

**DISABILITY, DEHUMANIZATION AND COVID-19**  
**AND THE IMPACT ON DISABLED PEOPLE'S**  
**LIVES**

By

**Kikelomo S. Omonjo**

A Thesis submitted to the Faculty of Graduate Studies of

The University of Manitoba

In partial fulfillment of the requirements of the degree of

MASTER OF ARTS

Department of Disability Studies

University of Manitoba

Winnipeg

## ABSTRACT

This study is aimed at exploring the experiences of disabled people during the COVID-19 pandemic. It focuses on the dehumanization of disabled people during the COVID-19 pandemic by analyzing articles written by disabled people and their allies on the dehumanizing treatment disabled people have experienced using the critical discourse analysis (CDA) of Van Dijk. The research questions driving the thesis are: In what ways has COVID-19 shown that disabled people are still devalued and dehumanized in society? What has been the impact of dehumanization on disabled people during the COVID-19 pandemic? The social model of disability, albeit in a modified version, was used as the theoretical framework because it is appropriate for the aim of the study. The social model argues that the oppression and devaluation disabled people experience in society is a result of attitudinal and physical barriers in the environment, and not because of their impairment. The modified version on the other hand, argues that the personal circumstances of individual disabled people are equally important.

The thesis analyzed twenty-one scholarly and news articles on topics bordering on disability and negative treatment during the COVID-19 pandemic. The topics of the articles include: “RE: Complaint of Alabama Disabilities Advocacy Program and The Arc of the United States,” “Exhausted Parents of Disabled Children Feel ‘Abandoned’ as COVID Shut Services,” and “How Medical Discourse on who to Save during the Pandemic in the US Dehumanizes Disabled People,” The themes identified in the course of the analysis are: “Disabled People are Expendable,” “Disabled People as Second Class Citizens,” and “A Disregard for the Welfare of Disabled People.” The thesis used Van Dijk’s sociocognition in CDA to probe the context of the dehumanization in the texts. It was discovered that the treatment disabled people are experiencing during the pandemic is a reflection of the way society views them; this societal attitude has been in existence long before the pandemic. The thesis, therefore, proposes that

ableism is at the root of oppression disabled people have experienced during the COVID-19 pandemic. Thus, the deliberate and continuous education on behalf of and by disabled people will be insufficient if everyone in society does not make it their aim to see the other person as deserving of humanity as themselves no matter their physical, mental, and cognitive ability and state.

**Keywords: dehumanization, COVID-19, second-class citizens, ableism, social model.**

## ACKNOWLEDGEMENTS

I am deeply grateful to my supervisor Dr. Nancy Hansen for her unwavering support throughout my studies and especially during the writing of my thesis. She has shown me that I need not panic but I should have faith in my ability to succeed while I keep writing, keep researching. Thank you so much. I am thankful to my committee members Dr. Heidi Janz and Dr. Diane Driedger for their constructive criticism during my proposal defense. Their questions refined my views and enriched the research. I am equally grateful to Tanis Woodland the Office Assistant in the Department of Disability Studies. She is truly a protective wall for me. She is ever ready to answer my questions and give me the right directions. I am happy too that my department required students to take a research course outside the department. My search for an outside course led me to Dr Laura Funk, who taught me ingredients of good research. Thank you, Dr. Funk for your patience in answering all my questions and giving me detailed feedback in my research paper.

I greatly appreciate the generous financial support of the University of Manitoba Graduate Studies through the International Graduate Student Entrance Scholarship (IGSES), University of Manitoba Graduate Fellowship (UMFG), and Research Completion Scholarship. These monetary awards helped me focus on my thesis without worrying about funding.

I am immensely grateful to my family in Canada, Danni, Kole, and Dianne Oladimeji for their unwavering support. They opened their hearts and home to me and gave me the encouragement and support I needed to succeed. I appreciate my immediate family in Nigeria, my parents and siblings too, for their concern in constantly asking me how my study was going.

Friends are true treasures. My friends, too numerous to mention by name, but nonetheless precious, have proved to be this. I remember with gratitude the encouragement of three dear friends in particular, Jill Hodges, Ire Ayenomuro, and Ruth Benson. When I got stuck, they

helped me get back on course. Many thanks to Biola Emmanuel, my friend since my undergraduate days, for her consistency in believing in me and shared anecdotes that bring fond memories. My mentor, Emeritus Professor John Ayotunde Isola Bewaji, has been a constant source of encouragement since the beginning of my journey in 2017, when I left my country Nigeria for North America as a student. I am grateful for his unflinching support.

I started this journey well because of the solid educational foundation I received as a graduate student at Michigan Technological University (MTU). I am thankful for the amazing mentoring of all my professors. Their constant encouragement and wonderful teaching have brought me this far. I specially thank Dr. Jennifer Slacks for making me go to the Multiliteracies Center, the writing center at MTU, and her personal interest. I am grateful to Dr. Katie Thomas for the direction I received during my Independent Study and Dr. Marika Seigel for her kind teaching method. I remember with fondness Dr. Patty Sotirin's prediction that I would eventually make sense of a lot of new knowledge I was receiving as a new graduate student from a different educational background. Those kind words of encouragement have been an anchor.

I cannot forget the kindness and patience of Professor Emerita Janice Glime for being such a good listener. Having someone to talk to when I was struggling with my thesis meant a lot to me. Thank you so much for your generosity. I remember with appreciation the guidance and encouragement of Tolulope Odebunmi, when I was looking for funding to study abroad. I am grateful too for the academic support of one of my colleagues at Michigan Tech, Aaron Hoover. He was always willing to listen to my ideas and offer constructive criticism. Thank you for your selflessness. My colleagues both at MTU and UM have given me the motivation to succeed through their insightful discussions during classes, their good suggestions, and words of encouragement. You all are special.

I thank Dr. Dipo Fashina, my professor during my undergraduate studies, at the Obafemi Awolowo University, Ile-Ife, Nigeria for his confidence in me and his unfailing words of

encouragement. Dr. Christy Oslund at MTU provided the direction I needed when I wanted to embark on my academic pursuit in North America. I cannot forget her personal interest in me, a total stranger, and her positive attitude when I was discouraged.

Finally, I am saying thank you to all the teachers that have taught me from my elementary school to this day, and everyone I have met in my journey this far, because by one act of kindness or the other, they have made my academic expedition and the writing of this thesis easier and enriched my experience. I am grateful to you all.

## Table of Contents

Abstract .....	ii
Acknowledgements .....	iv
<b>Table of Contents</b> .....	vii
Chapter 1 .....	1
INTRODUCTION .....	1
1.0 General Introduction .....	1
1.1 Background to the Study .....	10
1.2 Statement of the Problem .....	18
1.3 Purpose of the Study .....	21
1.4 Aim and Objectives .....	22
1.5 Research Question .....	22
1.6 Theoretical Framework .....	22
1.7 The Rationale for the Research .....	23
1.8 Importance of the Study .....	26
1.9 Scope and Limitations of the Study .....	27
1.10 Definition of Terms .....	27
1.10.1 Dehumanization .....	27
1.10.2 Disability .....	27
CHAPTER 2 .....	28
LITERATURE REVIEW .....	28
2.0 Introduction .....	28
2.1 Research on Disability and COVID-19 .....	28
2.2 Research on the Devaluation/Dehumanization of Disabled People .....	28
2.3 What is Ableism? .....	35
2.4 Theories of Dehumanization .....	38
2.5 Why Society Devalues Disabled People .....	40
2.6 Conclusion .....	42
Chapter 3 .....	44
THEORETICAL FRAMEWORK .....	44
3.0 Introduction .....	44

3.1 The Medical Model.....	44
3.2 The Social Model.....	49
3.3 Criticism of the Social Model.....	53
3.4 Towards a Modified Version of the Social Model.....	55
3.5 Insights from Feminist Theory.....	55
3.5.1 Intersectionality.....	56
3.5.2 The Standpoint Theory.....	59
CHAPTER 4 .....	65
METHODOLOGY AND PROCEDURES .....	65
4.0 Introduction.....	65
4. 1 What is Discourse? .....	66
4.2 Critical Discourse Analysis.....	67
4. 3 How to do Critical Discourse Analysis.....	70
4. 4 Sampling Techniques.....	72
Chapter 5.....	72
Data Analysis .....	73
5.0 Introduction.....	73
5.1 Data Analysis Process Explained.....	73
5.2 Data Analysis.....	75
5.3 Themes.....	78
5.3.1 Disabled People are Expendable.....	78
5.3.2 Disabled people as Second Class Citizens.....	81
5.3.3 A Disregard for the Welfare of Disabled People .....	85
5.4 Language and Critical Discourse Analysis .....	88
5.4.1 Text 1 - Oregon Hospitals Didn't have Shortages. So Why were Disabled People Denied Care? .....	90
Excerpt one: .....	90
5.4.2 Text 2 - Those Dying From Coronavirus ‘Were on Their Last Legs Anyway .....	93
Excerpt one .....	93
5.5 The Role of Context in the Understanding of the Data Using the Sociocognitive Critical Disability Studies of Van Dijk.....	128
5.6 The Positive Effects of the Pandemic for disabled People .....	129
CHAPTER 6 .....	134
CONCLUSION.....	134
6. 0 Introduction.....	134

6.1 Findings and its Implications .....	134
6.4 Final Words.....	137
REFERENCES .....	140

# CHAPTER 1

## INTRODUCTION

### 1.0 General Introduction

I am interested in disability dehumanization, COVID-19, and the impact on disabled people's lives because of my abiding interest in disability and the treatment of disabled people. As a sister of a disabled person, I have witnessed how the perception of disability shapes how members of society relate with disabled people through the personal experience of my disabled sister, Kemi. I have equally seen how the notion of charity and paternalism play out many times when I am with her. She has, many times, been the object of unsolicited charity simply because she uses a wheelchair. People handed out money to her when she was going about her normal business without any indication from her that she needed it. I remember vividly a particular day we were going to a wedding ceremony. Kemi was riding in her shiny wheelchair that was cleaned that morning and gorgeously dressed in a new outfit with a beautiful, new hairdo. A man approached and handed out a ₦50 note, an equivalent of 15 cents in Canadian dollars. Kemi thanked him and politely declined it, saying she was not begging. That man clearly demonstrated the effects of the charity model of disability, an offshoot of the medical model, which sees disabled people "as targets for charity" (Hästbacka et al., 2016, p. 210).

Complete strangers have taken it upon themselves to be her protector and pity her for being outside like everyone else. Kemi is a very outgoing person. For this reason, she enjoys going to social gatherings. Some of the gatherings we attended together in the past were in

locations that were inaccessible to a wheelchair user. This would necessitate carrying the wheelchair to enter the building. When this happened, some well-meaning but obviously misguided people would ask me why I had to make her pass through such stress and not let her stay at home. Kemi usually explained to them that it was her decision to go out and socialize like everyone else. She would further say I was merely helping her to actualize that by wheeling her.

Many times, when we were outside on sunny days, people would ask me why I had to put her in the sun, as though she was not an adult with the right to decide when she would be outside. I grew up in Nigeria, a country in sub-Saharan Africa that is known for its humid temperature. On average, the temperature is about 27° (USAID, 2012). Because of this weather, people usually carry an umbrella when the sun is at its peak, which is between 10am and 5pm. On the other hand, a person using a wheelchair and the person wheeling the chair will wear a hat. These protections will reduce the effect of the intense heat, but they cannot eliminate it. Because Kemi devotes between 50 and 70 hours monthly to community service, she usually braves the hot sun to go out. On some of those instances, people accused me of exposing her to the inclement weather, even though she was going to offer her service to people willingly and joyfully. No one would have felt it was improper for me to be in the sun, because that is what Nigerians do when they have to walk. But because Kemi is disabled, others assumed she lacked agency. Hence their reason for blaming me for her “exposure to the sun.”

