"The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern."

— Elisabeth Kübler-Ross
Dear colleagues,

Our May newsletter is dedicated to our colleagues, trainees, staff and patients with disabilities. I was thoroughly impressed by the many contributions that we received for this newsletter. It shows that our Stanford Radiology community deeply cares about this topic. The newsletter preparation led to many interesting and important discussions through which our team learned a lot:

Anyone of us can become disabled in an instance, through an accident, as the result of a chronic disease, after a surgery or as a result of the aging process. For our colleagues who live with disability, just as for everyone else, it is important to be seen as unique and capable individuals. Many people with disability have an amazing patience, built through the process of waiting for almost everything. People with disabilities are masters in perseverance, overcoming obstacles, and not stressing out about the little things in life.

At Stanford Radiology, we want to see through perceived or actual imperfections, so that everyone's unique light can shine through. We believe that it is our collective duty to enable our colleagues with disabilities to express, contribute and realize their ideas. Our newsletter shows how people with disability shape our collective experience towards a better future for all of us!

Heike E. Daldrup-Link  
Associate Chair for Diversity  
Department of Radiology

https://www.ted.com/talks/maysoon_zayid_i_got_99_problems_palsy_is_just_one
I suffered a spinal cord injury in 2003 during my gastroenterology fellowship at UC San Francisco. Unable to practice independently or perform procedures, I decided to pursue Radiology, completing residency and fellowship at Stanford. Interviewing for residency in my wheelchair, attendant in tow, was very intimidating, and not all programs were enthusiastic about the challenge of training a partially quadriplegic person.

Fortunately, Stanford was committed to customizing the residency around my abilities. I didn’t want to do less work than others, but it was clear that it would have to be structured differently. Thinking creatively, some solutions included modifying my call schedule to shorter but more frequent shifts or assigning me to work up consults rather than performing Interventional Radiology procedures. And similar modifications continue. I am grateful to work with such incredibly understanding and supportive colleagues.

Although I can interpret images and dictate without assistance, there remain a myriad of unseen challenges. From morning until evening, I have paid caregivers and hospital volunteers who help me with all of the mundane tasks that I used to take for granted. This includes getting ready for work, grabbing a coffee, and helping me onto my Segway. But I feel like literally everyone helps me out, from moving a chair out of my way, opening a door, to finding me a straw. These infinite small kindnesses get me through the day.

H.O.P.E.

hold on pain ends
In this New York Times article, Cheri A. Blauwet (@CheriBlauwetMD), a graduate from Stanford's School of Medicine and current assistant professor at Harvard Medical School, reflects on her experiences as a physician with disability. Dr. Blauwet is a seven-time Paralympic medalist and serves on the board of the United States Olympic Committee.

“People with disabilities often express fear or dissatisfaction with our health care system because they face poor access and discriminatory attitudes. This must change. Perhaps having more doctors with disabilities is one solution. As with any underrepresented group in medicine, professional diversity should reflect our population's diversity. That simple change can bring awareness, empathy and a shared experience that ultimately makes all of us better.”

https://www.nytimes.com/2017/12/06/opinion/doctor-wheelchair-disability.html?linkId=45630197
Great strides have been made to ensure access of hospitals to people with disability. In addition, we also have to ensure that medical equipment in our hospitals is accessible for patients with disability. A decision by the DOJ on December 26, 2017, received little notice: It formally withdrew four Advance Notices of Proposed Rulemaking related to Titles II and III of the Americans with Disabilities Act (ADA), including rules that addressed making medical diagnostic equipment accessible to people with disability. Implications have been discussed by Lisa Iezzoni and Elizabeth Pendo in the New England Journal: N Engl J Med. 2018 Apr 12;378(15):1371-1373.

http://lgbtmeds.stanford.edu/

Vilissa Thompson Creates Conversations On Disability And Intersectionality

Disability activist, blogger, consultant, social worker and founder of @RampYourVoice, a disability rights consultation & advocacy organization created #DisabilityTooWhite, which draws awareness to lack of visibility & representation of disabled people of color. Vilissa Thompson’s initiative was recently featured in Forbes magazine:

The Diversity and Access Office
The Diversity and Access Office (D&A Office) ensures University-wide compliance with federal, state and local regulations concerning non-discrimination and disability access. To accomplish this mission, the office works collaboratively with vice presidents, deans, department chairs, administrative managers and human resources staff who have direct responsibility for achieving the University’s objectives. The D&A Office provides an array of services and resources designed to ensure equal opportunity and equal access, and to address bias and discrimination prohibited by law or official University policy. The D&A Office also assists individuals with disabilities who have requests for accommodations in the workplace and access to Stanford facilities, programs and activities.
https://diversityandaccess.stanford.edu/
Community Resources:
https://diversityandaccess.stanford.edu/disability-access/adaptive-recreational-resources

credit: Global Observatory for Inclusion (www.globi-observatory.org); Sonya • Age: 10
Disability Staff Forum (DSF)
DSF's mission is to help improve and facilitate communication between Stanford community members with and without disabilities. Educational and social events are planned throughout the year. Cathy Haas, clhaas@stanford.edu; TTY: (650) 723-4926
https://web.stanford.edu/group/dsf/

