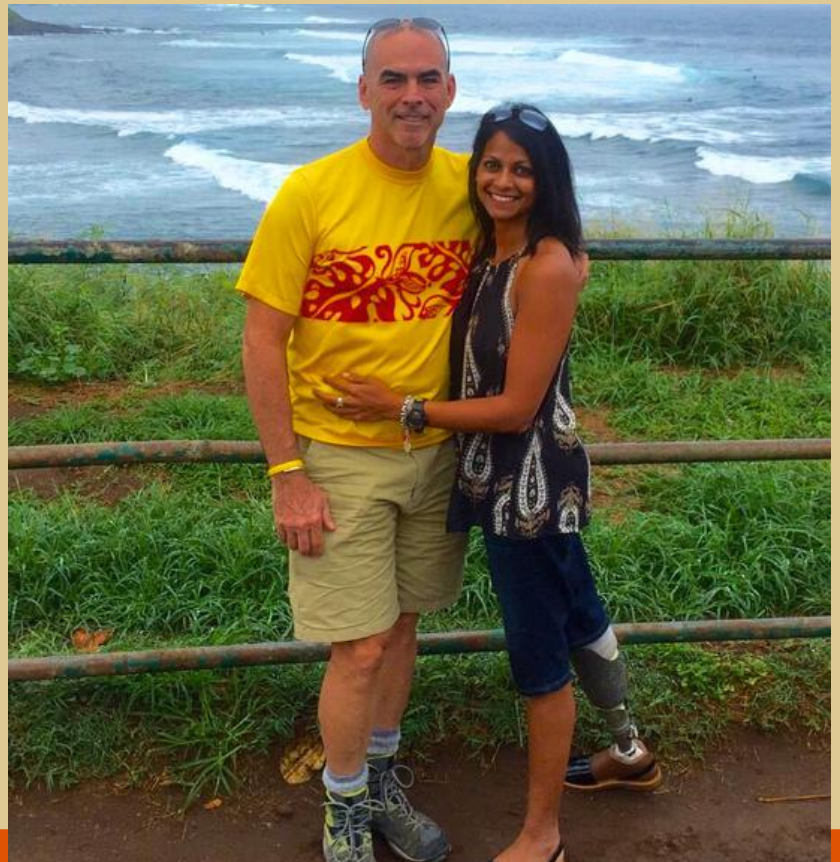
"He told me that I needed to make up my mind before he fell more in love with me," she says, "so I did, and the rest is history."

Ultimately, she decided that she cared more about the type of man she wanted and his character than his age.

George had the qualities she was looking for in a mate: trustworthiness; a lack of selfishness, materialism, ego and jealousy; protectiveness of her and her two daughters; involvement in her daughters' lives; and kindness.

"There was a kindness to him that was so different than anyone I had dated," she says. "On our first date, we sat in my living room and talked for hours and hours. I think he finally left at 3 a.m. Since that day, he has shown me the same kindness. He is one of the most driven and confident men I've ever met! And I do appreciate that there is not one ounce of jealousy in him—something I wasn't used to. He has no issues if I want to have dinner with a guy friend or if a guy friend buys me a gift. He knows my heart and has the utmost confidence in our relationship."

George was also very impressed with Mona on the first date. "Talking to her was so interesting," he says. "We're very different. We're opposites in a lot of ways. So a lot of what she has done with her life, a lot of her growing up, a lot of her culture, it was just very interesting to listen to her stories."



She's also especially happy with the way he takes an interest in her daughters' lives.