There have been times bus drivers have completely disregarded her personhood by saying her wheelchair could not be transported because of the space it would occupy. I remember some drivers saying that the wheelchair had to be left behind because there was no space for it on the bus. On such occasions, Kemi would educate the drivers that her wheelchair had the same functions as their legs. After such a discussion, the attitude of the drivers usually

changed and there would be eagerness on their part to put the wheelchair where it would not be damaged during the journey.

These experiences made me realize how entrenched ableist attitudes (discrimination related to disability) are and how easily it can impact the perception and treatment of disabled people. It is instructive to note that many people who display ableist attitudes and implicit biases may be unaware of it. FitzGerald & Hurst (2017) expatiate on implicit bias: “Implicit biases involve associations outside conscious awareness that lead to a negative evaluation of a person on the basis of irrelevant characteristics such as race or gender” (p. 1). Implicit bias is usually not deliberate and the person who exhibits it may not know about it until a particular situation makes it manifest (FitzGerald & Hurst, 2017). Because this bias is often subtle, it may be the result of a gap between what a person who exhibits it sincerely believes and how they truly feel about some people. FitzGerald & Hurst (2017) explain that it is possible for there to be a disjoint between the real perception of someone about a person or a group and what they feel they believe. They explain:

Implicit biases explain a potential dissociation between what a person explicitly believes and wants to do (e.g. treat everyone equally) and the hidden influence of negative implicit associations on her thoughts and action (e.g. perceiving a black patient as less competent and thus deciding not to prescribe the patient a medication) (p. 2).

No matter the form a bias takes, it can have unpleasant implications. According to Blair et al., bias is “the negative evaluation of one group and its members relative to another” (2011, p. 73). The definition presupposes that bias will likely harm the group it is directed against or at the least has the potential to harm. It is this potential to harm that can lead to serious psychological anxiety, a state psychologists term ‘stereotype threat.’ Steele et al. (2002) explain

stereotype threat as,

When a negative stereotype about a group that one is part of becomes personally relevant, usually as an interpretation of one's behavior or an experience one is having, stereotype threat is the resulting sense that one can then be judged or treated in terms of the stereotype or that one might do something that would inadvertently confirm it (p. 389).

This quotation shows that biases can be detrimental. Steele et al. (2002) confirm the damaging nature of biases when they say it can lead to devaluation of identity.

The novel COVID-19 pandemic has brought untold hardship to people and seems to have ushered in a new era, which is evident from the popular term, 'new normal.' As if the social isolation, the fear of the virus and the threat of death are not enough, disabled people feel their personhood has been devalued and diminished during this pandemic. Hansen (2020) made this statement about her feelings towards the triage procedure that many provinces were contemplating at the beginning of the pandemic: "With the appearance of COVID-19, as a person with a disability, my life has suddenly taken on more significance — or should I say insignificance? Finding myself expendable is, to say the least, alarming" (para. 3-4). Hansen, as is evident in that quotation, felt her value as a human was under attack as a result of the triage protocol that appeared to victimize disabled people.

For this reason, this study seeks to interrogate the claim of disabled people that they have experienced dehumanization and devaluation during the COVID-19 pandemic. Attempts are made to unravel some ways these devaluation and dehumanization have taken place since the beginning of COVID-19 pandemic.

The COVID-19 pandemic is truly a major crisis in this 21st century. The likes of it have not been experienced since the Spanish Flu. It is, therefore, expected that people may feel that

there may be a need for society as a whole to be wary lest some actions it takes are detrimental, since disasters have the tendency not only to bring out the good, but also to create inequalities or worsen existing ones. Mutter (2015) reference Hurricane Katrina to show how people can use disasters as a means to acquire wealth: “Disasters can conceal as much as they reveal. What was concealed was the way a powerful few were able to use the ‘fog of disaster’ that lingered for many years after the storm for personal gain and social reordering” (p. 5). He continued with this line of thought to show that this state of affairs not only benefits some people but actually puts the poor in a precarious state:

What all these cases do reflect is an ordering of society and a geography of poverty and wealth that increasingly put physical and financial distance between the classes. And every disaster, because it harms the lower ranks and merely inconveniences the upper, separates us more and more (p. 12).

We could find another example in the Great Recession between 2007 and 2009, which worsened the economic situation of marginalized and low-income groups in the United States, the impact being more profound among them than among wealthy Americans, thereby leading to more economic disparities (Pfeffer et al., 2013). While families who are well educated and White recovered from the economic effects of the Great Recession, less-educated families and families of color found it difficult to get over their economic challenges (Zhang & Feng, 2017). In a study conducted by (Zhang & Feng, 2017), it was found “conclusively that families of color as well as less educated and younger families were disproportionately affected by the Great Recession. Specifically, families of color and families headed by high school dropouts are falling behind in rebuilding lost wealth” (p. 25).

This outcome is not surprising because crises have been linked to both positive and

negative consequences for individuals and families in society; some people have benefitted from kindness after a major disaster and others have received bad treatment from selfish people interested in looting. There have been records of disasters provoking altruism and solidarity among people. Solnit (2010) reports how Hurricane Katrina brought out clearly that catastrophes can be a force for good.

Her book gave an eloquent account of how people created a ‘paradise’ in the midst of the chaos and distress of the flooding to provide relief to their neighbors who were impacted by the disaster. She admits,

Huge sums were donated. Within the week, the liberal political action group Moveon.org had set up a Web site, [Hurricanehousing.org](http://Hurricanehousing.org), on which nearly two hundred thousand people would volunteer housing, much of it in their own homes, to the displaced (p. 273). She also reports beautiful emails people sent out to victims of the disaster showing their willingness to accommodate them in their homes and support them. Her book thus demonstrates how the difficulties of others can bring the finer qualities of people to the fore.

Rodríguez et al. (2006) likewise describe what happened in the aftermath of Hurricane Katrina in New Orleans in which some groups of people, “after getting their own families out of the area, decided to remain at some high ground and, after the floodwaters rose, commandeered boats and started to rescue their neighbors in their working-class neighborhood” (p. 91). They likewise reported the extent of people’s willingness to help by describing how they improvised to provide shelters to the victims of the flooding: In one location,

... was the ad hoc creation of a shelter at the site of an abandoned Wal-Mart. The extending group broke the store door locks off and allowed people inside when they realized that there were no other shelters to which displaced residents could go (p. 93).

However, tragedies have also led to the lowering of moral standards which may lead to the devaluing of some people's lives, especially the downtrodden. Although Solnit (2010) writes about the amazing deeds of kindly neighbors in challenging circumstances, the book shows that catastrophic situations can likewise lead to distrust, fear and neglect. Solnit (2010) reports:

The world watched as a largely impoverished, largely African American population suffered in the hot, filthy, ruinous city. Children cried, people begged for help, and a look of hopeless despair settled in on many faces. The most vulnerable, particularly the elderly, died unnecessarily, and their corpses were there live on-camera (p. 240).

Similarly, Rodríguez et al. (2006) find that some people used the uncertainty and confusion of Hurricane Katrina to engage in antisocial behavior like looting and killing. For example, in a school where people were housed, some criminal elements “started to vandalize the building, breaking into vending machines and wielding guns” (p. 91).

These examples are not surprising because disasters sometimes lead to an erosion of fundamental human rights and discrimination. Ten Have (2018) observes that:

In disaster situations many violations of human rights may occur... The right to life can be neglected, as well as the rights to shelter, livelihood, and health. In addition, both populations and individuals can be discriminated against. Governments can neglect their duty to protect citizens. (p. 160)

Also, at the beginning of the pandemic, there was discrimination against Chinese and Asian Americans because the pandemic was said to have originated with them. According to Tessler et al. (2020), during the COVID-19 pandemic, “violent attacks and racial discrimination against Asian Americans have emerged as non-Asian Americans look for someone or something Asian to blame for their anger and fear about illness, economic insecurity, and stay-at-home

orders” (p. 641).

People are categorized based on markers of difference in society. There are categories based on race, gender, sexuality, and ability. Garland-Thomson (2009) buttresses this point when she mentions the usual categories of identification in society and then adds disability to it. She says,

Although much recent scholarship explores how difference and identity operate in such politicized construction as gender, race, and sexuality, cultural and literary criticism has generally overlooked the related perceptions of corporeal otherness we think of variously as “monstrosity,” “mutilation,” “deformation,” “crippledness,” or “physical disability,”... My purpose here is to alter the terms and expand our understanding of the cultural construction of bodies and identity by reframing “disability” as another culture-bound, physically justified difference to consider along with race, gender, class, ethnicity, and sexuality. (p. 63)

These different groups of people may receive different treatment from society based on how society members perceive them. In a process that is referred to as ‘othering,’ persons considered different may be ostracized and treated poorly. As Brons (2015) acknowledges:

Othering is the simultaneous construction of the self or in-group and the other or out-group in mutual and unequal opposition through identification of some desirable characteristic that the self/in-group has and the other/out-group lacks and/or some undesirable characteristic that the other/out-group has and the self/in-group lacks. Othering thus sets up a superior self/in-group in contrast to an inferior other/out-group. (p. 70)

Many countries of the world have laws prohibiting discrimination and prejudices. The

United Nations, which many countries are a member of, “specifically decried the discrimination of people in every way. For example, it is at the forefront of efforts to stop discrimination. It has among its aims “to achieve international cooperation...in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion” (Department of Economic and Social Affairs of the United Nations secretariat, henceforth ESA, 2016, p. 105).

It may, therefore, appear that all people are now viewed and treated the same way. However, prejudices run deep. Despite the effort of the UN to eliminate discrimination and the adoption in the US of the Employment Acts of 1967 which “makes it unlawful to consider the age of an applicant in hiring and remuneration decisions” (ESA, 2016, p. 116), there is still widespread discrimination in relation to religion, age, gender, and ethnicity in housing and employment (ESA, 2016). The consolidation of myths, prejudices and biases into the modes of evaluation of others often results in othering and negative treatment of those who appear to be different. This negative treatment often leads to marginalization. Society has marginalized the Other. Abbott & Sapsford (2020) explain marginalization this way: “To marginali[z]e people is to fail to accord them the full rights and status of citizens - to define them as falling short of the norm and so disempower them and exclude them from the mainstream of society” (p. 1).

One group of marginalized individuals is disabled people. In many cultures, they are seen as negatively different: “The history of treatment and attitude toward people with disabilities has often been marked by societal fears, intolerance, ambivalence, prejudice, and ignorance regarding disability” (Munyi, 2012, para. 4). This ‘prejudice,’ ‘ignorance,’ and ‘fear’ have led to unfavorable development for them. Hiranandan (2005) acknowledges this when she says: “Most legislation, policies and practices have regarded persons with disabilities as unfit for society, as

sick, as functionally limited, and as unable to work” (para. 2). In light of this, this study illuminates on how disabled people have been dehumanized or their lives have been viewed as of lower value during the COVID-19 pandemic.

## **1.1 Background to the Study**

This section will focus on the context of the research by giving an overview of societal perception of disability and how disabled people and disability scholars have kicked against the general view of disabled people. It also helps to show why the focus of the thesis, the dehumanization of disabled people during the COVID-19 pandemic, is so germane.

Disability Studies began in the 1970s in Great Britain and the United States (Sneed, 2018). It started as a reaction to the medical model of disability that sees disability as residing in the body of individuals (Grue, 2015). Disability Studies refutes this claim based on evidence from scholarship that disability is the societal barrier imposed on persons with biological impairments (Linton, 1998). It also aims to create an environment where disabled people can successfully navigate the barriers they face in society. Goering (2008) acknowledges this when she says:

The field of disability studies aims to explore the complexities of the concept and meaning of disability, with particular emphasis on undermining common misperceptions about the badness of impairment, bolstering solidarity and pride among disabled people who fight their oppression, and exposing and removing disability discrimination in all its nefarious forms. (p. 127)

The impact of Disability Studies on disability construction was necessary because the

majority of society views disability as a deficiency. Mitchell & Snyder (2000) show how far-reaching the effects of a negative view of disability can be when they assert that disabled people are a “problem...to all cultures,” and that “nearly every culture views disability and disabled populations as a problem in need of a solution, and this belief establishes one of the major modes of historical address directed toward people with disabilities” (p. 47).

