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ARTICLE

WHAT DISABILITY MEANS TO ME: WHEN THE PERSONAL AND PROFESSIONAL COLLIDE

Nicole Buonocore Porter[*]

I am a disability law professor and scholar—I teach and write articles about disability law.[1] Most of the people I know that are disability advocates or scholars have a story to tell about how and why they became interested in disability law. This Article is dedicated to telling my story.

For me, unlike many others,[2] the story does not begin until law school. During my second year of law school, I took an employment discrimination class. We covered the Americans with Disabilities Act (ADA), although I do not recall anything specific that I learned about the ADA. I describe that class as the beginning of my story because it is what piqued my interest in employment discrimination, which is how I became professionally involved in disability law.

During my third year of law school, I met my husband, Mickey. He has a disability. He is visually impaired with a genetic disorder called Stargardt's disease, which is a juvenile form of macular degeneration that affects central vision but leaves peripheral vision intact.[3] He is not completely blind. He cannot see

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[*] Professor of Law, University of Toledo College of Law. I would like to thank Jessica Roberts for suggesting that I contribute an article to *HLRe: Off the Record's* Online ADA Symposium Series (a part of Volume 5:2), and I would like to thank the *HLRe: Off the Record* for giving me a forum to tell my story.

[1] I also teach employment discrimination, education law, feminist legal theory, contracts, and criminal law.

[2] Many disability scholars I know either grew up with a disability or had a close family member with a disability. I have an aunt who is severely disabled with multiple sclerosis, but she lives far away, and I only saw her once or twice when I was growing up.

[3] *See Stargardt Disease: Juvenile Onset Macular Degeneration, Stargardt Disease, Fundus Flavimaculatus, Stargardt Macular Dystrophy*, AM. MACULAR DEGENERATION

well enough to drive or read a menu at a restaurant, but, with magnification, he can read, and he sees well enough to ride a bike and even ski (although the latter makes me nervous).

Part of my experience with disability is living life married to someone with a disability. Obviously, some of this is logistical. I am the only driver to accomplish all of the errands required by our family of five. But, some of it is seeing the way the public interacts with my husband; the exasperated look clerks at stores give him when they tell him to sign something, and he cannot see where to sign. Or the confusion of a waiter when Mickey asks what kind of wine they have when he is staring at the wine menu right in front of him. I also have had the experience of constantly telling family and friends ahead of time or early on in a conversation that he is visually impaired. I do this because, when he looks at someone, he has to use his peripheral vision. So, from the other person's perspective, it looks like he is looking over the person's shoulder, and it can be disconcerting when you first meet him. My family also had to navigate how to treat him—whether and when they should offer help. Nevertheless, even though my experience of being married to someone with a disability has affected my personal and professional life, this story is not about him.

My first professional experience with disability law came when I was practicing law. I worked on several ADA cases while working at a large defense-side law firm, but it was when I moved from law-firm practice to working as an in-house lawyer for a large manufacturing company that I really began thinking about disability law issues. I was responsible for the employment issues of approximately thirty plants across the country. Given that law firm practice was a mix of employment discrimination issues—sex, race, harassment, disability, retaliation, and contract issues—I was shocked to realize how much of my time as an in-house attorney was spent advising my clients (usually human resources managers) on the issues that arise when medical conditions affect work. I believe it is a conservative estimate that approximately half of my workload involved questions about medical issues. Most of the hypotheticals I currently use in both my employment discrimination and disability law classes are from my days as in-house counsel. And one issue I worked on inspired a major theme in my scholarship.[4]

FOUND., https://www.macular.org/stargardt-disease (last visited Feb. 8, 2015). He describes it as having a black hole in the center of his vision.

[4] Nicole Buonocore Porter, *Special Treatment Stigma After the ADA Amendments Act* (Uni. of Toledo Coll. of Law), *available at* http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2552854.

