**“Disabled” by COVID19?**

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“We are all disabled now”[[1]](#endnote-1) is a phrase and headline that most of us will have heard during the current pandemic. Many non-disabled social media influencers, radio hosts, TV presenters and members of the general public now consider themselves, and many like them, “disabled” as the daily struggle with self-isolation and social distancing makes work and life harder than they used to be. Sadly, these statements do not highlight a new-found empathy of the non-disabled community for the disabled one – as many like to portray it[[2]](#endnote-2). Instead, they take ableism to a new level by appropriating a previously stigmatized category suddenly fitting to embrace for their own benefit, a convenient excuse for the mundane hardship most (approximately four in five of us) never before confronted firsthand. During the pandemic, much akin to the unprecedented virality of the coronavirus, the old-fashion family of *–isms (racism, nationalism, sexism, specism)* has proliferated at unprecedented speed. And much the same as COVID19, -isms can kill, in mass and rather discriminately.

Ableism[[3]](#endnote-3), simply explained, is the ill-founded yet unfortunately habitual premise that one group’s abilities are somehow superior to another’s (Goodley, 2016; Wolbring, 2008); it has thrived on the quarantine, with dire consequences for 1 billion people, roughly 15 percent of the world’s population, who currently live with some form of disability[[4]](#endnote-4).

Over the past two months, we have collected ample first-person and aggregated accounts of disabled people struggling to gain access to essentials ranging from healthcare to food, experiencing increases in physical and verbal abuse, loosing part or all of their independence, and having rights taken away in the current COVID19 world. Blind and visually impaired have been denied access to supermarkets as they are unable to adhere to social distancing, making it impossible for them to get food[[5]](#endnote-5). #DisabilityTwiiter has many accounts of disabled people being yelled at for leaving the house, being accused of spreading the virus and having their service animals physically abused. Much has already happened, though it ought not.

The pandemic also teaches us how quickly the unreasonable and impossible for the disadvantaged can be turned to the reasonable and possible for the advantaged. Before COVID19, social distancing – existential for some people with chronic illness– applied to so few that many considered it rather unreasonable. Many workplace accommodations that disabled people had requested for many years - such as remote working – were suddenly possible, and effective, when the non-disabled community needed them. The return to work may capitalize on some of the now necessary and socially-innovative practices for the 20%, but we have to be careful to not pull the rug from under the disabled community once we “flatten” the curve for the 80%. The fine line between what is reasonable versus unreasonable accommodation has all but disappeared when it mattered to everyone. But ableism could make it reappear, with a vengeance. Hard won human rights are already being withdrawn or withheld as disability quickly became a co-morbidity factor as the pandemic peaked in different jurisdictions.

Longer-term, if accommodating disabilities did not warrant such organizational changes before the pandemic, who and how will organizations justify maintaining the current accommodations when they are no longer mandated or subsidized? If we approach accommodations from an ableist viewpoint, many could soon be deemed unreasonable all over again. Othering and oppression rob us of important diversity. Progressing through the pandemic hinges on our willingness to conform all –isms, head-on and without further excuses.

Even more disheartening is the opposite. The unreasonable was recast as reasonable as the pandemic peaked and many governments issued overtly ableist provisions.[[6]](#endnote-6) The compulsion to pre-emptively renounce medical assistance by having DNRs (do not resuscitate orders) signed by their own physicians stirred up the greatest outrage. To support overwhelmed healthcare systems, such DNRs were signed on behalf of people with pre-existing conditions, disabilities, or of certain ages, in order to preclude even the solicitation of life-saving interventions. New laws such as the Coronavirus Act in the UK were issued that revoke the right to certain social and primary care services. Social distancing requirements exacerbated risks by draconically curtailing rights to basic assistance and even access to staples such as groceries. Being denied the most fundamental of human rights (the right to live), so others could, was publicly de-prioritized in multiple jurisdictions in the interest of ensure sufficient care and provisions are available should the abled get sick.