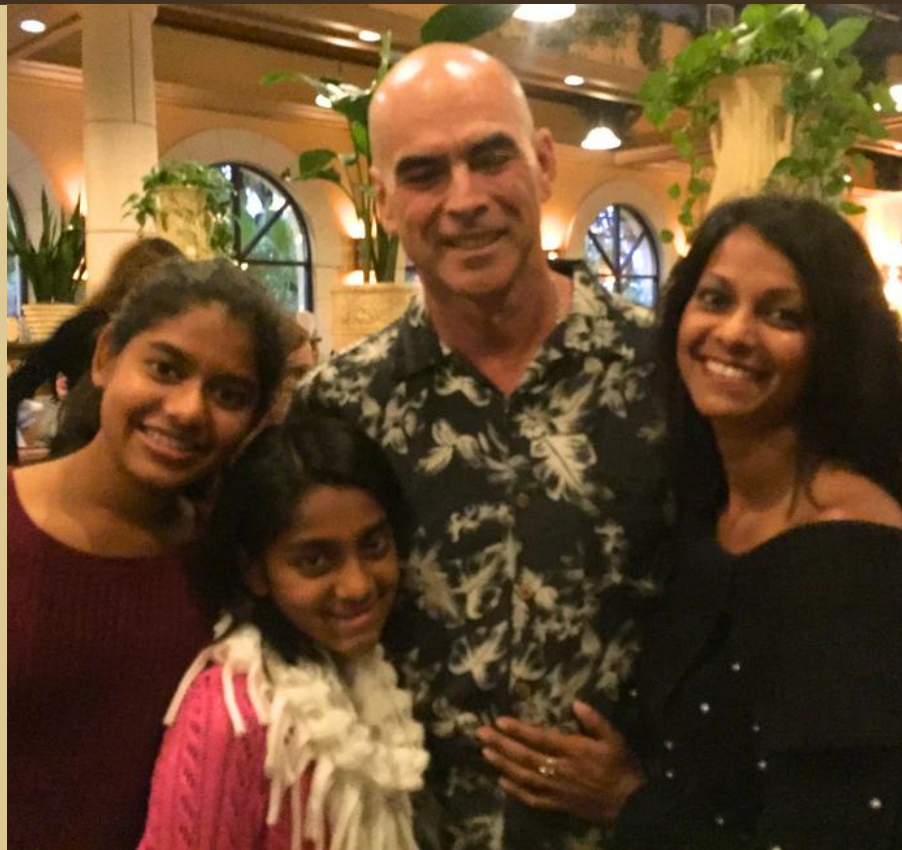
"He endears the girls as if they are his own daughters," she says. "He never missed a single birthday or school event. I'm grateful that the girls are able to witness a healthy romantic relationship and how a woman should be treated, loved and respected. In their cards they write to 'Mr. George,' they always thank him for loving and making mommy so happy."

Today, she sees George as her North Star and voice of reason.

"He's always encouraging me to be my best self," she says. "He supports me in all of my physical goals, whether it's an endurance hiking event or a cycling event; he helps me train and is right beside me during the event."

Their mutual love, respect and appreciation for one another is never taken for granted by either of them, she says.

"I remember the first time he moved to the street side of a sidewalk when we were walking together. I asked him why he did that, and I was in tears as he explained the reason. He was concerned about my safety and would rather get hit by a car himself than let me get hit. I had never experienced such chivalry from a man."



A Couple That Plays Together

The two spend a lot of time going to movies, eating out, traveling, and participating in athletic events together.

“We have a goal of hiking the highest peak in every state,” Mona says. “We’ve done 16 so far.”

George, an avid cyclist, also encouraged her to participate in a weeklong cycling tour on her trike in March 2024.

“Each day, we’ll ride 35-70 miles to the next historic town and hotel,” she says. “George is not going to ride himself so that he can keep me safe and help shepherd my ride! His whole purpose is just to support me.”

He also supports her in all of her philanthropic efforts, Mona says. She founded the San Antonio Amputee Foundation (SAAF), a highly active support organization for amputees, more than 20 years ago and still runs the organization. It’s an important part of her life, and George is always there to help her whenever she needs him, she says.

“Now, she literally looks at everything and whether it would be a good thing for the group to participate in,” George says proudly.



Worriers and Naysayers No More

Over the years, Mona has earned a master's degree in psychology from Pepperdine University and a master's degree in social work from Southwest Texas State University. She's raised two now-adult daughters. In addition to running SAAF, she has a great career as a licensed clinical social worker. She even led a group of nine amputees called the Cloud Walkers to summit Mt. Kilimanjaro in 2015 and was one of the Top 10 CNN Heroes in 2017.

Her life has been incredibly full, and she's been able to make a positive difference in many other amputees' lives.

"Throughout my personal journey to healing after my accident, I have been loved, supported and empowered by so many people, and now this is my turn to continue paying it forward," she says. "I have made it my mission to meet and support new amputees as they begin their emotional and physical journeys."

While her own life was almost sidetracked, it wasn't because of her disability, but rather because of those who doubted her possibilities. Today, it's clear that they were mistaken.

"Many of those same people still tell me they are in awe of my strength, determination, and courage and how my life has turned out," she says.

"I look at her now," George says, "and she's overridden that thing so many times that that 'disability' is not what will ever hold her back."