When I landed my first tenure-track position as a law professor at Saint Louis University School of Law, I happily agreed to teach disability law, a course the school had routinely offered as a stand-alone class[5] rather than only covering disability law as part of employment discrimination. I also began writing about disability law.[6] In 2007, I made a lateral move to the University of Toledo College of Law in order to be closer to my family, most of whom live in Michigan. I continued (and continue) to teach disability law and write in the area.[7]

In 2008, the professional and the personal collided. It was spring break (early March), and on the first day of spring break, I decided to subject myself to an extra hard workout, perhaps to make up for my lack of diligence in the prior weeks. By the next day, I regretted the workout. I was sorer than I had ever been. On Wednesday of that week, I flew to New York to attend a law student moot court competition for which a colleague and I were coaches. On the morning I was getting ready to leave, I noticed that my left foot was a little numb—not cold, but lacking in sensation, to the point where I sometimes slightly stumbled while I was walking. On the plane, I noticed the same thing with my left hand. I remember commenting to my colleague in the cab to our hotel: "Is it normal that both my left hand and left foot are numb?" I was chuckling as I said it and chuckling when he replied, "Um, . . . I don't think so." I attributed it to my workout earlier in the week because I was still ridiculously sore.

Neither my foot nor my hand was completely numb so I was able to go about my regular activities. I did call my sister, who is a nurse, and she agreed with my assessment; I had probably pinched a nerve during my workout and that was causing the numbness. By the time I returned from New York, I had developed a very bad chest cold. Within a few days, I was in bed with a fever

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[5] When I began teaching, I assumed that stand-alone disability law courses were fairly rare. However, when I performed a study in 2013 of law schools' course offerings related to labor and employment law, I discovered that seventy-four schools offered a stand-alone disability law course. Nicole Buonocore Porter, *A Proposal to Improve the Workplace Law Curriculum from a Corporate Compliance Perspective*, 58 ST. LOUIS U. L.J. 155, 159 (2013).

[6] Nicole B. Porter, *Reasonable Burdens: Resolving the Conflict Between Disabled Employees and Their Coworkers*, 34 FLA. ST. U. L. REV. 313 (2007).

[7] *See, e.g.*, Nicole Buonocore Porter, *Martinizing Title I of the Americans with Disabilities Act*, 47 GA. L. REV. 527 (2013); Nicole Buonocore Porter, *Mutual Marginalization: Individuals with Disabilities and Workers with Caregiving Responsibilities*, 66 FLA. L. REV. 1099 (2014) (hereinafter Porter, *Mutual Marginalization*); Nicole Buonocore Porter, *Relieving (Most of) the Tension: A Review Essay of Samuel R. Bagenstos, Law and the Contradictions of the Disability Rights Movement*, 20 CORNELL J.L. & PUB. POL'Y 761 (2011); Nicole Buonocore Porter, *The New ADA Backlash*, 82 TENN. L. REV. (forthcoming 2014), *available at* http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2399724.

and a horrible cough. My foot and hand were still slightly numb, but the only consequence I noticed from it was that my typing was slightly off with my left hand. It was irritating but not terribly distracting. I made a doctor's appointment mostly because of my cold, but when I was at my appointment, I told my doctor about the numbness. She disagreed with my theory about a pinched nerve, stating that it would be an incredible coincidence to pinch a nerve in two different places in order to affect both the hand and the foot. She suggested I get a magnetic resonance imaging (MRI)[8] of my brain.

I immediately panicked but not for the reason one might think. I panicked because I am horribly claustrophobic, and I knew that an MRI would involve my body being inside of a tube.[9] At this time, I was not one bit concerned about what the MRI might reveal. I told my doctor that the numbness was already lessening, and she said that I should make the appointment, but, if the numbness has completely dissipated by the time of my appointment, I could cancel it. In order to mitigate my claustrophobia, my doctor prescribed Valium and an "open" MRI, which allows the patient to see out more than a normal MRI.[10] I made the appointment, and by the time the appointment time had arrived, I kept it, in part because I still had some residual numbness but mostly because my mother asked me to go through with the appointment. I took the Valium, asked a friend to drive me to and from the appointment (because, of course, my husband couldn't drive me, and I couldn't drive myself under the influence of Valium), and made it through the procedure without one panic attack.

Several days later, I was at work feeling better from the antibiotics the doctor had prescribed for my bronchitis and feeling only very minor numbness. It was a Wednesday, at around 11:40 AM. I remember the time because I was getting ready to go to a colleague's workshop that started at noon. I was scheduled to teach my criminal law class at 1:00 PM. My doctor called me. I still was not nervous, even though I now know that if the MRI had turned up nothing, I probably would not have received a personal phone call from the doctor. She told me that the MRI revealed lesions on my brain, and those lesions are often an indication of multiple sclerosis (MS). She said she could not be certain, and I

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[8] *Magnetic Resonance Imaging (MRI)*, NAT'L MULTIPLE SCLEROSIS SOC'Y, http://www.nationalmssociety.org/Symptoms-Diagnosis/Diagnosing-Tools/MRI (last visited Feb. 8, 2015).