During the late 19th century, the stage was set for eugenics, through the publication in 1859 of Darwin’s *On the Origin of Species* and *The Descent of Man* in 1871 (Marini, 2017). Darwin’s *On the Origin of Species* and research of other scholars in line with the idea of natural selection brought about the idea that disabled people should be eliminated as they posed a threat to the human family. Thus, Darwin (1871) extends the idea he started in *On the Origin of Species* of eliminating defective plants and animals to include people society perceives as defective. He states:

We civilized men, on the other hand, do our utmost to check the process of elimination; we build asylums for the imbecile, the maimed, and the sick; we institute poor-laws; and our medical men exert their utmost skill to save the life of everyone to the last moment. ... Thus, the weak members of civilized societies propagate their kind. No one who has attended to the breeding of domestic animals will doubt that this must be highly injurious to the race of man. (p. 90)

Intellectually disabled people were special targets; they were forbidden to marry and were sterilized because of an erroneous belief that it will prevent the reproduction of intellectually disabled offspring (Malaria, 2005).

Furthermore, many doctors usually compel expectant mothers to terminate a disabled fetus (Fredrick, 2017). Germany, under the Nazis, took the matter of eugenics to the extreme.

Within a few years, thousands of disabled Germans were exterminated (Marini, 2017; Proctor, 1995). Sterilization laws were passed in many countries and actively practiced in the United States until the 1950s. Sterilization was practiced in Canada too, specifically in Alberta and British Columbia, until the early 1970s (Dyck, 2013).

The situation of disabled people changed for the better during the Second World War as many were accepted into the workforce because of a shortage of non-disabled workers. For example, in the United States, more than 12 million American civilians volunteered in the war, a development that led to vacancies in the workforce (Levitan et al., 1976).

This situation allowed many disabled people to be employed. But when non-disabled workers came back from the war, they got their positions back and many of their disabled counterparts were left without a job (Marini, 2017). According to Marini (2017), the consequent unemployment disabled people experienced after World War II is still with us today: “Unfortunately, once the war was over, many of the able-bodied males and females who returned home ultimately displaced employees with disabilities, once again increasing the high unemployment rate of this population, which continues to hover around 70% to the current day” (p. 16).

Disabled people, therefore, must contend with being relegated or condemned to the position of the inferior Other in a society that values ‘normalcy’ as the absence of impairments. The media is replete with the portrayal of disabled people as pitiable, unproductive, and asexual. However, they “are rarely shown as integral and productive members of the community; as students, as teachers, as part of the work-force, or as parents” (Barnes, 1992a, p. 22).

Since the 19th century when the idea of ‘normal’ people came into fashion, anyone who falls short of the standard is considered a deviant (Davis, 1997) and risks the wrath of a society

fixated on normalcy, which may involve their exclusion and stigmatization (Goffman, 1963). Thus, disabled people have experienced a lot of discrimination from society. They “have been subjected to infanticide, starved, burned, shunned and isolated, strangled, submerged in hot water, beaten, chained and caged, tortured, gassed, shot, sterilized, warehoused and sedated, hanged, and used as amusement” (Marini, 2017, p. 3) simply because of their impairment (Barnes, 1992b) and “societal fears, intolerance, ambivalence, prejudice, and ignorance regarding disability” (Marini, 2017, p. 3). Sometimes, they have been confined to institutions (Appleman, 2018).

In cultures that view disability in a positive light, disabled people are viewed as spectacularly different from the general populace (Munyi, 2012). For example, Gallegher (1995) reveals how people in Dahomey, West Africa, view disabled infants as a blessing from the gods because it is the general belief that they have the prospect of bringing good fortune. Obermann (1965) mentioned the conviction among the Chagga in East Africa that disabled children could prevent misfortunes in society, because they gave evil spirits pleasure: “Among the Chagga of East Africa, children with disabilities were believed to satisfy evil spirits, which in turn safeguarded others from misfortune” (Marini, 2017, p. 3).

Apart from their biological differences, disabled people have been viewed as dependent because some of them rely on others for activities of daily living and “dependency has been, and continues to be, devalued and attributed to persons perceived as inadequate” (Overboe, 1999, p. 23). Also, some disabled people may be perceived as less productive, compared to non-disabled people (Luborsky, 1994). So, society has devalued the lived experiences of disabled people (Goodley, 2014).

Silvers (2003) and Kittay (2009) have argued against seeing dependency as the sole

prerogative of disabled people. First, the notion that disabled people are dependent and others are not is flawed. Non-disabled people rely on others for their daily living as disabled people do too. The only difference according to Withers (2012) “is that non-disabled people have had their dependencies normalized” (p. 109).

Finkelstein (1980) elaborated on this point with a supposedly independent non-disabled person who wants to perform a simple activity of daily living, such as the washing of hands. But for some reason, water fails to run in the tap because of a broken tap. This situation will help them see they are dependent on others to perform even seemingly simple activities of daily living, in this context, the washing of hands. Still, the non-disabled person will see themselves as non-disabled because “this dependency does not make them disabled” (Finkelstein, 1980, p. 24-25). Rather, it will remind them “that modern living is totally dependent upon aids and human assistance” (Finkelstein, 1980, p. 25). Thus, it is “fact that able-bodied people in their activities of daily living, in modern industrial societies, are equally dependent on help” (Finkelstein, 1980, p. 24).

For example, regarding the illustration of the broken tap, the person involved will need a plumber to fix the broken pipe. If they decide to abandon the idea of repairing the pipe and go to the river to fetch water, the bucket they will use to collect the water, likely produced by another, is an additional indication they are not as independent as they must have thought. Also, the dress they put on to go to the river is probably made by someone. Finkelstein concludes that if the person decides to forgo dressing and a bucket, their action will be contrary to the behavior of modern society Finkelstein (1980).

The following quotation from Finkelstein (1980) on a non-disabled person who needs to wash their hands but finds out the tap is broken paints a good picture of how dependence

(interdependence) plays out in life even for non-disabled people:

In “normal” circumstances she would go into the bathroom, turn on the hot tap and, using soap, wash her hands. To the average “helper” in “disability” such an act shows the able-bodied person’s ability to carry out a normal daily activity without any assistance. But is this in fact so? Let us imagine the main water pipe to her house has burst. The immediate effect would be that she could no longer obtain water and so wash her hands. She is thoroughly dependent upon able-bodied aids to supply water. If she goes to a neighb[o]r to borrow water, she is seeking assistance from others and so reveals that she is not independent of social help. If she decided to be entirely independent and go to the river to get water, she would have to abandon her bucket, for that is another able-bodied aid, refuse to use public transport and remove all her clothes, for all these are able-bodied aids made by other people or utili[z]ing the assistance of others. (p. 25)

Disability scholars have also argued that disability does not automatically translate into inability, as many disabled people are as productive as their non-disabled counterparts (Wilton & Schuer, 2006). They have argued too that economic productivity, which has been equated with humanness, is not the sole determinant of productivity, as some disabled people engage in the daily coordination of the activities of their care providers, a role that is supervisory in nature and would have attracted wages if it were done within the ambits of paid employment (Barnes & Mercer, 2005).

Society views disabled people, especially intellectually disabled, as not fully human. This notion that intellectually disabled people are on the same level as animals or non-human organisms has been refuted by disability scholars. For example, Kittay (2009) makes this claim:

Reason, in philosophical accounts, is generally taken to be the ground for human dignity,

hence the special accord and moral status we attribute to humans. But people with cognitive disability are individuals who have, at best, a diminished capacity for rational deliberation. Yet they are human. (p. 308)

The reason disability scholars want intellectually disabled people to be seen as people like everyone else in society is because it is only when this happens that they can be treated with the human dignity they deserve. “It is to people that we extend the mantles of equality, dignity, justice, responsibility, and moral fellowship” (Carlson et al., 2009, pp. 307)

The COVID-19 pandemic has shown that the need to see disabled people as fully people is paramount. At the very beginning of the COVID-19 pandemic, many disabled people experienced unfavorable treatment. For example, many residents of care homes did not get adequate treatment as a result of inadequacy of supply workers and personal protective equipment (PPE). This situation might be what Stratton et al. (2021) have in mind when they say: “The ‘doing more with less’ model also applies to seniors and persons with disabilities receiving PSW services in the community, leaving them vulnerable to an uncontrolled outbreak” (p. 144).

The general response to the devaluation of disabled people experienced in nursing homes or long-term care homes (LTCH) is that COVID-19 merely exposed the shortcomings that had been in existence long before the pandemic and left to fester. According to Stratton et al. (2021), the issue was more of indifference to the welfare of residents in these places. They state: “Despite the clear warning of an impending pandemic and previous knowledge of the risk factors in LTCHs, governments and LTCH administrations did nothing to change care modalities which could have protected this population” (p. 144).

In addition, some medical practitioners in England told learning disabled people they

were not likely to receive priority care if they contract COVID-19 because of their frailty, and as such their treatment may be a waste of scarce resources. Also, a clinic sent out letters to some care homes that their residents who needed a lot of support for activities of daily living were not likely to be put on ventilators if they require it or get treated in a hospital if they contract the virus (Thomas, 2020). The virus pandemic seems to indicate that societal prejudice against disabled people is deep-seated and mere legislation may be incapable of rooting it out. For instance, in the United States where there is legislation for the protection of the rights of disabled people, the health policy of some states appears to conflict with the law.

For example, the Alabama Disabilities Advocacy Program (ADAP) and The Arc of the United States (The Arc) filed a complaint against The Alabama Department of Public Health (ADPH) over Alabama's rationing scheme which they claim discriminates against Alabamians with intellectual and cognitive disabilities by denying them ventilators. The groups also asserted that this plan to deny disabled people the use of ventilators is in direct violation of Americans with Disabilities Act (ADA) and some other laws that protect the rights of disabled people by prohibiting using disability as the sole reason for denying care (Alabama Disabilities Advocacy Program, 2020).

Furthermore, despite the ADA and warning of The Office for Civil Rights that "Persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of the quality of life, or judgments about a person's relative 'worth' based on the presence or absence of disabilities" (Romano & Bagenstos, 2020, para. 1), the State of Washington seems to suggest that disabled people are not as valuable as non-disabled. Among conditions that will necessitate a triage are "loss of reserves in energy, physical ability, cognition and general health" (Fink, 2020, para. 17), which target disabled people. Therefore, with the use of critical discourse analysis

(CDA), the thesis hopes to argue that COVID-19 has shown that society seems to have accepted the supposed lesser status of disabled people and is comfortable with it. It will do this by examining the treatment disabled people receive during the COVID-19 pandemic and the perception that led to it.

## **1.2 Statement of the Problem**

Reclaiming the humanity of disabled people is an important aspect of disability studies scholarship. Disability studies aims to make society see disabled people as people at par with other members of society (Linton, 1998). This is because disabled people have been relegated and their worth diminished simply because they are different from the mainstream and do not meet the societal standard of normalcy. Over the years, disability studies scholars have provided various arguments and reasoning to validate the lived experience of disabled people (Michalko, 2002). They include showing them as productive workers and innovative persons (Roulstone, 1998; Garland-Thomson, 2012). Garland-Thomson (2012) expatiates on this ability of disability to lead to innovation when she says:

Acquiring or being born with the traits we call dis-abilities fosters an adaptability and resourcefulness that often is underdeveloped in those whose bodies conform smoothly into the prevailing, sustaining environment. People born without arms, for example, all learn to use their toes to accomplish tasks that those of us with arms are not able to do and often cannot imagine. Deaf people develop modes of communication that are silent, reach across long distances, and are particularly effective in babies whose capacity to speak is undeveloped. (p. 346)

There have been some victories for disabled people. In certain situations, the pandemic

has shown society to be more humane and understanding. For example, the United States government has made some provisions to help those that are affected adversely by the pandemic (Moss et al., 2020). These include help with food and telehealth needs of older adults and paid emergency sick leaves of caregivers (Young et al., 2020). Also, the world at large has become more interested in mental health. In response to the enormous impact on mental health during this pandemic, the Department of Mental Health and Substance Use of the World Health Organization (WHO) is making mental health support one of the priorities of COVID-19 response effort (Adhanom, 2020). Furthermore, society has become more favorably disposed to mental disability as a result of an increase in mental health crises during the pandemic (O'Neill, 2020).