Grateful for a Second Chance

Knowing that she could have easily lost her life at 17, she's grateful today that she got a second chance—a second chance to live and a second chance to love.

"When you experience an amputation, you question everything," she once noted. "Who's gonna love me? How am I gonna work? How am I gonna support my family?"

All of those questions have been answered now, and she doesn't have to worry anymore.

"I am so extremely happy," she says.

For George's part, he also knows he won the lottery.

"I feel fortunate," he says, "that I have a partner who is trying to do good, not just for herself but for a lot of people."



Read some of Mona's tips for finding romance on the next page.

Tips for People With Disabilities on Finding Romance

1. Before seeking a romantic relationship, work on yourself first. “You must first do the hard emotional work on yourself to rebuild your confidence and self-esteem and relearn to love yourself just as you are,” says Mona Patel, founder of the San Antonio Amputee Foundation (SAAF) “If you don’t learn to love yourself, how can you expect someone else to love you? Keep in mind that your confidence, self-esteem, integrity, respect and love for self and others; your sense of humor; your work ethic; and the way others love you did not live in your amputated limbs. All of that is in your heart and in your soul, and you’re still the same person you were before, if not even better!”

2. Know what you’re looking for. Determine what type of person you truly want and what are your negotiables and non-negotiables, Mona advises. It’s best to seek someone who will add to your life.

3. Decide if you will let prospects know about your disability from the beginning or if you will tell them later after you know each other better. Even if your disability ends up being a deal-breaker for some prospects, for many others, it will simply not matter. “Most of the men I’ve met since my amputation have been fine with it,” Mona says. “I’ve learned that most people will feed off your energy. If you are confident and secure in your own skin, then others will tend to follow that attitude too.”

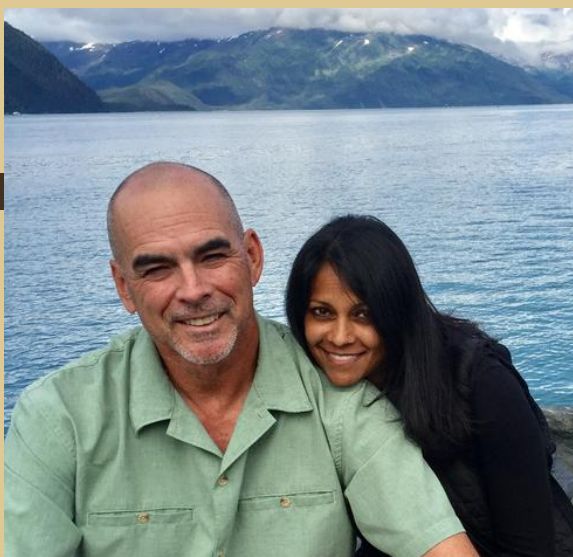
4. Keep in mind that how someone reacts to learning about your disability can be a clear test of their character. Don’t overlook the sign. Also remember that if they’re not interested, their loss could be another person’s gain. “If you try not to take a ‘rejection’ personally, you’ll save yourself a lot of unnecessary feels,” Mona says. All of Mona’s earlier dates that didn’t work out, for whatever reason, opened the door for her and George to meet and find love.

5. Try to be confident. “Self-confidence is truly one of the most attractive qualities in a person, and it makes you interesting,” Mona says. “It’s something that I had to work really hard to build. Little did I know that I’d need to rebuild it over and over in my lifetime.”

6. Fight your negative thoughts. “Sometimes parts of my past surface with the past narratives of being ‘less than,’” Mona says. “Part of my job is to remind people that we are so much more than just a body part.”

7. Always have hope because without hope, we have nothing. “Hope led me to George,” she says.

8. Don’t listen to the myth that says disability will ruin your chances for romance. It’s a lie that’s been disproved countless times.