Chronicallyacademic.com
This website provides many resources for scientists with disabilities and their employees:

Stanford Synapse: Brain Injury Support Group
Stanford Synapse provides support to individuals who have suffered from any form of acquired brain injury, including mild traumatic brain injury such as concussion, moderate to severe traumatic brain injury, stroke, brain cancer, and aneurism. We offer a variety of ways to get involved in the group such as a buddy program, peer support group meetings, guest lectures, and more. Please visit our website to learn more and to see a calendar of our upcoming meetings and events: http://synapsebi.stanford.edu/

Sign Language Interpreting
Please contact the D&A Office (disability.access@stanford.edu) if you wish to request a sign language interpreter or other accommodations for a Stanford faculty or staff member, or for a University-sponsored event (e.g. speaker).

Vista Center for the Blind & Visually Impaired
The Vista Center provides services such as a low vision clinic with an optometrist specialist, training in daily living skills and mobility training. There are also braille classes available. They have a social worker who can come to your home to assess the services you need and provide training to become more independent within the home. The center also holds support groups, which includes a Youth Group for people ages 7-17.
(650) 858-0202 | info@vistacenter.org | 2500 El Camino Real, Suite 100 | Palo Alto, CA 94306
http://vistacenter.org

Arrillaga Center for Sports & Recreation (ACSR)
ACSR makes an effort to better serve individuals with disabilities by making adaptive equipment available at the ACSR Fitness Center. AOERC has three basketball courts, fitness studios, a rock climbing wall, weight training and exercise facilities, a cycling shop, support for outdoor education programs, a recreational pool, and wheelchair accessible showers and lockers. Current equipment includes a Nu-Step recumbent bike/upper body ergometer and a Sci-Fit bike/upper ergometer. In addition a chest press, shoulder press and row machines are available with removable seats for wheelchair access. Finally, various gloves and attachments are also available for using weights. Please contact the recreation center for additional information or assistance.
Daralisa Kelley: (650) 498-0762, email: daralisa@stanford.edu
http://recreation.stanford.edu/
Avery Aquatic Center
The Avery Aquatic Center has open swim sessions, and accessible locker rooms and a wheelchair lift are available. Contact the center for additional details/arrangements.
(650) 725-0725
http://recreation.stanford.edu/aquatics-program/

Stanford Hosts First Wheelchair Basketball Scrimmage and Clinic on Campus
Watch highlights from the scrimmage between the San Jose Thunder and players from the San Jose Quakes, BORP All Stars and San Jose Spartans.
https://www.youtube.com/watch?v=4lfOQznweag&feature=youtu.be

Stanford'd Ergonomics Program
Ergonomics is the study of the relationship between people, their work, and their physical work environment. The purpose of Stanford University's Ergonomics Program is to promote employee health by limiting ergonomic risk factors. This section presents best practices for workplace ergonomics.
For any Ergonomic-related questions or concerns, contact us at ergonomics@lists.stanford.edu
Self Evaluation Checklist: After completing EHS-3400, use this form to self-evaluate your computer workstation and check that your chair, monitor, keyboard, and mouse are properly adjusted. If you identify a risk factor, tell your supervisor and create an action plan to control the risk. Please contact Stanford University Ergonomics at 6-4392 for additional help.
https://ehs.stanford.edu/forms-tools/computer-workstation-ergonomics-evaluation
When to Report a Disability Claim or Request a Leave

Your own serious health condition (illness or injury, including pregnancy)
If you become aware that you will need to be out for more than three days due to your own serious illness or injury, report this absence, as you may qualify for short-term disability benefits and/or job protection offered by the Federal Family & Medical Leave Act (FMLA) or California State Family Rights Act (CFRA).

A family member’s serious health condition
If you become aware that you will need to be out for a reason listed below, your claim report will start the process to request Family or Medical Leave (FMLA) and job protection. If the leave will be continuous, you must be out a minimum of three days.
You may request a leave to care for:
• An immediate family member suffering from a serious health condition, or
• To bond with a newborn, foster or adopted child. (For birth and care of a child or “baby bonding” under California (CFRA) law, an employee may use intermittent leave in segments of two weeks or more. A request for baby bonding leave of less than two weeks duration may be granted on any two occasions.)