Employers too, have become more understanding and supportive of employees during this time. They “have included reduced expectations for work, extensions on contracts, and flexible working hours, among other measures” (Wenham et al., 2020, p. 369), in their expectations of employees. However, COVID-19 has challenged the notion that society sees disabled people’s lives as valuable as those of non-disabled. Many disabled people have raised the alarm during this pandemic that their lives have been devalued, because they are seen as dispensable (Gyulai, 2021; Hansen, 2020; U of T News, 2021). This thesis examines what the actions during this pandemic in relation to disabled people indicate about the value society accords disabled people.

There has been anti-discriminatory legislation and laws protecting the rights of disabled people. But the pandemic has demonstrated that there can be and usually is a gap between reality and legislation; laws do not necessarily translate into actions.

For example, despite the Disability Discrimination Act of (1995) in the UK that

condemns discrimination of all sorts, including as a result of disability, and the Equality Act 2010 that replaces it in England, Scotland, and Wales, disabled people still face discrimination in many areas of life (Sayce & Boardman, 2003). Lord Holmes of Richmond (Lewis, 2020) attests to this: “Barriers to the full participation of disabled people still persist. Many disabled people are still locked out of full participation in society due to barriers remaining in the provision of housing, transport, leisure facilities, education and workplaces” (p. 11).

The supposed ways society has categorized people during this period based on levels of disability necessitates this study too. For example, Alabama health policy says that hospitals should “not offer mechanical ventilator support for patients” with “severe or profound mental retardation,” “moderate to severe dementia” and “severe traumatic brain injury” (Alabama Disabilities Advocacy Program, 2020, para. 5). Also, at the beginning of the pandemic, the general discourse around it was that only disabled people and the elderly that it would adversely affect (a discourse that seems to suggest society has nothing to worry about since non-disabled people would be safe), so this may explain the late response to curtail the virus by countries around the world (Glick & Cuddy, 2020). Bill O’Reilly, a former Fox News host, in a radio interview, shares a view of the dispensable nature of older adults and disabled people when he says, “Many people who are dying, both here and around the world, were on their last legs anyway,” (Baragona, 2020, para. 1). This quotation is an indication of how some people in society see disabled people, albeit older adults in this instance, as people who society can afford to do without, and as such, their death will not be a loss because they have nothing to offer.

Disabled scholars and activists have detailed the ways in which society has marked disabled people as expendable during this pandemic, especially through the issuance of Do Not Resuscitate Orders (DNR) and triage protocols that discriminate against disabled people (Chen

& McNamara, 2020; Andrews et al., 2020). Ari Ne’eman, a disability activist, mentions that the health guidelines of Alabama for triage procedure during the COVID-19 pandemic made “people with severe or profound intellectual disability unlikely candidates for ventilator support” (Ne’eman, 2020, para. 4). This study hopes to interrogate this social ostracism further. However, the experience of disabled people at this time has not all been negative. For example, the pandemic has afforded them the opportunity to work from home and some of them have reported increased productivity, because of working in a more conducive environment (Peng & Kiesel, 2020). But the positives should not be allowed to obstruct the attention to, and prevention of, the negatives so that all human life should have equal worth and recognition legally, socially and morally.

### **1.3 Purpose of the Study**

Disability and feminist scholars have researched the different ways society has devalued disabled people. Garland-Thomson (2011), using the perception of an ableist society, described disabled people as ‘misfits.’ This description refers to the interaction of disabled people to a world built for non-disabled, “majority bodies” (Garland-Thomson, 2011, p. 594). This study hopes to add its voice to the numerous voices of scholars that have commented on the way society has dehumanized disabled people.

The thesis argues that, despite the many ways society has validated the lived experience of disabled people, the virus pandemic has shown that they are yet to attain the status of full citizens they deserve. Hence, it hopes to contend that COVID-19 has exposed crevices in societal perception of disabled people, which have translated into actions or inaction that are detrimental to the existence and flourishing of disabled members of society as human beings. Thus, just like

many other studies of this nature, this research aims to give society reasons to tighten its seatbelt, as it were, regarding the treatment of disabled people and make necessary adjustments to treat disabled persons as persons deserving dignity, respect and recognition as human.

## **1.4 Aim and Objectives**

The goal of this research is to explore how COVID-19 pandemic has shown that society still sees disabled people as less valuable members of the human community. To do this, this study aims to use critical discourse analysis (CDA) to identify the ways the present pandemic has revealed that disabled people are not yet enjoying the same status as non-disabled people in society.

## **1.5 Research Question**

The research question that guides this study is: In what ways has COVID-19 pandemic shown that disabled people are still devalued and dehumanized in society? This overarching question will lead to an auxiliary question. The question is: What has been the impact of dehumanization on disabled people during the COVID-19 pandemic?

## **1.6 Theoretical Framework**

The theoretical framework that will guide this research is the social model of disability (Oliver, 1983). The framework has as its tenet the social construction of disability. The model sees disability as what society imposed on people with impairments (Goering, 2015). This model is appropriate because it lays bare prejudices, which are usually at the root of the untoward treatment society meted out to disabled people. This model will help situate this research in

disability studies. The main focus of disability studies is to accord disabled people the full citizenship they deserve, by exposing the barriers they face in society that should be eliminated (Linton, 2005).

## 1.7 The Rationale for the Research

Disabled people have faced a lot of discrimination. This discrimination is so pervasive and entrenched that Barnes (n.d) called it “institutional discrimination” (para. 3). Barnes (n.d) describes institutional discrimination as “a complex form of discrimination which operates throughout society and is supported by history and culture” (para. 3). This discrimination “is evident when the policies and activities of all types of modern organi[z]ations result in irregularity between disabled people and nondisabled people” (Barnes, n.d, para. 4). “This irregularity” has led to the exclusion of disabled people in public spaces such as workplaces and education arenas (Linton, 1998). What made their exclusion easy is that the public spaces are not designed with disabled people in mind (Titchkosky & Michalko 2009; Hansen & Philo, 2007).

Disabled people have had it rough because of this societal devaluation. Some have internalized their oppression and as such go to great lengths to pass as non-disabled even when it is difficult and inconvenient (Linton, 1998; Michalko, 2002). Garland-Thomson (2017) acknowledges the difficulty disabled people can encounter, just for the sake of acceptance in a world for non-disabled people, by trying to appear as “normal” as possible: “If, however, disabled people pursue normalization too much, they risk denying limitations and pain for the comfort of others and may edge into the self-betrayal associated with ‘Passing’” (p. 13).

Passing can be explained to mean the act of disabled people working extra hard to be accepted by non-disabled people (Hansen & Philo, 2007). For example, Hansen and Philo (2007)

mention that some visually impaired persons may be reluctant to use technological assistive devices, a mark of visible impairment that will make them navigate daily activities more easily, because of the stigma associated with disability. They also acknowledge how frustrating and exhausting this deliberate act of concealing disability or just trying to do things in the “normal” way can be when they say:

Much of their energy is spent trying to gain the “right” of passage; to cope with the negative attitudes, the poorly arranged surroundings, the constant fear of being “on approval” in non-disabled space: surely, much more could be achieved if this energy were expended in other, less negative ways. (p. 501)

This situation of passing as non-disabled and the subsequent discomfort is what Michalko (2002) eloquently relates. He became blind in late childhood but developed strategies that would make him appear as someone who could see. He was so adept at this act that he did not get a guide dog until it was absolutely impossible for him to carry out daily activities of walking and working while passing as sighted. The dog introduced him to blindness in a new way and he is ready to embrace his identity as a disabled person (Michalko, 2002). Michalko thus claimed a disabled identity, like some scholars such as Simi Linton after he realized the futility of making himself suffer just to be accepted as ‘normal.’ In her memoir, Linton explains what it means to embrace a disabled identity. “That means that I identify as a member of the minority group—disabled people—and that is a strong influence on my cultural make-up, who I am, and the way that I think” (Linton, 2006, p. 180).

Disability scholars in their various research have shown that the unhealthy environment disabled people are operating in has devalued their worth and passes across the message that they are not important or even wanted. For example, Hansen (2002) notes the fear of some of the

disabled participants' as though they are constantly on probation at work simply because they do things differently, and so can be fired at any time because they do not meet the expected standard. Philo and Hansen (2007) sum up what may be responsible for this attitude when they say, "Disabled people are often treated as though their way of doing things is disruptive to the 'normal' speed, flow or circulation of people, commodities and capital because they 'waste' more time and space than they should, maybe reducing profit margins" (pp. 499–450).

Hansen (2020) indicates how pervasive the invalidation of disabled people's experiences is by showing that the bias they face is also in the academic echelon, especially as regards to disabled academics. Using her own experience, she bemoans the devaluation and disregard disabled academics, especially women, face by saying: "We have as yet to realize appreciable gains in this arena and, in many ways, we remain exotic, disruptive strangers, constantly adapting to an alien landscape" (p. 61). Other scholars have likewise brought forth research showing that even children are not spared the prejudice disability brings. The study conducted by Hodge & Runswick-Cole (2013) found out that "in spite of government initiatives, in England, and the promotion of the inclusion agenda, disabled children can still only access most mainstream leisure settings if they can 'pass' as 'normal enough'" (p. 22).

However, the pandemic that has been in force since the last part of 2019 brings new challenges to the human family including disabled people. It has changed the way people relate to one another socially through the enforcement of social distancing to curtail the virus (Fegert et al., 2020). Also, the pandemic has led to stressful situations for everyone. According to Fegert et al. (2020):

The current situation affects children, adolescents and their families in an exceptional way. Kindergartens and schools have been closed, social contacts strongly limited and

out-of-home leisure time activities canceled. Parents are asked to support their children with homeschooling, while at the same time working from home. External support by other family members and social support systems have fallen away. Beside worries and anxieties related to COVID-19, the economic situation has worsened with high and rising levels of unemployment in all affected countries. This has put a lot of pressure on children, adolescents and their families which could result in distress, mental health problems and violence. (p. 2)

There seems to be a dearth of research on the effects of the pandemic on the pervasive and age-long societal devaluation of disabled people. This thesis explores, with the aid of relevant data from Google News and Google Scholar, how society has perceived the worth of disabled people at this time. This research is necessary because there have been improvements in the treatment disabled people get in society as a result of research that identifies some concerning developments.

## **1.8 Importance of the Study**

The study is important as it will contribute to the discourse on the way disabled people have been dehumanized. It will, without trying to downplay the havoc that COVID-19 pandemic has wreaked in the lives of the global community, show how the pandemic has been valuable in the way it has exposed the ableist exclusion of disabled people in society. The theoretical framework the study hopes to use is the social model of disability which sees disability as a social construct (Oliver, 1983).

The model posits that if society should create an avenue for disabled people to be in the mainstream, then they will flourish and take their rightful place in society. This thesis hopes to

employ the social model to argue that disabled people still continue to be excluded and devalued. The model sees disability as what society imposed on people with some impairment (Goering, 2015). Through the use of the social model for this research, the activities of society that are inimical to the well-being of disabled people can be easily seen and addressed.

## **1.9 Scope and Limitations of the Study**

The study is developed from library-based research. The data for this research is from news articles and scholarly journals produced during the COVID-19 pandemic that discuss the treatment of disabled people during this time.

## **1.10 Definition of Terms**

### **1.10.1 Dehumanization**

“Dehumanization is that almost unimaginable process by which human beings are rendered so radically other that their lives count for nothing” (Oliver, 2011, p. 85). Dehumanization is “the process of attributing less-than-human or non-human attributes to members of a group” (Malacrida, 2012, p. 286).