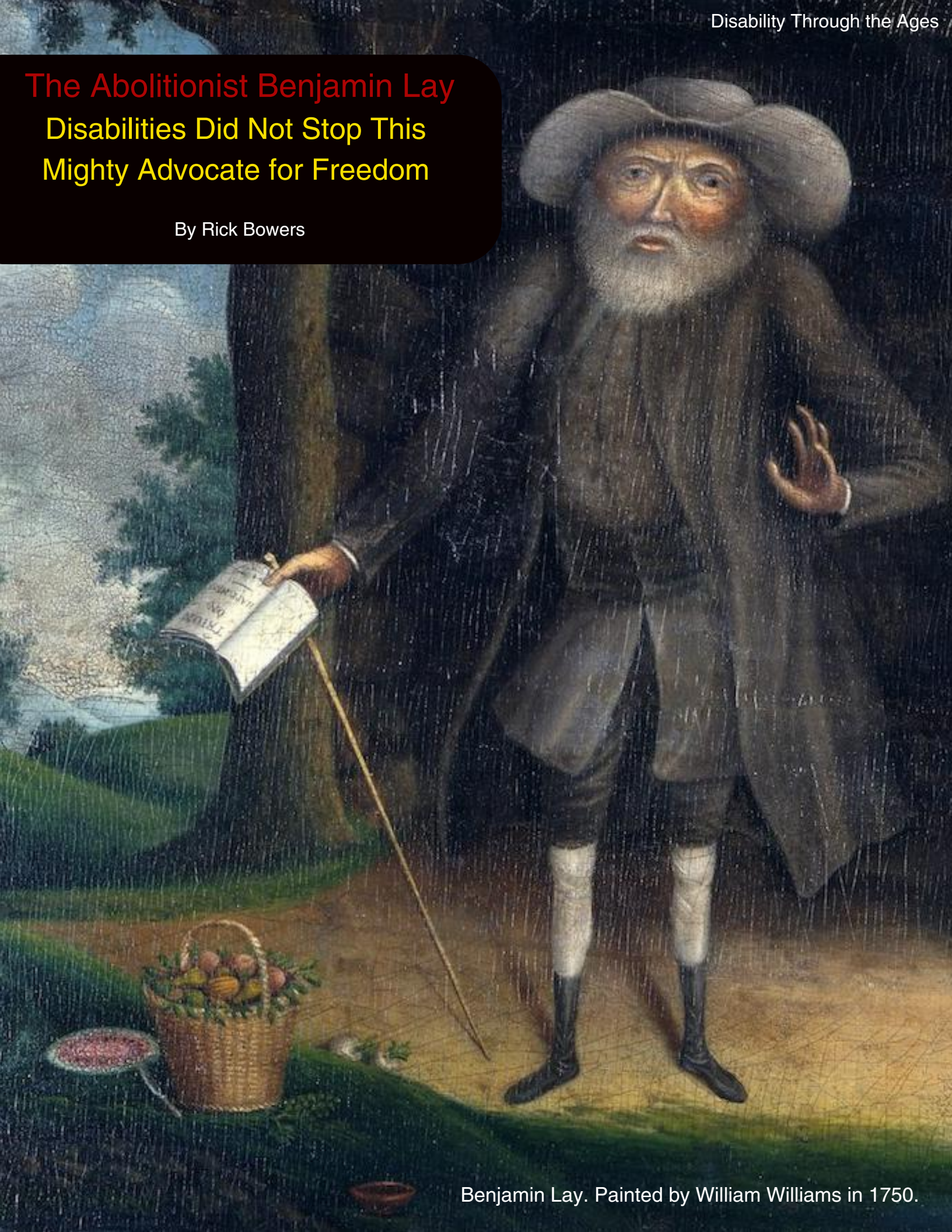
“One day, someone will walk into your life and make you see why it never worked out with anyone else.”

– Anonymous



The Abolitionist Benjamin Lay
Disabilities Did Not Stop This
Mighty Advocate for Freedom

By Rick Bowers



Benjamin Lay. Painted by William Williams in 1750.

It's not the physical size of a man that makes him truly mighty. Just ask Goliath who was killed by David, who was much smaller than him.

Neither is a “perfectly formed” body a requirement for being strong.

Although he was only about 4-feet tall and had a malformed body with a curved spine, very slender legs, and a large head, Benjamin Lay stood strong and firm against slavery, cruelty and injustice in a time when many considered it normal to mistreat and abuse other human beings. Lay—a “little person,” or dwarf—believed that all people were equal and that slavery needed to be brought crashing down. Though small in stature, he was a giant among his peers.