Note: In some circumstances, faculty may take their family or medical leave intermittently or on a reduced schedule basis. When the need for family leave is foreseeable, requests for family or medical leave should be made at least 30 days in advance to allow the school or department to make replacement teaching and other arrangements. You report each period of absence to your Faculty Affairs Administrator and Liberty Mutual.

How to report a claim or request a leave
You can start a claim on Liberty Mutual’s secure web site or by phone.
• www.mylibertyconnection.com/ (claimant service ID: stanford)
• (800) 896-9375
In the event of your injury or illness, Liberty Mutual will need your physician to provide certain information about your health condition. You can sign an authorization card and leave it with your doctor’s office, it is your authorization for your doctor to release information to Liberty Mutual. Without the information, benefits may be delayed or denied.
Here’s what to do:
• Contact your Faculty Affairs Administrator to report your absence.
• See your physician or health care provider.
• Date and sign the authorization card/form and give it to your physician.
Dr. Payam Massaband has been a member of the Stanford Department of Radiology since 2005. He completed fellowship in cardiovascular and musculoskeletal imaging and currently serves as Chief of the Radiology Service at the VA Hospital and Program Director for the Stanford Radiology Residency Program. Today, I had the pleasure talking with him about his insights for our Radiology Department and reflections on disability:

What would you like us to know about yourself?

I would like our trainees and colleagues to know that I appreciate honest communication. That's what I like about the diversity newsletter and that's why I proposed this interview. Our Stanford community values kindness above all else, which is great. But for some this has meant never saying anything critical or, God forbid, having difficult conversations. I don't see that kindness and honesty need to be mutually exclusive. I also think that it is important for us to understand the diverse communication styles that exist. Diversity in communication, as long as it is respectful, will enrich our community.

Professionally, I completed a BS in Neuroscience at UCLA in 1998 and an MD degree at USC in 2002. After that, I started a residency in the Department of surgery at Stanford. In 2005, I switched to Radiology. In my third year of surgery residency, I had a few episodes of falling that I attributed to my shoes. Despite throwing away those otherwise fine shoes a colleague asked why I was limping. “Just some hip pain” I answered. I suppose this is the definition of denial but, in the moment, I had no idea whatsoever. After I discovered foot drop on a quick self-exam I realized there was something wrong. I got a spine MRI hoping for a benign tumor! Over the ensuing months I diagnosed myself with a very rare myopathy. Given this new diagnosis, I decided to switch my training. I considered psychiatry and radiology and after deliberating pros and cons, I decided on radiology. In an extreme twist of fate these days I mostly practice psychiatry.

How did interactions with your colleagues change when you discovered your disability?

My surgical colleagues were unbelievably supportive. In radiology there were some who questioned whether I could physically perform the duties of radiology residency, including call and procedure-related rotations. One recommended that I should go become a consultant. At this point it is important for me to mention Dr. Brooke Jeffrey, who was absolutely wonderful to me throughout this very difficult time (and since!). When it became clear that I had to leave surgery, I called Brooke at his home late one evening. He was a most kind, gracious and supportive leader. He sensed the anxiety and fear in my voice and simply said: “Do not worry Payam, you will be fine.” I have learned so much from Brooke, and others who came to my side at that time, including my surgery program director Dr. Ralph Greco and chair Dr. Tom Krummel, and try to pattern my leadership after their example.
Where can we as Radiology colleagues do a better job to accommodate people with disability?

Accessibility is an important issue. Before I plan to attend any meeting or conference, I have to make sure I can get there. Stanford has some areas where accommodations are great and some opportunities for improvement. There can also be challenges at gatherings outside of the Stanford campus, for example at a faculty dinner at a restaurant or someone’s home.

Stairs tend to be an issue since most people don’t even notice them so they forget to mention them ahead of time. I should say that I am able to make it through the day due to the innumerable acts of kindness and support I get everywhere I go.

What was a surprise to you with regards to disability?

I would never have believed this before I experienced it repeatedly: sometimes people do not seem to see you. It is a very odd experience when you are with a group and someone joins and never looks at you or talks with you. You can be in a bar and try to make your way through and nobody moves an inch. Or you can be in a waiting line and people just cut in in front of you. I don’t think this is any bad intention. I believe that some people just literally do not see a person in a wheelchair.

Do we get applications from students with disability in your current residency program?

Medical students with disability are uncommon. Medical schools have historically either discouraged or not made clear that they will accommodate people with disabilities. The job demands are often so cumbersome and unaccommodating, that I suspect students with disability often choose other areas.

While we are discussing applications for our diversity newsletter I want to let everyone know that I am very sensitive to diversity in our program. We are still relatively lacking in female and URM residents. We have many efforts, both within the selection committee and in collaboration with the School of Medicine and University, geared at improving the recruitment of a diverse group. I also have a very broad view of diversity, which includes diversity of experiences and goals. Our strategy is to work hard to recruit truly outstanding residents. Women, men, URM, PhD, DO, research-minded, LGBTQ, first-to-college-in-the-family, entrepreneurial, private-practice-bound, etc. - broad diversity enriches us all.
What will come next for the residency program?