[9] PROSCAN IMAGING, CLAUSTROPHOBIA AND MRI: REDUCING ANXIETY DURING YOUR EXAMINATION 2, *available at* http://www.proscan.com/_filelib/filecabinet/medical_pieces/claustro_web.pdf (last visited Feb. 8, 2015).

[10] *Id.*

needed to see a neurologist. She referred me to one. I hung up, completely shocked. My only experience with MS related to my aunt, who is severely disabled. She uses a wheelchair and needs assistance with everything, including getting dressed and feeding herself. She even has difficulty speaking, and the disease has affected her memory and cognitive capacity. This cannot be my future, I thought.

My memory of the immediate aftermath of this phone call is a little fuzzy. I know I called my mom and my husband, although I do not remember the order of those phone calls. I vacillated between devastation and denial. I also immediately began doing research online, which was actually somewhat reassuring. Because my aunt has the most aggressive form of MS (progressive-relapsing MS, also referred to as PRMS),[11] I had assumed that her situation was fairly common. In fact, most people who have MS have a more mild, slowly developing form of the disease called relapsing-remitting MS.[12] These people might go months, and even years, between symptoms or flare-ups. Learning that my aunt's situation was the worst-case scenario and not my definite fate was reassuring.

One of the first things I did after that fateful phone call might have significant ramifications, and yet, I did not give it much thought at all. I went to my colleague's office to tell her I was going to miss her workshop. She is one of my best friends, so I immediately told her my news. In retrospect, this is what began my decision to not keep this diagnosis private among my colleagues. An important issue for individuals with disabilities is whether, and when, to disclose a hidden disability to their employers. There are obviously risks to doing so, the most prominent of which is discrimination. In fact, if someone in my shoes had come to me for advice about whether she should disclose similar information, I would probably counsel her against disclosing, unless she required an accommodation (of course, I did not). Teaching and studying disability law has allowed me to see how frequently employers discriminate against individuals with disabilities, but an employer cannot discriminate based on a disability of which it is unaware. Still, I chose not to keep my diagnosis private, although I'm not sure how much of a conscious, well-thought-out decision it was. I'm not a very private person; I wanted to share this news, and I think I needed the support of my colleagues, many of whom were also my very good friends. I did not, however, tell my students. I taught that criminal law class just over

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[11] There are four different types of MS, relapsing-remitting, secondary-progressive, primary progressive, and progressive-relapsing. *Types of MS*, NAT'L MULTIPLE SCLEROSIS SOC'Y, http://www.nationalmssociety.org/What-is-MS/Types-of-MS (last visited Feb. 8, 2015).

[12] *Id.*

an hour after I received the phone call and managed to pretend that I had not received that frightening news. I also did not tell any of my friends and colleagues in legal academia who were not at my law school. Until now, I have kept it private from this broader group, perhaps worried that it would affect an employment decision if I ever were looking to make a lateral move or apply for a deanship.

The aftermath of that phone call was a long, drawn-out process. I made an appointment with the neurologist, and I learned how difficult it is to diagnose MS. It involves a process of elimination because other things can cause the same type of symptoms as the ones I was experiencing.[13] There is a test that can be used to assist the doctor in the diagnosis of MS and recommendation of a course of treatment for the disease, but even this test is not definitive.[14] It is also quite invasive because it involves testing the spinal fluid. The cerebrospinal fluid (CSF) of people with MS often has elevated levels of IgG antibodies and a specific group of proteins called oligoclonal bands.[15] I opted to have this test even though my neurologist was fairly certain I did have MS based on my MRI. The test was horribly painful, in part because the doctor had to insert the needle into my back twice to get enough spinal fluid. One side effect of a spinal tap is a post-lumbar puncture headache that occurs if spinal fluid leaks out into nearby tissues.[16] This headache occurs in about 25% of the patients and usually lasts no more than two days[17]—I had mine for ten days. Lying down alleviates the headache but doing so was difficult for me because I am the only driver in our family. This experience was eye opening because it gave me a sense of what it would be like to have some disabling side effects of MS. I continued to do all of the driving for the family despite my pain, but it also made me think about what it would be like to lose my own vision (a common symptom of MS[18]) without a back-up driver.