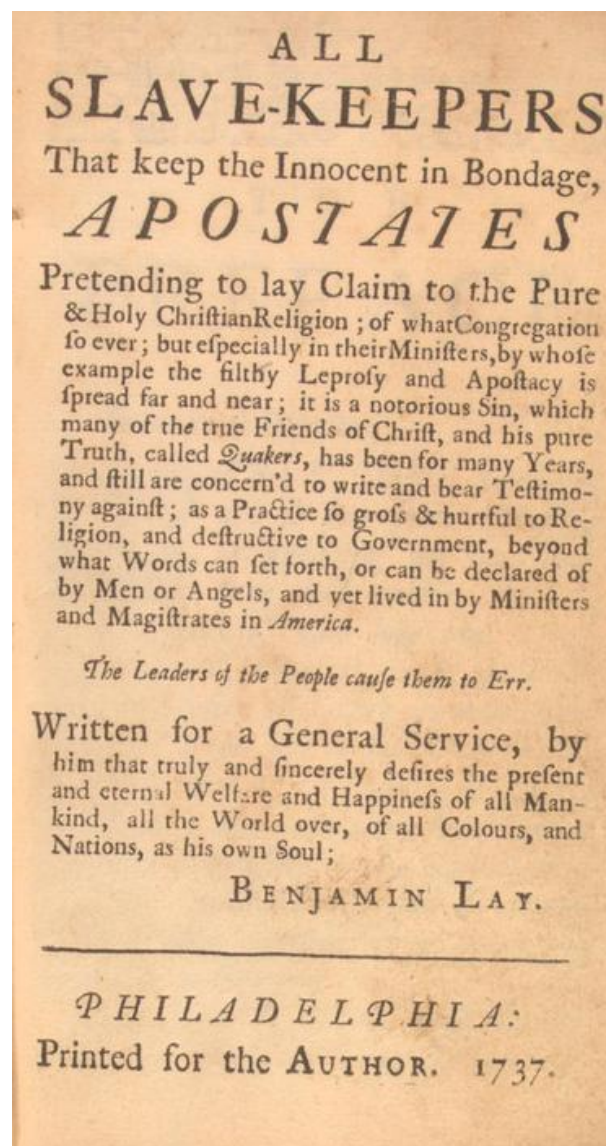
Standing Tall Against All

According to a story from Isaac Hopper, a 19th century Quaker and abolitionist, Lay, who lived from 1682 to 1759 gave no peace to slaveholders. During Quaker meetings, if a slaveholder spoke during the meeting, Lay would shout out, “There’s another negro-master!”

Born in England to Quaker parents, Lay started out as a shepherd and then became a glover before becoming a sailor when he was 21. While working in Barbados as a shopkeeper, he watched an enslaved man who was unwilling to be whipped again kill himself to avoid punishment. Such incidents made him uncompromising against slavery.

After coming to Philadelphia and taking up residence there, he began speaking out, writing and protesting against slavery, putting him against the established church. As a devout Quaker, he felt that the slavery was incompatible with the Quaker religion, and it angered him that many Quakers of the time, including community leaders, were slaveowners.

Published in 1737 by his friend and renowned early American leader Benjamin Franklin, Lay’s most famous pamphlet was *All Slave-Keepers That Keep the Innocent in Bondage, Apostates*, in which he attacked slaveholders and advocated for the abolition of slavery. He said that it



was the duty of all Christians to fight against it. His widely read—but controversial—pamphlets proclaimed the evils of slavery and give lie to the excuse of some that slavery was simply accepted by all in those days.

“There was a time when the name of this celebrated Christian Philosopher ... was familiar to every man, woman, and to nearly every child, in Pennsylvania,” according to Benjamin Rush, a leader of his time and one of the signers of the Declaration of Independence.

Despite the opposition of many Quakers who were angered by his attacks, Lay continued to publish his pamphlets until he died.

During religious meetings of various churches, he would often interrupt services to advocate against slavery. In 1738, at the yearly meeting of Quakers in Philadelphia, he took with him a hollowed-out book in which he had placed a bladder with red liquid. At one point, he stood up to protest against the hypocrisy of the Quakers and stabbed the bladder with a sword as if spilling blood on some of the attendees. He noted that while their religion espoused equality, many of them were slaveholders and would suffer punishment. Considering him a troublemaker and a threat to their faith, the community expelled him. And it was not the first time he'd been expelled from church. He had also been expelled from congregations in England.

No Compromise With Slaveholders

Lay refused to participate in slavery or to deal amicably with those who did. He was once invited to have breakfast with an “important” person of the community and his family, but when Lay saw a black man coming to serve them, he said to the man who'd invited him, “Dost thou keep any Negro slaves in thy family?” Upon hearing that he

did, Lay announced that he would not eat with them and partake “of the fruits” of unrighteousness before walking out. He was one of the first people who boycotted products that were made by slaves.