As governments formalized constraints of access to ICU beds and ventilators for people living with disability, disability turned into co-morbidity. Many medical associations decreed disability a *“relevant factor predicting survival.”*[[7]](#endnote-7)The disabled responded with very public pleas for their lives[[8]](#endnote-8). *“The battle”* against *“deadly discrimination”[[9]](#endnote-9)* commenced. Many took to social media, enumerating the reasons why their own lives are worth living – and therefore saving. Third parties stood up in defense of the disabled and the elderly, with a surge of editorials and opinion pieces now interlacing lived experience of disability with more traditional forms of professional expertise. As the outbreak peaked, web-based platforms compiled key information “so people with disabilities can cope and preserve their physical and mental health" [[10]](#endnote-10).

In his April 14, 2020 Forbes editorial, Andrew Pulrang explains *“why the COVID-19 pandemic is uniquely frightening for disabled people.”* What makes ableism deadly is that well-intentioned responses had “*explicitly or implicitly excluded people with disabilities … not just on an individual basis, and not only as a secondary, knock-on effect … but in some cases categorically, by diagnosis and certain arbitrary measurements that have little to do with COVID-19 survivability*.” When *“all escape routes are blocked”*, Pulrang punchlines, ableism will kill, rather discriminately. Time to say “No”. *“Not on our watch”*: #NoBodyIsDisposable. #NoICUgenics[[11]](#endnote-11).

Ableism does not require malice. Unaware adaptation to rapid change is sufficient. Despite its ubiquity from hospitals to supermarkets every day now, ableism does not yet appear on the radar for most management scholars. But how can one theorize within and through a field that we cannot perceive? For us, this is the crux of the matter. Once you see it, you see it everywhere. The research questions we pursue today are essential steppingstones towards a more inclusive society post-COVID19.

Ableism may have been invisible to many, but the outcry of the disabled community need no longer be ignored. Disability is not within any of us, but rather between us. It is therefore up to us how we recast the mind-body divides as opportunities for allyship rather than insurmountable obstacles to fundamental, and socially urgent, insights (Kafer, 2013). Indeed, overcoming ableism depends on bringing all sorts of minds and bodies together. Our own collaboration underscores the embodied and interrelational nature of disability research needed now more than ever in the field of management. Working across various –ism divides, disablism-enablism in our case, enabled both of us to more fully appreciate, rather than appropriate, the pandemic. It impassioned us to do more (McGahan, 2020).

The path to more inclusive organizing goes through less ableist research. We need more non-ableist discussions happening within the academy, as ableism entered our practices and institutions long before the shutdown. If we do nothing, it will quickly resume when we return to work. The academe deserves many more bodies and minds working together on disability.

Everyone not only disabled people stand to benefit from a rekindled interest in all the –isms, ableism included. We have witnessed progress in disability activism and promote allyship practices through new modalities of embodied knowing. However, most insights from disability studies are still knocking on the door of mainstream management research even as disability became a key factor in co-morbidity and a widely recognized vulnerability that divides society as we return to work. It is time to also say “Yes” – to non-ableist in management studies. No more figuratively passing the bucket of understanding disability by nodding to the ‘benefits’ of an inclusive society to the field of (critical) disability studies. Let’s call the –isms out and collectively tackle the multifaceted downsides of “structural violence” (Farmer, 2005). Doing otherwise makes us complicit in the tidal wave of *-isms* accelerated by the global pandemic. Don’t use your temporary non-disability as an excuse to not see or hear what matters to the disabled community. It is not too late to come together, in ways which deliberately transcend our visible mind-body divides. We hope that our collaboration, and the global network of disabled- and non-disabled scholars we had been purposefully building, will encourage research and teaching going forward. Only by joining forces can we collectively counter the opportunistic appropriation of disability during the pandemic.