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[13] Vitamin B12 deficiency, mercury poisoning, and Lyme's disease were all possibilities that had to be eliminated, among others. *Other Conditions to Rule Out*, NAT'L MULTIPLE SCLEROSIS SOC'Y, http://www.nationalmssociety.org/Symptoms-Diagnosis/Other-Conditions-to-Rule-Out (last visited Feb. 8, 2015).

[14] *Cerebrospinal Fluid (CSF)*, NAT'L MULTIPLE SCLEROSIS SOC'Y, http://www.nationalmssociety.org/Symptoms-Diagnosis/Diagnosing-Tools/Cerebrospinal-Fluid-(CSF) (last visited Feb. 8, 2015).

[15] *Id.*

[16] Mayo Clinic Staff, *Test and Procedures: Lumbar Puncture (Spinal Tap)*, MAYO CLINIC (Dec. 6, 2014), http://www.mayoclinic.org/tests-procedures/lumbar-puncture/basics/risks/prc-20012679.

[17] *Id.*

[18] Vision loss is a very common symptom of MS, although it often does improve after a few weeks. *Vision Problems*, NAT'L MULTIPLE SCLEROSIS SOC'Y. http://www.nationalmssociety.org/Symptoms-Diagnosis/MS-Symptoms/Vision-Problems (last visited Feb. 8, 2015).

The lumbar puncture test came back positive, increasing the likelihood that I did have MS. But, because this diagnosis is so complicated, I also sought a second opinion with the prominent Mellen Center for MS at the Cleveland Clinic.[19] I had this visit in early June, almost three months after I first started having symptoms. The doctors at the Cleveland Clinic agreed with my neurologist that I would likely develop MS, but technically, the doctors could not diagnose it as MS because I did not have "multiple" symptoms. Diagnosing MS involves more than one MS-related symptom or additional lesions present on an MRI.[20] Nevertheless, the lesions on my MRI were bad enough that the doctors were certain I would develop full-blown MS shortly. Thus, they advised I start disease-modifying treatment, which is proven to reduce the incidence of flare-ups or attacks.[21]

At the time, all of the disease-modifying treatments involved shots—there is now at least one oral medication that has been approved for reducing the incidence of attacks.[22] Over the summer and fall of 2008, I tried two different treatments, but I had a very difficult time managing the side effects. I first tried Avonex, which is a once-weekly shot into the muscle of the thigh.[23] I would give myself the shot on a Friday night, so as not to interfere with my workweek. But the shot would cause me to feel awful for the entire weekend (the medication causes flu-like symptoms), and I needed a great deal of rest. Eventually my doctor agreed to switch my prescription to Copaxone, which is a daily shot that is not supposed to cause flu-like symptoms.[24] Instead, it caused huge red welts every place on my body that I gave myself the shot, and, on the seventh day of taking it, I did get flu-like symptoms. I stopped the medication and found a new neurologist. I was having a hard time accepting that I had to be on medication to reduce the incidence of flare-ups when I was not having any flare-ups. In other words, a 25% to 30% reduction of zero flare-ups is still zero. My new neurologist agreed that I could go off the medications as long as I promised to exercise regularly. I have never been clear on the science behind how or why exercise could reduce the progression of the disease or the occurrence of flare-ups, but when

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[19] *Mellen Center for Multiple Sclerosis*, CLEVELAND CLINIC, http://my.clevelandclinic.org/services/neurological_institute/mellen-center-multiple-sclerosis (last visited Feb. 8, 2015).

[20] *Diagnosing MS*, NAT'L MULTIPLE SCLEROSIS SOC'Y, http://www.nationalmssociety.org/Symptoms-Diagnosis/Diagnosing-MS (last visited Feb. 8, 2015).

[21] *See generally* NAT'L MULTIPLE SCLEROSIS SOC'Y, THE MS DISEASE-MODIFYING MEDICATIONS (2015), *available at* http://www.nationalmssociety.org/NationalMSSociety/media/MSNationalFiles/Brochures/Brochure-The-MS-Disease-Modifying-Medications.pdf.