### **1.10.2 Disability**

This research uses the definition of disability that is informed by the social model of disability. Oliver’s (1983) definition will be used here. Disability is the social constraints society imposed on people with biological impairments as a result of social and physical barriers in society.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.0. Introduction**

This chapter presents a summary of the extant literature on the dehumanization of disabled people, ableism, and argument in favor of the validation of disabled people's lived experience. It aims to situate this study in disability scholarship and show its relevance to knowledge and how it hopes to address the identified gap.

The chapter identifies how disabled people have been devalued and dehumanized. It will then show why society devalues the lives of disabled people. Finally, it examines new ways society has devalued the lived experiences of disabled people.

#### **2.1 Research on Disability and COVID-19**

Thelwall & Levitt (2020) use thematic analysis to examine tweets and retweets bordering on COVID-19 and disabled people. Their findings, through the themes they identify, such as "People with Disabilities are more likely to be denied Covid-19 Treatment," "Don't Treat People with Disabilities as Disposable Casualties," and "People with Disabilities should not be Overlooked when Planning" (pp. 3-4), indicate that disabled people and their allies believe that disabled people face dehumanization and exclusion during the pandemic.

#### **2.2 Research on the Devaluation/Dehumanization of Disabled People**

The literature is replete with research that has been carried out on the devaluation of the lived experience of disabled people. For example, Stevens (2014) documents many barriers to

sexual and reproductive rights that society has imposed on disabled people, which have made it almost impossible for them to form romantic relationships. Some of the barriers include a reduction in the amount they receive as disability aid when they marry, a lack of support from medical professionals regarding sexual information, and a denial of the right to raise their children. Stevens (2014) gives an example of a disabled woman that was denied her right to parenting:

A recent example of a disabled person losing parental rights occurred in March 2011 in California when a quadriplegic mother, Abbie Dorn, lost visitation rights of her triplets. Though she became disabled during the birth of her children, she was denied visitation rights based on her physical functioning, which includes full-body paralysis and the limited ability to communicate only through blinking. (p. 22)

Her research also shows how the media has helped in the image of unfit nature of disabled people as parents: “Legal denial of parental rights is socially enforced through commentary about disabled people in media coverage. Popular media emphasizes a lacking ability or right to parent one’s children” (Stevens, 2014, p. 63).

Malacrida (2012) researched the abject abuse that was perpetrated against the inmates of the Michener Center in Red Deer, Alberta, Canada between the mid-1950s to early 1980s. Her study shows that the atrocities were possible because intellectually disabled individuals in the center were first dehumanized, seen as lesser humans. The effect of the dehumanization of the inmates was devastating.

They were stripped of all human dignity through a total denial of privacy and choice in all activities of daily living, including toilet hygiene and bathing. They were also made to live a life of idleness, one bereft of purpose, just like animals. Their individual preferences and comfort

were subsumed under the desire for the efficiency and smooth running of the institution. Malacrida (2012) gives this disturbing report that shows the extent to which disabled people in the institution were dehumanized in the following ways:

...dayrooms were generally crowded, there were few chairs for people to lounge in, so that very often people milled around aimlessly, sat or lay on the floors, leaned against walls or, in some cases, sat in wheelchairs or on the occasional hard chair in the rooms. The dayrooms, like all spaces on the campus, were locked, so that inmates needing to use the toilet would have to yell for someone to give them access to the facilities. As a result, incontinence and stench were part of everyday recreational life for inmates. (p. 291)

Harris & Harris (1977) write about how fundraising in the media devalues disabled people. They conducted the research within a four-year period on three magazines. The research shows that fundraising portrays disabled people as pitiable and without agency. Their conclusion is that this depiction dehumanizes disabled people by lowering their worth in the eyes of society.

Hughes (2002) used the sociology of the modern stranger of Zygmunt Bauman to discuss the dehumanization disabled people experience in a society that views them as a contagion, the Other, those who are better off removed or confined. This is because they ruffled the feathers of order modernity lays claim to. So, using Bauman's expression, to "tidy up" (Hughes, 2002, p. 577), Hughes gives the reason society in modernity is so aggressive in its poor treatment of disabled people. He also argues that despite postmodernity's preference for varieties, disabled people are still outsiders because of the penchant of postmodernity to valorize wealth and bodily perfection. Furthermore, Hughes (2000) focuses on how the medical model has invalidated disability by couching it in illness terms and seeing it as an anomaly that must at all costs be removed.

Garland-Thomson (2017) gives another example of the devaluation of the lived experiences of disabled people in her expression “eugenic world-building” (p. 52). This expression sums up her argument that society has deliberately excluded disabled people by eliminating them through selective abortion and other forms of eugenic practices.

Titchkosky (2008) argues that even in educational settings, disabled people are not expected to be there, and this is the reason it was so difficult for them to have accessible washrooms readily in the university where she taught. In her article, she documents various responses she got whenever she questioned the lack of accessible washrooms for disabled people in 2006. One of such responses implied that disabled people were not expected among the students: “Those responsible for the building say that professors keep talking about how students in wheelchairs are going to come to school here, but they never show up. ‘Why go through the expense?’” p. 47).

Holness (2013) discusses the way disabled women and girls in South Africa were dehumanized through involuntary sterilization on the premise that they were incapable of keeping themselves physically clean during their monthly cycles and are incapable of raising children. So if they became pregnant, the government would be forced to take care of the children or relatives would be saddled with that responsibility. Another reason given for the forceful sterilization is that disabled girls are usually victims of sexual abuse and as such, sterilization will prevent their getting pregnant. This last point is specifically dehumanizing in that it is common knowledge that disabled girls are victims of rape but nothing was done to address the menace and protect the victims.

Pestka & Wendt (2014) research the devaluation of moderately intellectually disabled women in intimate relationships in South Australia. Their study reveals that the women were

physically, sexually, emotionally, and verbally abused by their partners but they still stayed in the relationship because of their desire for love and a sense of belonging. These women explain that they were denied love in childhood and for this reason, they were afraid to leave the abusive relationship for fear of being without anyone who can show them affection. The article concludes by asserting that the partners exploited the vulnerability of these women to oppress and dehumanize them.

Hollomotz (2013) uses the participatory method of research to study the violence disabled people experience. This violence ranges from sexual, to physical, to emotional. Some of the research participants in his study lost custody of their children simply for being disabled. Another participant who was living on her own and making decisions for herself had to start living in a residential home setting when it became unsafe to live on her own because of the threat of physical assault and thus, she lost her independence.

Epstein et al. (2021), in the qualitative research they conducted between July and September 2020 among selected disabled adults aged 18 and older in the United States, explain how COVID-19 has affected disabled people. Some participants mention the failure of public health officials to provide health guidelines in an accessible format. One respondent airs their complaints about the non-inclusion of the deaf when they say, “I’ve seen press conferences that had no sign language interpreter, or broadcast like cable access channels that have no closed captioning” (p. 6).

Others talk about an absence of disability-specific information. Some other research participants discuss the specific new obstacles they experience as a result of COVID-19. The obstacles include the inability of hard-of-hearing people to lip-read due to the wearing of nontransparent masks, the impossibility of accessing drive-in during test for COVID-19 because

of not driving: “I’m really concerned for the focus on drive-through testing and how that doesn’t address people who don’t have cars.” (p. 6), the triage procedure that discriminates against disabled people: “At my hospital where I get all my care, they released a statement pretty early on saying that, if you’re disabled, you’re gonna get triaged out and left to die, essentially.” (p. 6), and a lack of provision of personal protective equipment for direct support workers. The participants are likewise concerned about the health policy that disallows disabled people’s support persons to accompany them during a hospital visit or a doctor’s appointment. In the midst of all these shortcomings however, a research participant feels the pandemic has helped her work from home and save her the stress of commuting to work for hours each day: “I do not miss my commute at all, taking paratransit. I would sometimes be in-transit two, 3 h a day” (p. 6).

Grote & Izagaren (2020) mention the problem deaf doctors and patients who lip-read in the United Kingdom face during the COVID-19 pandemic. The two authors are disabled doctors who experience the difficulty of communicating effectively as medical practitioners during the pandemic. They claim that compulsory wearing of non-transparent masks has made it hard for them to understand what their colleagues say during ward rounds. They assert, “On a practical level, this means participating in discussions on ward rounds is all but impossible” (para. 3). They further emphasized the gravity of the situation when they say, “In a medical emergency that requires PPE to be worn, and where safe and effective communication is essential, this difficulty is a concern” (para. 3).

Grote & Izagaren (2020) believe too, that the need of the deaf doctors and patients has been neglected while emphasizing the importance of wearing a face mask. They submit that although hospitals and healthcare facilities place a high premium on an adequate supply of face

masks, they have been unconcerned about the provision of transparent masks that will help doctors and patients communicate effectively in a hospital setting.

At present, we have found only one company in the world that produces transparent face masks approved for use in healthcare settings... These are currently unavailable, and, despite involving our respective hospital trusts, the BMA, and NHS England, there are no transparent masks available for use in healthcare settings in the UK. (para. 2)

Doctors like them cannot get involved in discussions during ward rounds and in emergency situations because they are unable to lip-read as everyone wears nontransparent masks. Deaf patients, too, have found it difficult to communicate with their doctors, because they are unable to read their lips or see their facial expressions: "... the effect on patients has been overlooked .... The use of masks has made communication with healthcare professionals harder for many of these patients" (Grote & Izagaren, 2020, para. 4). They conclude by appealing that transparent masks should be given the same importance as mask-wearing and efforts should be made to produce them as their lack, negatively impacts the communication of deaf patients and may lead to serious emotional problems. Their frustration and disappointment over the issue is captured in this quote:

The lack of support in this area has been one of the hardest challenges we have faced at work during the coronavirus pandemic. It leaves us and our D/deaf patients feeling isolated and ignored. Reading articles and tweets about the importance of masks, with no consideration of the impact on the D/deaf, leads us to conclude that policymakers and academics have seemingly forgotten about the importance of equality impact assessments in this area (Grote & Izagaren, 2020, para. 12).

Mentioning what is wrong in the treatment disabled people receive is a step in the right

direction. This is because it is through the uncovering of dehumanizing acts that positive changes can take place. For example, the various activities and activism of disability scholars and activists have yielded many fruits such as the Convention on the Rights of Persons with Disabilities. This convention recognizes the human rights of disabled women and girls, the group of disabled people that are marginalized the most, among others. Articles 23 to 25 of the convention mention some rights of women and girls. They include the right to have a family and safeguard their fertility, the right to sex education, and informed consent on health matters (Holness, 2013).

However, Dyer (1993) gives a reason for concern when he hints that how others are treated is a reflection of how they are perceived. This helps us to see that societal treatment may transcend legislation as laws are not enough to change attitudes and perception that are already entrenched. The way disabled people are still treated despite all the agitations of disability activists and scholars is an indication that disability has not gained the positive outlook it should have in society completely. A lot of work still needs to be done. First, society needs to dismantle ableism, which leads to dehumanization.

### **2.3 What is Ableism?**

Ableism is the view that disabled people are the undesirable Other. Campbell (2001) defines ableism as:

A network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human. (p. 44)

According to the above quotation, ableism is the belief that disability is not a valid state of being and as such is inferior to non-disability. Ableism also has a lot to do with a perceived lack of ability. This is what Linton (1998) means when she says ableism “includes the idea that a person’s abilities or characteristics are determined by disability or that people with disabilities as a group are inferior to non-disabled people” (p. 9). Ableism can also be the way a person perceives themselves, usually in the negative, in relation to others based on the societal standard of normalcy. Wolbring (2007) makes this clear when he describes ableism as

a set of beliefs, processes and practices that produce – based on abilities one exhibits or values – a particular understanding of oneself, one’s body and one’s relationship with others of humanity, other species and the environment, and includes how one is judged by others. (p. 1)

This definition shows that victims of ableism can internalize it and reflect this in their actions.

Ableism can be directed towards disabled people in general based on societal perception of disability and may have nothing to do with individual disabled people. This might be what Nario-Redmond (2020) has in mind when she defines ableism as “prejudice and discrimination toward individuals simply because they are classified as disabled – regardless of whether their impairments are physical or mental, visible or invisible” (p. 6). With this definition, a disabled person is already judged as inferior and deficient simply for being disabled, regardless of how their disability has affected them (Ory et al., 2003).