I think it is amazing that we still follow teaching concepts that are decades old. Our Residency Program Committee is working hard to create a 21st century learning experience: For example, we will soon pilot a rotation with a programmed-learning curriculum, where the clinical work of the day is split with a curriculum including lectures and teaching file cases chosen as part of a deliberate teaching goal. Moving forward, we would also like to include advanced computer technologies and artificial intelligence in our training program. Similar to a flight simulator, we could simulate different clinical scenarios for our residents, with programmed interruptions such as contrast agent reactions, which can also be simulated. We could teach, optimize, and test trainee development of expertise in a virtual environment, for example.

What is your biggest strength?

I highly enjoy teaching and I enjoy my administrative roles. On a personal level, I am the youngest of five sons and my huge family all live in Los Angeles. This large family and specifically having 4 older brothers forced me to learn how to get along with all types of people and communication styles. I am blessed to have a wonderful family of my own now, and that learning continues in my own home: my wife and I have a son, Noah, who is 10 and a daughter, Sasha, who is 8.

In addition, I think having a disability has helped make me to be more sensitive and understanding. You get a broader perspective for what's important and, in general, don't sweat the small stuff. I think I developed a deep empathy through my experiences.

What does empathy mean for you?

Empathy is the ability to imagine and simulate the minds of others in order to understand how they think or feel. We often talk about putting ourselves in others’ shoes or seeing something from someone else's point of view. However, in my mind there is an evolution to empathy: Empathy 1.0 is simply transporting yourself into another person's situation, taking your own biases and life experiences with you. Empathy 2.0 might mean that in addition to putting yourself in someone else's situation you also try to understand what brought them to this place, their experiences, biases, fears, and limitations. Don't get me wrong, any kind of empathy is encouraged but Empathy 2.0 comes with much less judgment, much more understanding, and a greater sense of acceptance. Maybe I'm just advocating for more compassion.

What life lesson would you want to tell a trainee, with or without disability?

I would want to tell everyone the same thing: Life is full of challenges. Specifically, residency can be very rough. And a training experience in radiology, whether clinical or research, is a marathon. And like the recent Boston Marathon, you will occasionally battle 30 mph headwinds in freezing, slushy weather. You will feel exhausted and fall down. I deal with a very obvious physical disability but everyone has some particular challenges, many less obvious. With the knowledge that you are surrounded by supportive colleagues, you will need to summon all your inner strength and grit to work through these challenges. You will make it, we will do so together.
A hero is an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles.
— Christopher Reeve

Life is all about balance. Since I have only one leg, I understand that well.
— Sandy Fussell

My advice to other disabled people would be, concentrate on things your disability doesn’t prevent you doing well, and don’t regret the things it interferes with. Don’t be disabled in spirit.
— Stephen Hawking

Aerodynamically the bumblebee shouldn’t be able to fly, but the bumblebee doesn’t know that so it goes on flying anyway.
— Mary Kay Ash

Just because a man lacks the use of his eyes doesn’t mean he lacks vision.
— Stevie Wonder

When you hear the word ‘disabled,’ people immediately think about people who can’t walk or talk or do everything that people take for granted. Now, I take nothing for granted. But I find the real disability is people who can’t find joy in life.
— Teri Garr
Innovative artificial implants and prostheses are designed to replace lost or compromised functions of the human body. A consortium around Dr. Jaimie Henderson and Dr. Krishna Shenoy at Stanford developed an investigational brain-to-computer interface, that allowed people with paralysis to type via direct brain control: https://www.youtube.com/watch?v=9oka8hqsOzg

There is no reason why the function of an artificial prosthesis should be limited by the ability of its human counterpart. In the future, artificial prostheses or implants will be technically advanced such that they can boost the function of “normal” human counterparts and create enhanced humans. Imaging such advanced prosthesis in order to evaluate their human integration and proper function is a largely understudied field.

The photo above shows the first cyborg (short term for cybernetic organism), Jim Ewing, standing onstage at TED2018 with Hugh Herr, head of the MIT Media Lab’s Biomechatronics group, whose team established a neural link between artificial limb prosthetics and the brain. A cyborg is a being with both organic and biomechatronic body parts, that has restored function or enhanced abilities due to the integration of an artificial component or technology that relies on feedback circuits.

In an inspiring TED talk, Hugh Herr described the next generation of bionic limbs and robotic prosthetics: https://www.ted.com/talks/hugh_herr_the_new_bionics_that_let_us_run_climb_and_dance
NO BEAUTY SHINES BRIGHTER THAN THAT OF A GOOD HEART