[22] *See id.*

[23] *Id.*

[24] *Id.*

my doctor was willing to let me stop taking a medication whose side effects were much worse than the disease (for me), I would have promised him anything. Promising to workout was easy.

Obviously, my story is far from over (I am only forty-four years old), but it has been almost seven years since my first symptom and diagnosis, and I have not had another one. Follow-up MRIs have indicated no additional lesions and no further progression of the disease. I feel very fortunate that I have been so healthy, and there is part of me that wants to believe I am one of the lucky few that gets an initial diagnosis and no further symptoms.[25] But I also live with the knowledge (often repressed) that this could change for me at any point. In the first few years after my diagnosis, I was hypersensitive to changes in sensation. I constantly thought that my left hand or foot was going numb again. I worried about stress and not enough sleep. I occasionally experience fatigue that feels different from the normal fatigue caused by lack of sleep. I think that special kind of fatigue is caused by my MS, but no one knows for sure. And, I worry that if I'm experiencing a symptom of MS, does that mean I'm getting worse? This is the personal side of my disease. But, it has also informed and influenced my professional life.

My diagnosis has affected my thinking about what it means to be an individual with a disability. Many people have a very narrow view of what it means to be disabled. For some, disability only includes missing limbs, blindness, deafness, mobility impairments, and, perhaps, severe cognitive disabilities. In other words, only impairments that are readily apparent, and whose effects are visible are included in the definition. I have often tried to convince people (including my husband and my students) that many diseases, including all of the invisible diseases, can and should be considered disabilities. This is hard for some people to accept. I think part of the reason for that is because there is a mentality that disability is a zero-sum game. For instance, if someone with diabetes is considered disabled and receives accommodations, the concern is that this will take something away from someone who is more severely disabled. I disagree with that belief—employers can and do provide accommodations to more than one employee, and most accommodations are very

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[25] This is called "clinically isolated syndrome." This is defined as a "first episode of neurologic symptoms that lasts at least twenty-four hours and is caused by inflammation and demyelination in one or more sites in the central nervous system (CNS)." *Clinically Isolated Syndrome (CIS)*, NAT'L MULTIPLE SCLEROSIS SOC'Y, http://www.nationalmssociety.org/Symptoms-Diagnosis/Clinically-Isolated-Syndrome-%28CIS%29 (last visited Feb. 8, 2015). Unless the patient goes on to have a second neurological symptom, the patient technically does not have multiple sclerosis and is usually diagnosed with clinically isolated syndrome. Because of the presence of the lesions on my initial MRI, all of the doctors were fairly certain that I would go on to develop MS in short order. Thus, the doctors referred to me as having MS. Recently, my current neurologist downgraded my official diagnosis to clinically isolated syndrome.

inexpensive.[26] However, this fact ignores the way some people think about disabilities. The concern of those with severe disabilities is that, if disability is defined broadly to include a significant portion of the population who might have somewhat minor impairments, then we as a society might minimize the seriousness of many disabilities. Of course, the flip argument to this is that an increase in the number of people who are considered disabled under the ADA will help normalize disability and reduce the stigma attached to being labeled as an individual with a disability.

In my case, I occasionally debated with my husband regarding whether my disease could be considered a disability. My husband's response was an emphatic, "NO!" And that was likely the correct answer under the ADA before it was amended in 2008.[27] Although some courts held that MS was a disability,[28] many did not, including cases in which the plaintiff had very significant symptoms.[29] Under the ADA Amendments Act (ADAAA), which was enacted to expand the class of individuals entitled to the Act's protection,[30] it is very possible that I would be considered an individual with a disability. This is because of the interaction of a couple different provisions of the ADAAA. Disability is defined as a physical or mental impairment that substantially limits a "major life activity."[31] Under the ADAAA, "major life activity" is defined to include "major bodily functions," which are functions operating inside of the body, such as "functions of the immune system, normal cell growth, digestive, bowel, bladder, *neurological,* brain, respiratory, circulatory, endocrine, and reproductive functions."[32] My MS caused lesions on my brain, which is a substantial limitation on my neurological function even without a discernible effect (or with the rather minor discernible effect of the numbness I had in my hand and foot). The other provision that leads me to the conclusion that my MS could be considered a disability is the

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[26] Porter, *Mutual Marginalization*, *supra* note 7, at 1111 n.61.