This last definition brings to the fore the stereotypical nature of ableism, how biases influence the perception of disability. Though not always negative, stereotypes have led to discrimination and oppression of disabled people. One reason for this is that actions that are results of stereotypes are not always executed consciously (Nario-Redmond, 2020).

The term ableism came from the activism of disabled people in the United States and Great Britain in the 1960s and 1970s (Wolbring, 2011). It depicts the devaluation of the lived experience of disabled people in society. Thus, ableism

is a set of beliefs, processes and practices that favors species-typical normative body structure-based abilities and labels sub-normative species-typical biological structures as: deficient, as not able to perform as required, as being in need of fixing, and/or a diminished state of being. (p. 92)

Ableism is the societal view that people who cannot meet the standard of normalcy laid down by society are subhuman and as such should not expect the same treatment other people get.

Ableism, according to Wolbring (2011), is closely linked to the medical model. This is because, just like in the medical model, ableism sees disability as a deficiency. Because the abilities of disabled people are different from those of non-disabled, they are devalued. It is this privileging of certain abilities and ways of doing and devaluing of others that Hehir (2002) must have in mind when he says that ableism is

the devaluation of disability that results in societal attitudes that uncritically assert that it is better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check, and hang out with nondisabled kids as opposed to other disabled kids. (p. 2)

A typical example of this is the devaluation of the lived experience of disabled people simply because they may do things differently from non-disabled people (Garland-Thomson, 2011). “Thus, society places value on those identified as ‘able’ and dehumanizes those with impaired bodies” (Ndlovu, 2021, p. 66). Hence, ableism can be very negative for disabled people because it can lead to dehumanization.

## 2.4 Theories of Dehumanization

Dehumanization, “the act of perceiving or treating people as if they are less than fully human” (Haslam & Stratemeyer, 2016, p. 25), has been a subject of interest for scholars. There have been theories on dehumanization, why it happens and its different manifestations. Earlier theories focus on genocide and dehumanization and how dehumanization made possible gruesome acts of violence. Dehumanization takes the form of seeing people as mere categories and not individuals, and by denying them the opportunity to be in the same community of persons as oneself, what Kelman (1973) terms “identity and community” (p. 48). When this happens, people are reduced to a state of sub-humanity and as such, wiping them out does not seem to be morally reprehensible. Bandura (1999) looks into how dehumanization helps to assuage the conscience of those who engage in savage acts of mass killings of moral guilt, as they see their victims as nonhumans, without qualities of humanness, or demonic.

Perpetrators of dehumanizing acts make this inhuman perception of their victims obvious by the language they use for their victims such as “satanic fiends,” “savages,” “gooks,” and “denigrates” (Bandura, 1999, p. 201). Opatow (1990) probes the cause of dehumanization as moral exclusion. According to her, when people are morally excluded, people feel justified to treat them terribly. She asserts,

Moral exclusion occurs when individuals or groups are perceived as outside the boundary in which moral values, rules, and considerations of fairness apply. Those who are morally excluded are perceived as nonentities, expendable, or undeserving. Consequently, harming or exploiting them appears to be appropriate, acceptable, or just. This broad definition encompasses both severe and mild forms of moral exclusion, from genocide to discrimination. (p. 1)

The research of Haagenen & Croes shows that dehumanization creates a divide between ‘us’ and ‘them’ so that perpetrators of the act will see themselves as different from the victims of dehumanization and as such, can even see their actions as justifiable. They say, “Through dehumanization, the target group is rendered sub- or non-human in the eyes of the perpetrator group, clearly distinguishing ‘us’ from ‘them’” (2012, p. 225).

Gourevitch (1998) mentions how the Rwandan genocide was facilitated by the dehumanization of Tutsis. Hutus viewed them as sub-human and they also spoke of them in that way. That way, it was easy for the Hutus to kill them and not see anything wrong with the act. Waller (2002) looks at how dehumanization operates. He says that people who commit atrocious acts against fellow people first dehumanize their victims by denying them individuality and putting them in categories. After that, they are excluded from the human community by calling them sub-human names such as “vermin,” “parasites” and “cockroaches” (Waller, 2002). Hatzfeld (2006) among other writers has written on how the dehumanized status of the Tutsis as non-people facilitated their killings, as their killers did not feel it was wrong to do away with them, just as they can easily kill dangerous insects.

Leyens et al. (2000) move from the violent and extreme effects of dehumanization mentioned above to a more subtle form, a phenomenon they term “infracumanization” (p. 187). Infracumanization, according to them, is the process of a group attributing a lesser human status to those that are outside of it. This group is seen to be lacking uniquely human qualities, which are referred to as “secondary emotions” (p. 189). In the study documented in Leyens et al. (2000), the research shows that group members are more willing to attribute secondary emotions to their group members than they are to non-group members. This research indicates that dehumanization may be subtle in seeing the other as lesser people than oneself or one’s group.

While the result may not go to the violent extreme that results in genocide or massacre, it nevertheless, will lead to some negative reactions which may not even be perceptible to the one who has infringed the other. Leyens et al. (2001) reviewed some literature that mentions the groups that are usually dehumanized (infrahumanized). These groups include people from lower social class or background, those from occupations that are deemed lower, the mentally disabled, immigrants, and refugees.

Dehumanization, in terms of infrahumanization, is the aspect of dehumanization this study is focusing on. That is the act of seeing disabled people as lesser in worth than non-disabled people in society because they seem to lack some core qualities nondisabled people possess in society. In this instance, the qualities can be summed up as the standard of normalcy in society. The manifestation of this dehumanization or even its meaning is usually subtle or even unnoticed by the person exhibiting it. However, actions and speech that show the perception of a group in this instance, disabled people, will expose it. In this way, dehumanization and ableism are closely related. When a group sees another group as different from them (usually as inferior), an ableist stance, dehumanizing treatment will follow which may be in terms of action or inaction, “misunderstandings will take place and lead to neglect of appeals for help” (Leyens et al., 2000, p. 194).

## **2.5 Why Society Devalues Disabled People**

Many people in society hold a negative view of disability and of disabled people (Deal, 2007). To them disability is “a fate worse than death” (Gill, 1997, p. 41). This view has led to the inequalities disabled people experience (Deal, 2007). For example, when a disabled person wants to end their life, society feels it is normal, unlike the usual concern that will be shown to a non-

disabled person in the same situation (Haller & Ralph, 2001). The extent society feels it is normal that a disabled person wants to end their life is brought out clearly by Haller & Ralph (2001) with the expression “of course” (p. 410).

Susan Wendell after her sudden chronic and debilitating illness is a good illustration of how entrenched this idea of disability as a situation that necessarily makes death appealing. She looks into “philosophical literature in medical ethics on the nature and experience of disability” (p. 260). She decides to look under the headings of “Disability,” “Handicap,” “Illness” and “Disease” (p. 260). Her findings show the inclination of society to associate disability with negativity, with death. She reports:

At least 90 percent of philosophical articles on these topics are concerned with two questions: Under what conditions is it morally permissible/right to kill/let die a disabled person and how potentially disabled does a fetus have to be before it is permissible/right to prevent it being born? (p. 260)

From the quotation above, it is not hard to understand why Wendell, a woman who became disabled in adulthood and was hoping to find help in negotiating her new identity, calls that search “a depressing experience” (p. 260). Nothing in nearly all her research findings made her feel a sense of personhood as a disabled woman.

Society feels this way because it views a disabled person as “less than human” (Overboe, 1999, p. 22), those Garland-Thomson (1997) calls “extraordinary bodies” (p. 5). This view is a result of seeing disability as a lack in a world where ‘normalcy’ is valorized. Titchkosky & Michalko (2009) bear this out when they say that “... normalcy matters because it is understood as the legitimate way of being in the world and the only version of the good life” (p. 5). They continue by saying that “the study of disability is committed to normalcy insofar as it represents

the standard against which any human life is measured; the closer a human being is to normalcy, the closer he or she is to being human” (p. 5).

However, instead of determining how disability should be viewed, society needs to let disabled people themselves define what disability is and how they should be treated. Hosking (2008) writes, “It is only by listening to and valuing the perspectives of those who are living disabled lives that the able-bodied can begin to understand that even severe disability does not have to prevent a joyful and desired life” (p. 13).

McMahan (1996) gives another reason society devalues disabled people’s lived experience. His book discussed the worth of cognitively disabled people. For him and some others who hold his kind of philosophical view, those with severe cognitive disability are at par with animals, even sometimes lesser than animals and without attributes that are uniquely human. For this reason, they do not deserve to be treated like humans. He says, “The profoundly cognitively impaired are incapable . . . of deep personal and social relations, creativity and achievement, the attainment of the highest forms of knowledge, aesthetic pleasures, and so on” (p. 8).

## **2.6 Conclusion**

This chapter has explored the treatment of disabled persons in the extant literature; the literature is replete with evidence that society has devalued and dehumanized disabled people because it perceives them to be inferior. Suddenly, a virulent pandemic erupted in late 2019 and early 2020, made inroads into all parts of the world, and appeared to upend the core of humanity itself. The literature shows that disabled persons bore an unfair share of the difficulties attendant to the pandemic. As a result there is the accusation that disabled people have been left behind

and treated as inconsequential.

Although there has been much research on the invalidation of disabled people, there seems to be a dearth of disability research on their devaluation during this pandemic, even though disabled people have made it clear they have been dehumanized and devalued. For example, the Disability Rights Education & Defense Fund criticized a statement by the director of the CDC, Rochelle Walensky, that most people who died from the Omicron variant had underlying conditions as ableist because it presents them as disposable (Dickinson, 2021). Therefore, this research is set to look into the dehumanization of disabled people during the COVID-19 pandemic. The research that has been carried out on the devaluation of disabled people seems not to have used critical discourse analysis too. This study hopes to use critical discourse analysis to research how disabled people's lives have been invalidated during this pandemic.

## CHAPTER 3

### THEORETICAL FRAMEWORK

#### 3.0 Introduction

This chapter examines the two major theories of disability, which are the medical and social model. The chapter starts with an explanation of the medical model and goes on to discuss the social model. After that, it explains that the social model, albeit in a modified version, serves as the theoretical framework for the research.

#### 3.1 The Medical Model

Societal view of disability is steeped in the medical model, which sees disability as a lack in need of a fix (Goering, 2015) and if it cannot be fixed, then the disabled person will experience exclusion from society:

If medical professionals cannot cure or rehabilitate the person, then she or he is considered as someone who as a consequence has a limited ability to participate in society. Hence, a person's disability may in some circumstances hinder participation, which in turn leads to social exclusion. (Burnbury, 2019, p. 28)

This model has led to the oppression of disabled people in many ways. For example, it sees disability only as pathology in need of a cure, instead of also taking cognizance of the unwelcome and inaccessible environment which makes it difficult for disabled people to carry out activities of daily living, and proffer solutions in the form of accommodations (Goering,

2015; Wolbring, 2005). The medical model is fixated on fixing disability because it sees disabled individuals as the problem and as such, they must adjust and adapt to society the best way they can (Hughes, 2000). This pressure to conform gives disabled people extra burden to carry. Goering (2015) recognizes this when she says, “One result of the common medical understanding of disability is that people with disabilities often report feeling excluded, undervalued, pressured to fit a questionable norm, and/or treated as if they were globally incapacitated” (p. 135).

