



Making Accommodations in the Lab and Talking Frankly about Disability

Chances are, you're working with someone in the lab for whom conditions are not optimal. Maybe that someone is you. We are often silent on the topics of **disability** and **accommodation** in labs and STEM spaces, because we hold on to longstanding assumptions about how work gets done in them:

- Science is “burning the midnight oil”—working physically and cerebrally in long, uninterrupted stints.
- When organizing space, it's about the lab equipment, not the physical needs of the people operating it.
- Good scientists are too focused to be distracted by noise, bright light, fumes, odors, or other things that cause sensory overload.
- Scientists don't need research explained in basic terms. They understand complicated things the rest of us don't, whether presented orally or visually.

If these assumptions sound outdated, they actually are far from defunct. Intellectually, most of us understand that scientists could use supports like anyone else, and yet we do little to debunk the myths that cause us not to accommodate them. The unspoken message to those needing accommodation is that being a good scientist requires a denial of who we fully are; our disabilities should be kept under wraps and quietly overcome.

Those of us not needing accommodation rarely think to ask about what is not visibly apparent in others. But also those of us who need accommodation can be wary about asking for supports we need, given stigmas attached to needing them. Studies show that when people disclose disabilities on job applications, for example, they are less likely to land those jobs than people not disclosing disabilities, even when their relevant qualifications are identical. Knowing implicitly that this bias exists, people with disabilities underreport them, which means that they often go unaccommodated.

Think how much happier and productive your colleagues could be if they could sit closer to a speaker to hear and see them, or if they could access areas of the lab with their mobility equipment, or if they felt no shame in leaving the lab to take meds at their scheduled time, or if they could run calculations from home when they needed a mental health day--or if they didn't have to hide who they are to meet some false notion of what a serious scientist is supposed to do and be.

The dictionary definition of *disability* is “a physical, mental, cognitive, or developmental condition that impairs, interferes with, or limits a person's ability to engage in certain tasks or actions or participate in typical daily activities and interactions.” A disability can range from a chronic illness (Lupus); to a communication disorder (Tourette's); to developmental, hearing, intellectual, learning, mental health, neurological, physical, and vision disorders. They can be visibly apparent or not, temporary, and acquired.

While we should think of disability broadly, activist Emily Ladau cautions us not to think of *disability* as *inability*. Many disabilities can be easily accommodated, and often supports provided for one person help others too, whether they have a disability or not. Take the case of the “curb cut,” for example, which had been designed to allow easier mobility for users of wheelchairs when crossing public streets. Indeed, curb cuts have made mobility easier for people using wheelchairs, but also people with injuries, or using strollers, scooters, crutches, and roller skates. We don’t have to use a wheelchair to feel the benefits of curb cuts. Similarly, classroom teachers have found that their neurotypical students derive benefits from many accommodations they make for their neurodivergent students. In other words, supports you provide in the lab for a disabled colleague may end up benefitting everyone else.

But is it worth the resources to accommodate disabilities that you don’t yet know about? The simple answer is yes, because research tells us that you might have disability in the lab already and not even know it. Many disabled people choose to say nothing about their needs, since self-advocacy can be both anxiety producing and exhausting. Sensing unconscious bias, qualified lab personnel could have already disqualified themselves from your lab, before you even knew them. When people enter a lab and see no supports that would work for them or other people, it tells them that this might not be a space for them. So having candid conversations about accommodations is key, but there are also a few accommodations to consider providing from the start, before those conversations, and beyond legally-mandated supports like accessible parking and ramps:

- A designated quiet room with dim lights, for people who experience sensory overload
- Flex hours, so people can work on a schedule that’s right for their bodies
- Transcripts for videos or podcasts
- Handrails in rooms and hallways
- Software that reads text and interprets it plainly
- Presentations and meeting agendas sent in advance, so people can process material on their own time
- Live captioning and/or sign language interpreters in live and virtual meetings
- Designated seating areas for people with mobility equipment and disabilities (that does not isolate these people from the rest)
- Large-print and Braille reading materials for people with visual disabilities