References

Brown, N., & Leigh, J. 2018. Ableism in academia: where are the disabled and ill academics? *Disability and Society*, 33(6): 985–989.

Dolmage, J. T. 2017. *Academic ableism: Disability and higher education*. Michigan: University of Michigan Press. https://doi.org/10.1017/CBO9781107415324.004.

Farmer, P. 2005. *Pathologies of power: Health, human rights, and the new war on the poor.* Berkeley: University of California Press.

Goodley, D. 2016. *Disability studies: An interdisciplinary introduction* (2nd editio). Sage Publications.

Kafer, A. 2013. *Feminist, queer, crip*. Bloomington: Indiana: UP.

McGahan, A. 2020. Immigration and impassioned management scholarship, *Journal of Management Inquiry*, 29(1): 111–114.

Wolbring, G. 2008. The politics of ableism, *Development*, 51: 252–258.

1. *For a more critical approach see* [*https://www.forbes.com/sites/peterslatin/2020/04/07/pandemic-is-a-disability-for-all/#46a292f0240d*](https://www.forbes.com/sites/peterslatin/2020/04/07/pandemic-is-a-disability-for-all/#46a292f0240d) [↑](#endnote-ref-1)
2. [*https://www.forbes.com/sites/andrewpulrang/2020/04/14/the-disability-community-fights-deadly-discrimination-amid-the-covid-19-pandemic/#6442c261309c*](https://www.forbes.com/sites/andrewpulrang/2020/04/14/the-disability-community-fights-deadly-discrimination-amid-the-covid-19-pandemic/#6442c261309c) [↑](#endnote-ref-2)
3. *Ableism reflects, and re-constitutes, a structural oppression of those with bodies that do not fit the norm. It ranges from accessible toilets being placed at the top of a set of stairs to people using “deaf” to describe someone who is not listening and comprehending and tactile paving for the visually impaired leading to nowhere. However, ableism goes far beyond these instances. Ableism is ubiquitous but mostly unintended.*  [↑](#endnote-ref-3)
4. [*https://www.who.int/disabilities/world\_report/2011/report/en/*](https://www.who.int/disabilities/world_report/2011/report/en/) [↑](#endnote-ref-4)
5. [*https://inews.co.uk/news/real-life/blind-woman-who-cant-buy-food-because-supermarkets-wont-let-her-in-is-having-to-rely-on-donations-during-lockdown-2549558*](https://inews.co.uk/news/real-life/blind-woman-who-cant-buy-food-because-supermarkets-wont-let-her-in-is-having-to-rely-on-donations-during-lockdown-2549558) [↑](#endnote-ref-5)
6. [*https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker*](https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker) [↑](#endnote-ref-6)
7. [*https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues*](https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues) [↑](#endnote-ref-7)
8. [*https://www.theguardian.com/commentisfree/2020/apr/09/nice-guidelines-coronavirus-pandemic-disabled*](https://www.theguardian.com/commentisfree/2020/apr/09/nice-guidelines-coronavirus-pandemic-disabled) [↑](#endnote-ref-8)
9. [*https://www.forbes.com/sites/andrewpulrang/2020/04/14/the-disability-community-fights-deadly-discrimination-amid-the-covid-19-pandemic/#6442c261309c*](https://www.forbes.com/sites/andrewpulrang/2020/04/14/the-disability-community-fights-deadly-discrimination-amid-the-covid-19-pandemic/#6442c261309c) [↑](#endnote-ref-9)
10. [*https://www.rickhansen.com/news-stories/blog/covid-19-useful-resources-persons-disabilities*](https://www.rickhansen.com/news-stories/blog/covid-19-useful-resources-persons-disabilities)*;* [*https://cacl.ca/coviddisability/*](https://cacl.ca/coviddisability/) [↑](#endnote-ref-10)
11. [*https://nobodyisdisposable.org/*](https://nobodyisdisposable.org/) [↑](#endnote-ref-11)