The focus of the medical model on medical science is useful in some ways. Medical interventions have been of help to disabled people, as it has helped some of them to manage pain and carry out activities of daily living more conveniently (Wendell, 2006). It has also made it possible for some disabled people to live longer (Johnson, 2016). The ongoing research on prevention and control of impairment is another benefit (Linton, 1998). Despite its gains, the medical model has also been oppressive because disabled people that are unable to be cured are viewed as deviants and are excluded from full participation in society. Thus, the medical model has the view

that all people should conform to a normal physical status. If this could not be achieved, because of the limits of medicine and technology, then the least that could be done was to approximate to this standard as closely as possible. The greater the approximation, the greater the participation in society. Those who failed would have no choice but would be regarded as deviants. Disability, then, always implies a failure to meet socially imposed able-bodied normative standards. (Finkelstein, 1980, p. 12)

The medical model has also cast disability in the rigid mold of an ailment (Krahn et al., 2009). According to Dirth and Branscombe (2017), “Considering disability as a medical

pathology creates the foundation for prejudice and discrimination ... because disability is then difficult to disentangle from the individuals who live with them” (p. 415). For this reason, a disabled person will be seen largely through the lens of their disability. This has the tendency to dehumanize and devalue, which it has done. For example, sometimes disabled people are seen only as disabled and not as wives, fathers, mothers, employees, caregivers, and husbands (Miles, 2018).

It is in light of this that Ben-Moshe et al. (2012) defines disability as “fluid and contextual” (p. 210). They go on to say that disability should be viewed “not [as] a binary but as a continuum” (p. 210-211). This means that instead of viewing disabled people as just people with disabilities, there is a need to view them with other variables that might impact on whether they will be disabled in every context or the extent of their disabilities in different contexts.

Wendell (2006) shows that a focus on the medical model, which sees disability negatively because of its impact on the body, may impact the lives of disabled people. She uses her example to demonstrate how measuring one’s body against the societal norm can be incapacitating: “When I was disabled by illness, I experienced a much more profound alienation from my body” (2006, p. 112). She also cites how waiting for a fix from medical science led to her putting her life on hold, as it were. It was when she faced the reality that her impairment might not go away she began to “live:” “... I realized after a year that waiting to get well, hoping to recover my healthy body, was a dangerous strategy. I began slowly to identify with my new, disabled body and to learn to work with it” (2006, p. 106). Her example may help to see how crushing it can be if society continues to look at disabled people through the medical model, by focusing on their impairment. This will not help them to accept their body and live a fulfilling life. For this reason, Wendell (2006) warns of the negative effects of internalizing the societal perception of disability

for disabled people: “Disabled people can participate in marginalizing ourselves. We can wish for bodies we do not have, with frustration, shame, self-hatred. We can feel trapped in the negative body; it is our internalized oppression to feel this” (p. 113).

The internalized oppression mentioned by Wendell (2006) is detrimental as it erodes the personhood of disabled people and their pride in who they are. It is the same as what some scholars name ‘internalized ableism.’ The oppression and rejection disabled people experience from an ableist world sometimes kindles in them the desire to internalize the general projection about them. Ableism can make disabled people detest their body because it “includes the idea that a person’s abilities or characteristics are determined by disability or that people with disabilities as a group are inferior to non-disabled people” (Linton, 1998, p. 9).

Insights from critical race theory on the notion of internalized oppression or racism can help to explain how disabled people experience internalized ableism. Kovel (1970) explains what happens after a person of a minority race is bombarded with negative images or ideas of their race as inferior:

The accumulation of negative images forced upon blacks in America amounted to presenting them with one massive and destructive choice: either to hate one’s self, as culture so systematically demanded, or to have no self at all, to be nothing. (p. 196)

What Rosenwasser (2000) says in the context of race about internalized oppression, which is akin to internalized ableism is also worthy of note. She defines it as:

An involuntary reaction to oppression which originates outside one’s group and which results in group members loathing themselves, disliking others in their group, and blaming themselves for the oppression – rather than realizing that these beliefs are constructed in them by oppressive socio-economic political systems. (p.1)

Internalized ableism can take different forms. It can mean that a disabled person will hide their disability to be accepted. Leigh & Brown (2020) explain what can lead to internalized ableism in academia. They opine that some people in academia may be reluctant to disclose their disability identity because “admitting a chronic illness or disability may be equivalent to confessing to a failing, to laying oneself open to prejudice, ignorance and discrimination” (p. 176). They also believe because people do not want others to see them as different, they may hesitate to claim their disabled identity. More than that, some disabled people might have internalized the attitude of the ableist world so well that they question their own judgment as disabled maybe because others see them as ‘normal.’ The act of passing as nondisabled is another aspect of internalized ableism Leigh & Brown (2020) mention. This act of passing is “a path not always open to women, people of colour or those with a physical, visible disability” (p. 178). People who are not visibly disabled, however, may more easily appear and act as nondisabled.

The medical model has also promoted a paternalistic attitude towards disabled people. Society views disabled people, in an infantile way and treats them like children in both words and deeds. Likewise, the medical model has allowed society to exercise control over the body of disabled people by excluding them from some public places through inaccessible locations (Garland-Thomson, 2009).

A medical model approach to disability has likewise led to the neglect of legitimate health concerns of disabled people because many doctors cannot see them other than through their impairments and may attribute any medical issues to their impairment (Iezzoni, 2011). This may also worsen their overall health, as they may sometimes not be screened for some ailments, especially sexual related, simply because some medical practitioners cannot conceive of disabled

people, especially disabled woman, as sexually active and in need of such screenings (Abells et al., 2016; Shakespeare et al., 2009). Shakespeare et al. (2009) acknowledge this limited view of disabled people and how bad it may be when they say:

Assumptions and negative attitudes about disability are often dangerous and can be life threatening. For example, by assuming that people with disabilities are not sexually active, physicians may exclude them from health information or screening that non-disabled people receive as a matter of course—for example, for sexually transmitted diseases, cervical cancer, or HIV. (p. 1816)

The medical model likewise seems to absolve policy makers of responsibility while holding disabled people accountable for their impairment. Hahn (1985) makes this observation that society has placed all obligations for inclusion on disabled people:

The medical perspective seems to imply a demand that disabled persons must adapt and adjust to their surroundings without imposing a corresponding obligation on policy-makers to create an environment which can accommodate the needs and desires of citizens with disabilities. (para. 8)

With the foregoing, it is clear that although the medical model has its place; it is insufficient to cater to the needs of disabled people. Thus, another model of disability was needed. This is the social model of disability (Oliver, 1996).

### **3.2 The Social Model**

The social model came from the activities of the Union of the Physically Impaired against Segregation (UPIAS) in 1976 (Shakespeare, 2010). It is the view of disability as a negative condition that led to the establishment of the UPIAS. The organization denounced the exclusion

of disabled people in society as oppression and clamored for their inclusion (Shakespeare, 2010). In its policy statement, UPIAS enunciates clearly how society has marginalized disabled people by not putting them in mind in the scheme of things. UPIAS asserts, “We find ourselves isolated and excluded by such things as flights of steps, inadequate public and personal transport, unsuitable housing, rigid work routines in factories and offices, and a lack of up-to-date aids and equipment” (1976, p. 1). In 1976, the organization published *The Fundamental Principles of Disability*. This document makes a distinction between disability and impairment. It sees disability as a social construct, a result of social treatment of disability, while it views impairment as biological (Oliver, 2004). “Impairment is, in fact, nothing less than a description of the physical body” (Oliver, 1996, p. 35).

Disability, by contrast, is the “disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities” (Oliver, 1996, p. 22). However, the model was not named until 1983 when Oliver coined the term, the social model (Shakespeare, 2010).

UPIAS also states that although disabled people have biological impairments, disability is a result of societal attitudes towards their impairments. “It is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society” (UPIAS 1976, p. 4).

These views of UPIAS are well articulated by Mike Oliver into what becomes the social model of disability (Barnes & Mercer, 2005). The social model of disability criticizes the medical model for its role in the negative perception of disabled people as of lesser worth than non-disabled people. This has objectified disabled people as they are seen as mere recipients of

aid. It has equally affected their job opportunities because society views them as incapable of working as well as non-disabled people (Shapiro, 1994). Instead of focusing on bodily impairments, the social model places the blame for the marginalization of the disabled on societal attitude and barriers (Blanck et al., 2009).

The model submits that the view of society on disability affects how physical and social structures are created and maintained. This also affects the view of disabled people about themselves (Goering, 2015). According to Oliver, “The importance of this social model of disability is that it does not see disabled people as people who have a problem; it rejects the individual pathology model” (1983, p. 27). Rather, the problem is the way society treats people who are biologically different from the supposed norm of society (Nario-Redmond, 2010). For this reason, it is society that must adapt to the needs of disabled people (Hughes, 2000).

The social model may not automatically eliminate the pain and discomfort that sometimes accompany impairment (Wendell, 2001). It also helps to promote social justice and can engender in medical practitioners and society in general the desire to accommodate and include disabled people (Goering, 2015). It likewise exposes “the extent to which disability is related to the perceptions, attitudes and assumptions embedded in the culture of a society” (Vorhaus, 2018, p. 6).

Frazer explains the way the attitude of society has disabled her. She says: “Let me be very clear: stigma, barriers, and exclusion are the enemy - not my disability” (as cited in Etmanski, 2000, p. 18). This does not mean she does not have to contend with the limitations of her impairments. But despite that or in spite of that, she has lived a productive and fulfilled life. To her, her disability or impairment has not been a hindrance to self-actualization. It instead appears to be a propellant. This is because she says, “...my disability has brought me smartly to

all of the things that I value – my career, my friendships, my creative life, my skills, my tenacity, my intimate partner, my world view” (Frazee, 2000, as cited in Etmanski, 2000, p. 18).

From the words of Frazee above, disability and impairment are not the same. This is the view of the social model of disability. Oliver et al. (2012) make the distinction clear when they say:

Impairment is a characteristic of the mind, body or senses within an individual which is long term and may, or may not, be the result of disease, genetics or injury. Disability is the disadvantage or restriction of activity caused by the political, economic, and cultural norms of a society that takes no or little account of people who have impairments and thus excludes them from mainstream activity. (p. 16)

This model places values on disabled people’s lives as they are not seen as someone who has a problem because disability is situated outside the body, in the social structures.

Furthermore, disability advocates have shown in many ways that the way society differentiates disabled people from nondisabled people is arbitrary. One example they cite is the use of eyeglasses that are grouped under the term “eye care” (Chivers, 2008, p. 313) in the health care coverage. Although some people cannot do without their eyeglasses, these people are not considered disabled because society has normalized the usage of eyeglasses. This is why the provision for eyeglasses is not considered an added medical service and the general insurance for health care covers it.

However, artificial legs are viewed differently, they are not covered by health care insurance and a person wearing them is disabled (Chivers, 2008). In sum, the model was necessary because disabled people have experienced oppression in society, and it aims to challenge that.

### 3.3 Criticism of the Social Model

The social model has been of immense benefit to disabled people. It has lived up to its reputation of being “a practical tool” Oliver (2004, p. 30). The model has sensitized society to the need to remove barriers. This has led to accessible public facilities, such as transportation, buildings, and services (Shakespeare, 2014). It has equally boosted the self-confidence of disabled people as they do not have to be apologetic about their identity with the knowledge that society is the problem and it is the one that should make the needed changes to accommodate them (Shakespeare, 2014). Despite its laudable achievements, the social model has been criticized in some quarters.

Shakespeare (2014) mentions the exclusionary nature of the social model. This is because the model hinges on the oppression of people with biological impairments. However, he feels not all disabled people are oppressed as some live privileged lives. This outlook is in tune with Wendell (2006). Wendell views herself as a privileged disabled person because she is a White professor. Therefore, any privileged disabled person might be excluded from the disability community based on the social model. Shakespeare (2014) further deliberates on the shortcomings of the social model when he brings attention to the fact that different disabled people need different accommodations and it might be extremely difficult to cater to the need of every form of impairment to the same degree and in the same way. Another weakness identified by Shakespeare is how some societal experiences and inclusion are far removed from some disabled people not because of societal barriers but because of the limitations of their impairments.

For example, Fiona Smith has multiple autoimmune disorders, systemic mastocytosis, and idiopathic anaphylaxis, which has put her in compulsory isolation for many years so as to be

safe (Patterson, 2021). In her situation, no amount of inclusion and removal of barriers will help her to remove or reduce her physical isolation from society.