[27] *See* Feldman v. Law Enforcement Assocs. Corp., 779 F. Supp. 2d 472, 481–83 (E.D.N.C. 2011) (discussing the pre-ADAAA requirement that a disability be "permanent or long term" (quoting Toyota Motor Mfg., Ky., Inc. v. Williams, 543 U.S. 184, 198 (2002)).

[28] *See, e.g.*, Moritz v. Frontier Airlines, Inc., 147 F.3d 784, 786 (8th Cir. 1998); Scott v. Estes, 60 F. Supp. 2d 1260, 1268 (M.D. Ala. 1999); Iacampo v. Hasbro, Inc., 929 F. Supp. 562, 575 (D.R.I. 1996).

[29] *See, e.g.*, Johnson v. Weld County, Colo., 594 F.3d 1202, 1218 (10th Cir. 2010) (decided under pre-ADAAA law); Frazier v. Simmons, 90 F. Supp. 2d 1221, 1225 (D. Kan. 2000), *aff'd and remanded*, 254 F.3d 1247 (10th Cir. 2001); Wynn v. Whitney Holding Corp., 220 F. Supp. 2d 582, 589–90 (M.D. La. 2002).

[30] ADA Amendments Act of 2008, Pub. L. No. 110-325, 122 Stat. 3553 (codified as amended 42 U.S.C. §§ 12101–12213 (2012)).

[31] 42 U.S.C. § 12102(2).

[32] *Id.* § 12102(2)(B) (emphasis added).

provision regarding episodic impairments. The ADAAA states that if an impairment is substantially limiting when it is active, it is still considered substantially limiting even when in remission.[33] Several courts appear to have confirmed the result of my analysis, as there are a number of cases decided since the ADAAA was passed that have held that MS is a disability.[34]

So what is the significance of the fact that I could be considered an individual with a disability? Admittedly, at this point in my life, the answer is not much. I currently do not need the protection of the ADA, but it is nice to know that I should be covered if my disease ends up progressing and I need a workplace accommodation. Even though I know that I would likely qualify as an individual with a disability in a court of law, I do not feel like I have a disability because I currently do not have any limitations from my MS.[35] Having said that, I have no shame in acknowledging that I could, at any point in time, become more severely disabled.[36] My own personal journey has increased my sensitivity to disability issues and desire to have disability become more normalized and less stigmatized. It would be nice if I could write this Article without any concern that it could affect my employment prospects. It is, of course, unlawful for an employer to discriminate against me because I have a diagnosis that might cause physical limitations at some point in the future.[37] But, that doesn't mean that it could never happen. I am not really sure why I'm choosing to disclose this now, in such a public way, knowing that there are possible negative consequences. Perhaps it's because I do not consider my MS diagnosis to be limiting—dealing with this diagnosis has made me stronger both physically and emotionally. Perhaps I am looking for confirmation that my friends and colleagues in academia are generally good people, and I will not experience any kind of backlash or discrimination for

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[33] *Id.* § 12102(4)(D).

[34] Feldman v. Law Enforcement Assocs. Corp., 779 F. Supp. 2d 472, 483–84 (E.D. N.C. 2011); Carbaugh v. Unisoft Int'l, Inc., CIV.A. H-10-0670, 2011 WL 5553724, at *6–8 (S.D. Tex. Nov. 15, 2011).

[35] In the past month, my MS has factored into an employment decision for the first time since my initial diagnosis. I was a dean candidate at my own law school; a position I knew would be very stressful. Because I am also going through a stressful divorce, I made the difficult decision to pull out of the dean search. Stress is believed to be an aggravating factor for MS. Even though (and perhaps because) I have had no further MS symptoms, I chose not to push my luck by going through two life-changing, stressful events at once.

[36] Of course, as others and I have acknowledged, anyone could become disabled at any time. Porter, *Mutual Marginalization, supra* note 7, at 1144. However, with my diagnosis, I probably have a higher likelihood than the average person.

[37] As part of the ADAAA, Congress also expanded the "regarded as" definition of disability. It is unlawful for an employer to discriminate against someone "because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity." 42 U.S.C. § 12102(3)(A).

disclosing this. But, more likely, I think I am writing this because it is therapeutic to talk about the fear, anxiety, and uncertainty that I experienced during the period of my diagnosis and that I continue to live with every day. *This* is what disability means to me, and I thank you for reading my story.