He and his wife, who was also a “little person,” made their home in a cave in Pennsylvania in 1739 and lived there for many years until about 1748 when he then moved into a small house. He wanted to live simply and protest materialism and the excesses of the wealthy. While living in his simple home, he made his own clothes and grew his own food. In addition, he endured criticism from some who thought he was being too extreme.

Standing strong against all criticism and staying firm in his convictions, Lay also became an inspiration to other abolitionists such as the great leaders William Lloyd Garrison, Frederick Douglass, and John Brown—men whose activities were largely responsible for the ending of slavery in the United States. He is now a symbol of the strength of one person's action to overcome injustice—regardless of our physical bodies or disabilities. Lay's life shines a light on an important truth: Our hearts are much more important than our bodies, and a big heart makes a big person.

For More Information

The Fearless Benjamin Lay: The Quaker Dwarf Who Became the First Revolutionary Abolitionist (2017)

Prophet Against Slavery (2022)

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Recipients of \$8,500 Spinal Cord Injury Artist-Innovator Grants Announced

With support from the Craig H. Neilsen Foundation, the Center for Cultural Innovation (CCI) announced in October the Spinal Cord Injury (SCI) Artist-Innovator Fund's 2023 grantees.

This is the third round of the SCI Artist-Innovator Fund, which was first offered in 2019 and has since awarded \$150,000 to 20 grantees with SCI. We are pleased to share that the 2023 funding round increased the total award amount to \$8,500 from \$7,500. In addition, CCI partnered with the Minneapolis College of Art & Design's (MCAD) Creative Entrepreneurship program to provide SCI Artist-Innovator Fund grantees with opportunities to test their ideas, build their networks, and seek guidance from practitioners and peers through individual and group online coaching sessions and project presentations.

For the 2023 round, the Fund awarded \$85,000 total in grants of \$8,500 each to 10 individual artist-entrepreneurs with spinal cord injuries who are inspired to innovate by opportunity-based entrepreneurship. CCI recognizes that having an underserved perspective, living with challenging circumstances, and applying creative practice can yield important solutions for not only the innovator but for the benefit of society. This opportunity recognizes that the combination of SCI populations, craftsmanship, creative practice, and positive social impact can yield powerful results.

Out of 35 applicants from across the country, the 10 selected are:

Tameka Citchen-Spruce (Redford, MI): To support a digital docuseries that will feature six black women with disabilities taking their city by storm.

Nathan Copeland (Dunbar, PA): To support the development and proliferation of brain-computer interface (BCI) artistry, using innovative technology to create and showcase digital art.

Erin Field (Gainesville, FL): To support the development of the 10% App, a social networking app for the disability community.

Shawn Fluke (Rancho Cucamonga, CA): To support the production of Live To Roll's LIVE streams, podcasts, website and video editing.

Mark Fuglevand (Lakewood, CA): To support the production and commercialization of a urinary catheter clamp for independent use by individuals with limited hand function who perform daily clean intermittent catheterization.

Wes Holloway (Washington, DC): To support the development, creation and distribution of *home(sick)*, a series of art zines that are community-driven and self-published.

Carrie Kaufman (Chicago, IL): To support [newly] disabled individuals in finding affirming, radical information about sexuality, using art and writing by disabled people to provide education and support.

Erik Kondo (Lexington, MA): To support the creation of two workshops in Nigeria and Zimbabwe that will build affordable and functional wheelchairs and will be owned and operated by individuals with spinal cord injury.

Vanessa Osman (Vacaville, CA):
To support post-production of the pilot series *VANCAR*, based on a near-future world of mostly paraplegics and quadriplegics.

Andrew Reid (Los Angeles, CA):
To support the proof of concept for the short film *IRON LUNG*.

The SCI Artist-Innovator Fund celebrates the SCI experience as one that can impact one's life positively and helps cultivate creativity and problem-solving. The program's support is meant to boost confidence and nudge artists and innovators to move forward with ideas or projects that can change their careers and impact their communities.

“This was a banner year for the SCI Artist-Innovator Fund,” said CCI Deputy Director Laura Poppiti. “Through the support of the Craig Neilsen Foundation and our partnership with MCAD, grantees were afforded increased funding and the opportunity to build their entrepreneurial knowledge and networks. We're excited to follow the work of the 2023 grantees—both their funded projects and their larger trajectories as artist-innovators.”

For more information about the SCI Artist-Innovator Fund, visit cciarts.org.