The ADA National Network (<https://adata.org>) and the Job Accommodation Network (<https://askjan.org>) can provide guidance on ways to accommodate disability, and so can your colleagues, if you ask them. I remember a colleague confiding to me that all the presentation decks I was preparing in our collaborations were in reds and greens she couldn’t see—she was color blind. I think of the time I wasted (and the input I hadn’t been getting from her) because she didn’t feel safe to say something sooner, and because I didn’t take the time to ask what she needed.

In the case of my colleague, the fix was easy—a switch in graphics that took mere seconds. But how do we broach the subject of accommodation when doing so can be uncomfortable? The stigma of disclosing a disability is reduced when disclosure is standard procedure for everyone. So make a survey or questionnaire about accommodations, supports, and work conditions part of everyone’s onboarding or lab orientation. Follow up conversations will be easier if you take your colleagues’ lead in how they talk about disability. Some people use “person-first language,” meaning, they speak of their personhood before their disability: “I am a person with dyslexia.” Others use “identity-first language,” acknowledging that their disability is very much connected to who they are: “I am an Autistic person.” “I am a little person.” If you haven’t yet figured out how people refer to their disability, err on the side of using person-first language, until you know otherwise. And in general, Ladau advises against referring to someone by their mobility equipment-- “a wheelchair person,” which undermines their humanity. Instead, you could say “person who uses a wheelchair.”¹

In some respects people find talking about physical disability easier than talking about cognitive disability or mental illness, which remains highly stigmatized and often not visible. Think about it, how many times have you casually said something like, “The traffic was insane,” or, “That’s moronic!” Your intentions were likely not to hurt or offend someone with those remarks, but their subtext can still stigmatize mental illness and disorders in ways that make some people not feel safe to talk about the supports they might need. Ableism is deeply embedded in our everyday language, so start paying attention to how it shows up in yours and work to minimize it. Maybe instead of using phrases like...

- paralyzed/debilitated by fear
- I’m neurotic...I’m OCD
- That’s crazy...
- ...that’s such a crutch for me...
- ...I walked into that situation...
- My blindspot...
- Our all-hands meeting...
- It fell on deaf ears...

You could say...

- Frozen by fear
- I’m intense...I’m particular
- That’s unbelievable/remarkable
- ...that’s what I rely on...
- I entered that situation
- My awareness gap
- Our all-CQN/ all-org meeting
- It was ignored

Emily Ladau offers some other guidelines that can make you more comfortable talking about disability and accommodations²:

- Use “disability” or “disabled,” not “handicapped.” Only use “differently abled” if that is a stated preference.
- Use “has a disability,” rather than “is afflicted by” or “suffers from”.
- Avoid distinctions like “high functioning” and “low functioning.” Use “...person who is unable to...,” “person with high-support needs.”
- Use “neurodivergent,” “person with a learning disability/learning disabled person,” or “Autistic person/person with Autism”; not “mentally handicapped,” “slow,” “mentally challenged,” or “mentally retarded.”
- Use “able-bodied,” “physically disabled,” “neurotypical,” “non-disabled”; rather than “normal” and “not normal.” After all, what’s “normal”?
- Use “person with a mental health disability,” “mentally ill person/person with mental illness,” “person with a psychiatric disability/psychiatrically disabled”; not “crazy,” “mentally disturbed,” “insane,” “psychotic,” or “mad.”
- Use “person with a physical disability/disabled person”; not “a cripple,” or “an invalid.”
- Use “accessible parking,” and “accessible restroom”; not “handicapped parking” or “disabled restroom.”

¹ Emily Ladau, *Demystifying Disability: What to Know, What to Say, and How to be an Ally* (California: Ten Speed Press, 2022), pp. 14-15.

² Ladau, *Demystifying Disability*, pp. 24-27.