About Center for Cultural Innovation(CCI)

Center for Cultural Innovation (CCI) was founded in 2001 as a California 501(c)(3) nonprofit corporation. Its mission is to support individuals in the arts—artists, culture bearers and creative entrepreneurs—to realize greater self-determination so as to unfetter their productivity, free expression and social impact, which contributes to shaping our collective national identity in ways that reflect the diversity of society. *For more information, visit cciarts.org.*

About the Craig H. Neilsen Foundation

The Craig H. Neilsen Foundation's funding is dedicated to supporting both programs and scientific research to improve the quality of life for those affected by and living with spinal cord injury. *For more information, visit chnfoundation.org.*

About MinneapolisCollege of Art & Design (MCAD)

Minneapolis College of Art & Design (MCAD) provides a transformative education within a community of support for creative students of all backgrounds to work, collaborate, and lead with confidence in a dynamic, interconnected world. *For more information, visit mcad.edu.*



Research-Based Information Related to Living With a Disability

"We sometimes base our decisions and actions on our past experiences or on intuition or advice from others. Those strategies often, but not always, are effective and turn out well for us.

However, in many, if not most, cases, we will be better served by basing our decisions on scientific research and data. This section shares research that could help us make better and more successful decisions. It's at least worth considering."

- Rick Bowers, *RESILIENCE* Editor

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Study Suggests That Weekend Physical Activity Provides Heart-Related Benefits Similar to More-Regular Exercise

People who find it difficult to make time to exercise during a busy work week may concentrate their moderate-to-vigorous physical activity to one to two days of the week or weekend.

In a recent analysis published in *JAMA* that was conducted by investigators at Massachusetts General Hospital (MGH), this “weekend warrior” pattern was associated with similarly lower risks of heart disease and stroke compared with more-evenly distributed exercise.

Guidelines recommend at least 150 minutes of moderate-to-vigorous physical activity per week for overall health, but it’s unclear if concentrated exercise can provide the same benefits as more-evenly distributed activity.

“Our analysis represents the largest study to address this question,” says lead author Shaan Khurshid, MD, MPH, a faculty member in the Demoulas Center for Cardiac Arrhythmias at MGH.

Khurshid and his colleagues examined data on 89,573 individuals in the prospective UK Biobank study who wore wrist accelerometers that recorded their total physical activity and time spent at different intensities for a full week.

Among participants, 33.7 percent were inactive (less than 150 minutes of moderate-to-vigorous physical activity per week), 42.2 percent were active weekend warriors (at least 150 minutes with at least half achieved in one-two days), and 24.0 percent were active-regular (at least 150 minutes with most exercise spread out over several days).

After adjustments, both activity patterns were associated with similarly lower risks of heart attack (27 percent and 35 percent lower risks for active weekend warriors and active-regular, respectively, compared with inactive); heart failure (38 percent and 36 percent lower risks); atrial fibrillation (22 percent and 19 percent lower risks); and stroke (21 percent and 17 percent lower risks).

“Our findings suggest that interventions to increase physical activity, even when concentrated within a day or two each week, may improve cardiovascular outcomes” says senior author Patrick T. Ellinor, MD, PhD, acting chief of Cardiology and the co-director of the Corrigan Minehan Heart Center at MGH.

The team also plans to assess whether weekend warrior-type activity might be associated with reduced risks of a broader spectrum of diseases.

This article was adapted from a press release from Massachusetts General Hospital by Brandon Chase.



Image made using Midjourney

Weekly Insulin Found Safe, Effective for Type 2 Diabetes

An experimental form of insulin administered just once a week was safe for patients with Type 2 diabetes and helped them maintain healthy blood sugar levels better than insulin injected daily, according to the results of a phase 3 clinical trial led by a UT Southwestern Medical Center researcher. The findings, published in *JAMA*, could move this potentially game-changing new drug, called insulin icodec, one step closer to approval by the Food and Drug Administration.

“Insulin is the most burdensome therapy for people with diabetes,” said endocrinologist Ildiko Lingvay, MD, MPH, MSCS, professor of internal medicine at UT Southwestern and its Peter O’Donnell Jr. School of Public Health. “A once-weekly version of the drug could minimize the stigma associated with daily insulin treatment, enabling more patients to start treatment when needed and stay on treatment to achieve the best possible glucose control and long-term outcomes.”

More than 37 million Americans – about 1 in 10 – have diabetes. About 90 percent-95 percent of them have Type 2 diabetes, in which the body does not respond normally to insulin, causing blood sugar (glucose) to become abnormally high. These levels can lead to long-term complications including heart disease, nerve damage, vision loss, and lower-extremity amputations.

About a third of people with Type 2 diabetes require insulin injections to keep their blood sugar within a healthy range, Lingvay explained. However, many resist due to the pain, inconvenience, and stigma of this treatment, leading to an average delay of three to five years for patients to start insulin when it is needed – a wait that can significantly worsen long-term outcomes.

Over the past several years, Lingvay and colleagues around the world have tested insulin icodec. Unlike the current daily insulin degludec, patients would inject insulin icodec once a week, relying on its interaction with a prevalent blood protein called albumin to slow icodec’s release into the bloodstream



Image made using Midjourney

Lingvay and global colleagues have conducted five phase 3 clinical trials, called ONWARDS 1-5, to assess how icodec works in various clinical scenarios. For this ONWARDS 3 study, which Lingvay led, the research team treated 564 Type 2 diabetes patients from 92 clinics in 11 countries, including at UT Southwestern, who all required medications to lower their blood sugar but had never taken insulin.

The study used a rigorous double-blind randomized control trial. Specifically, the patients were randomized to one of two therapies: injected icodec once a week and a placebo daily, or injected degludec daily and a placebo once a week. The primary endpoint of the study was a change in a blood measure of longitudinal glucose control, namely hemoglobin A1C (HbA1C).

After 26 weeks of treatment and five weeks of follow-up, patients on weekly icodec had significantly larger improvements in their HbA1C than those using degludec daily. Both groups had an extremely low rate of adverse events, Lingvay said, suggesting both forms of insulin are safe. Although the patients who received icodec had a slightly higher risk of low-blood sugar events, none of the events were severe enough to require emergency medical attention.

Lingvay participated in three other phase 3 trials testing icodec at UT Southwestern and other sites. In ONWARDS 1 and ONWARDS 5, patients on icodec stayed in a healthy blood sugar range noticeably more often than patients on degludec. In ONWARDS 4, people treated with weekly insulin had similar improvement in glucose and similar occurrence of hypoglycemia compared with those on once-daily insulin.

Lingvay said the results suggest insulin icodec could be a significant innovation for patients with Type 2 diabetes if it is approved for clinical use. FDA evaluation is the next step.

“Patients in these clinical trials who learn they are taking insulin icodec tell us they are very disappointed when the trial ends and they have to switch to a daily insulin. Instead of just 52 injections a year, they must take 365,” Lingvay said. “Now we are one step closer to making insulin much easier for our patients to take.”

The ONWARDS trials were funded by the maker of insulin icodec, Novo Nordisk A/S. Dr. Lingvay is a consultant for the company.

This article was adapted from information provided by UT Southwestern Medical Center.



Image made using Midjourney

News & Stories You Might Have Missed

The following articles and stories come from press releases and media reports that might not have been widely publicized but that include information relevant to people with disabilities.

Clicking on the links will take you away from this publication to another website.

[**US Department of Labor awards \\$2M to Cornell University to help develop policy promoting workforce inclusion for people with disabilities**](#) (September 14, 2023).

[**American Association of People With Disabilities and NBCUniversal Announce 2023 Recipients of NBCUniversal Tony Coelho Media Scholarship**](#) (September 5, 2023)

[**CMS Announces Transformative Model to Give States Incentives and Flexibilities to Redesign Health Care Delivery, Improve Equitable Access to Care**](#) (September 5, 2023)

[**CMS Takes Action to Protect Health Care Coverage for Children and Families**](#) (August 30, 2023)

[**US Department of Labor Announces More Than \\$69M Funding Available to Help Youth, Young Adults With Disabilities Connect With Good Jobs**](#) (August 10, 2023)



Time to catch up on the news that could affect your life.
Image made using Midjourney

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Overcoming cancer and the amputation of a leg at the age of 18 takes a special kind of heart. A special kind of woman.

Shattered Dreams, Broken Pieces is the encouraging story of the decades Donna Walton spent rebuilding her world and discovering new confidence and a fresh sense of purpose after facing these tragedies. Through disasters, setbacks, trials and tribulations, the author proves that no crisis is too large to recover from. In this memoir, she reveals the path she took to healing and offers readers valuable insights for overcoming the obstacles in their own lives.



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