Crow (1996) criticizes the social model of being guilty of the same offense it accuses society of – exclusion of disabled people. Even though she lauds the achievements and innovative approach of the model, she asserts that placing all disadvantages at the feet of society in terms of its barriers is counterproductive. This is because only some disabled people can truly be comfortable with the concept that biological impairments are not disabling, as many disabled people have internal barriers in the form of pain, the category of people Wendell (2001) calls “unhealthy disabled” (p. 18).

Crow (1996) argues that a complete focus on the social model has marginalized some disabled people as they are reluctant to talk about the negative effects of their impairments. This denies them the relief or support they might get, which would have made it easier for them to cope. She, therefore, advocates for a new way of looking at impairment in the social model of disability, one that will acknowledge the discomfoting nature of some disabled people’s impairment. To her, this approach will show that the disability movement wishes to include everyone with differing bodily experiences and that everyone’s unique experience is important:

Disability is still socially created, still unacceptable, and still there to be changed; but by bringing impairment into our total understanding, by fully recognizing our subjective experiences, we will achieve the best route to that change, the only route to a future which includes us all. (p. 138-139)

Similarly, Morris (1991) acknowledges the benefits and achievements of the social model, but she still feels there is a need for reform in the way the social model sees only social and attitudinal barriers as what disables. She asserts that individuals also experience disabling

conditions based on barriers imposed through their own biological impairments and to put all the blame on society is to deny disabled people a voice, to nullify their experiences and concerns.

### **3.4 Towards a Modified Version of the Social Model**

Although this study is based on the social model of disability, it, like the aforementioned scholars, asserts that while the social model has helped to bring awareness to society on what it can do to become an ally of disabled people, the issue is more than a mere acknowledgment and removal of social and physical barriers. There should be an equal acknowledgment that biological impairment can cause barriers too.

This is especially important at this time of the COVID-19 pandemic when there has been flexibility in the way many things are run, which some disabled people say have given them the accommodation they had been asking for (Keegan, 2020). However, it has also highlighted some of the barriers that impairment presents. This study hopes to see disability as a result of many factors including societal perception and social barriers, physical impairment and the circumstances of individuals. It is a combination of these factors that will determine what disability is. This is because even though disability is collectively experienced, it is also experienced individually. For this reason, this research will look at disability from the way individuals and groups experience barriers in society based on their lived experiences. This study will refer to the modified version of the social model as the socio-situational model.

### **3.5 Insights from Feminist Theory**

The socio-situational model of disability relates to some theories of feminism. The theories are intersectionality and standpoint theory. These theories provide understanding about how disability can be seen as not only the disabling physical and attitudinal edifices an ableist

world has constructed, but how it is equally a product of the unique circumstances of each disabled person.

This connection is in line with what some notable disability scholars such as Susan Wendell and Rosemary Garland-Thomson encourage. They believe disability studies will benefit from the insights which feminist scholarship provides. One reason they give is that the social position women occupied, and to some extent still occupy, is similar to that of disabled people (Garland-Thomson, 2005; Wendell, 2006). Garland-Thomson (2002) names this type of scholarship that uses feminist theories to its advantage “feminist disability studies” (p. 3). She argues for feminist disability studies because of its objective which is “to suggest that feminist theory can offer profound insights, methods, and perspectives that would deepen disability studies (p. 2). Garland-Thomson further states that “the goal of feminist disability studies... is to augment the terms and confront the limits of the ways we understand human diversity, the materiality of the body, multiculturalism, and the social formations that interpret bodily differences” (Garland-Thomson, 2002, p. 3). Therefore, it is appropriate to explain intersectionality and standpoint theory at this point.

### **3.5.1 Intersectionality**

Kimberlé Crenshaw coined the term “Intersectionality” in 1989 (Carastathis, 2014, p. 60). The theory focuses on the oppression Black women face from a feminist perspective that is predominantly White, and from policies, and laws in the United States that were discriminatory of Black women (Carbado et al., 2013). Intersectionality argues that there are many layers of oppression Black women face at every point in time. For this reason, it directs its attention to how the identities of Black women in terms of race, gender, sexuality, and class have coalesced to simultaneously oppress them (Miles, 2018). Intersectionality, therefore, brought into sharp

relief the differences in the lived experience of White women and women of color. The insight from the intersectionality framework can help with understanding how disability is an outcome of societal barriers and a conglomerate of the different layers of the identity of disabled people. Instead of totalizing their experience, it will be good if society remembers that every disabled person has unique experiences which determines how they perceive themselves and their disability and how society views and acts towards them. It is equally good to remember that identity is contextual. At different times, disabled people negotiate their humanity based on the exigencies of the moment.

Also, intersectionality provides explanations to the reasons society should see disability as “variations among individuals” (Garland-Thomson, 1997, p. 13) and not a homogenous identity. This is because people experience disability in varied ways. Some disabilities are episodic (Rosemarie Garland-Thomson, 2014), some are temporary, some permanent, some involve pain and continuous medical intervention, some do not (Wendell, 2006; Wendell, 2001), and some are not “written on the body” (Shildrick, 2009, p. 82). Garland-Thomson (1997) makes this point very clear when she says:

The physical impairments that render someone “disabled” are almost never absolute or static; they are dynamic, contingent conditions affected by many external factors and usually fluctuating over time. Some conditions, like multiple sclerosis or arthritis, are progressive and chronic; others, such as epilepsy, can be acute. Even seemingly static disabilities like amputation affect activities differently, depending on the condition of the rest of the body. (p. 13)

The intersectionality framework may help to see that disability is not the only feature of disabled people’s life but many others are equally important. These factors will determine the

extent of their disabilities at different times. Furthermore, disabled people are negotiating different identities or roles moment by moment. Even though they may be at a disadvantage as a result of their impairment, they may at the same time experience some advantages. Intersectionality will help bring into focus all the classifications that help shape the experience of each disabled person (Goethals et al., 2015). In a study conducted by Goethals et al. (2015), one of the participants complicated the identity of a disabled woman by identifying as different people at different times and sometimes by identifying with all the different positions she occupied. This is an example of how intersectionality affects disabled people. The disability may not be the main focus in every aspect of their lives. Sometimes, other aspects of their personality may take precedence over or even crowd out disability completely.

A disabled woman who is from the middle class may perceive her disability differently from another who is from a lower class. Race is another determinant of identity. It is, for this reason, Wendell (2006) reminds her reader she is speaking from her standpoint as a middle-class White woman because she knows that her privileged position has given her some advantages which may be inaccessible to some disabled women. She says, “I do not presume to speak for disabled women. Like everyone who is disabled, I have a particular standpoint determined in part by both my physical condition and my social situation” (p. 106). She then enumerates her situation. She says, “I am a white university professor who has adequate medical and long-term disability insurance; that makes me very privileged among the disabled. I write what I see from my own standpoint” (p. 106).

This standpoint Wendell (2006) mentions will take us back to the modified version of the social model, socio-situational model, that is the framework for this study. It proposes that the particular lived experiences of disabled individuals and groups will determine how they

experience their disability and, by extension, their dehumanization during the COVID-19 pandemic. In the data for this research, some disabled people experienced deprivations as a result of having to spend more on necessities and some expenses incidental to the pandemic, such as the purchase of personal protective equipment. Others are only concerned about devaluation of their own lives and that of disabled people in general. For example, the two medical doctors who advocated for transparent masks in one of the texts are not in the same social situation as some disabled people who mentioned the difficulty of obtaining life necessities because of inadequate funds. Therefore, it is only when society sees the situation from the standpoint of each disabled person that it can adequately dignify and include them. Thus, standpoint theory and intersectionality will provide the tools society needs to accord disabled people the human dignity they deserve as the following paragraphs discuss.

The perspective of intersectionality will help society see disabled people not as merely disabled but as citizens with rights and obligations like everyone else. When disabled people are viewed this way, then the different categories of disabled people will be respected and valued for their unique experiences and there will be fewer tendencies to make disability monolithic, thus neglecting some people or groups in the process. Instead, society will be willing to support all of them in the best way based on their varied preferences.

### **3.5.2 Standpoint Theory**

Mahowald (1998) indicates the usefulness of standpoint theory with an explanation of it. She says, “A feminist standpoint articulates a particular perspective that is not dominant” (p. 109). She goes on to show why this type of perspective is necessary. She asserts,

... nondominant groups and individuals cannot help but be aware of the dominant group’s perspective, while the dominant group may be totally unaware of the

nondominant group's and individuals' perspectives unless it grants privileged status to them. In other words, dominant people nondominant people more than the latter need the former to reduce the limitations of their perspective. (p. 211)

The epistemology of ignorance Mills (1997) talks about does not necessarily mean a lack of knowledge. Rather, it may be “an active accomplishment requiring ever-vigilant understanding of what not to know” (Gross & McGoey, 2015, p. 5). Thus, ignorance may be a deliberate strategy of denying oneself particular knowledge, or as Alison Bailey puts it, a tactic “to see the world wrongly” (Bailey, 2007, p. 80). For this reason, even though nondisabled people may not understand the lived experience of disabled people, they are not to be excused because their lack of knowledge appears to be steeped in ableism. This is because ableism privileges certain ways of doing things or certain abilities and discountenances the over another, which has many times led to a view similar to what members of racial hegemonic class has held, “that their mistaken ways of making sense of events count as accurate representations” (Bailey, 2007, p. 80). This feigned “accurate representation” can be seen as ignorance or “epistemology of ignorance” as Mills (1997, p. 18) calls it.

The dehumanizing action or inaction disabled people experienced in all of the texts can, therefore, be termed ‘ableist ignorance,’ ignorance that is fueled by ableism. It stands to reason then, that ignorance cannot be extracted from ableism and vice versa. Rather, ignorance and ableism can be seen as a twin problem for disability studies. For this reason, it will be absolutely impossible to pin down a dehumanizing act as mere ignorance or ableism.

The privileged position people in the center occupy may prevent them from having access to the knowledge of the people in the peripheral. On the contrary, everyone has access to the dominant knowledge because it is usually presented as ‘the knowledge.’ Therefore, the

standpoint epistemology may provide the avenue to help people who are outside the confines of marginality to understand what it means to be in the margin. Harding (1991) states how the standpoint perspective aims “to reduce the limitations of their [dominant people] perspective” (Mahowald, 1998, p. 211).

Feminist standpoint theory argues that research should be done from the position of marginalized groups (Harding, 1991). This means that society should endeavor to think from the perspective of disabled people. Instead of projecting its viewpoints on them, society should ask, how will this affect disabled people? Or if I am unable to see, walk, hear or even understand complex language, how will I want to be treated in different situations? When society does this, no doubt, the dehumanization of disabled people will be reduced more gradually. At least, Rooney (2011) postulates that ignorance or the privileging of a knowledge source or type of knowledge over another is at the root of much oppression marginalized groups suffer. This is what Mills (1997) calls “epistemology of ignorance” (p. 18). To him, many years of White racial superiority has led to an epistemology of ignorance which he defines as,

a particular pattern of localized and global cognitive dysfunctions (which are psychologically and socially functional), producing the ironic outcome that whites will, in general, be unable to understand the world they themselves have made. ... a cognitive model that precludes self-transparency and genuine understanding of social realities. (p.18)

Just as racism has been a product of the inability or even a blatant refusal to see another person from their perspective, but through the lens of those in charge of knowledge or has superior power, it has been impossible too for society to understand disabled people because knowledge is usually from the perspective of non-disabled people. For example, discrimination

against disabled people in the health sector is because of a lack of proper knowledge. “Many courses of instruction medicali[z]e disability, fail to take a holistic view of health, and ignore the human rights of people with disabilities” (Shakespeare et al., 2009, p. 1815). For this reason, medical students should be aware

that people with disabilities are not inevitably in need of a “fix”, or dependent on others for care. As reinforced by the UN Convention on the Rights of Persons with Disabilities, they are citizens with human rights, including the right to health care; the right to rehabilitation; the right to live in the community; and the right to have a say in their own treatment. (Shakespeare et al., 2009, p. 1815)

Thus, there is a need for the right education. Disabled people are in the best position for this. They can speak about their concerns and who they truly are:

Disabled people have great insight into their own condition, and this can ideally make their relationships with health professionals more of a partnership, where each can learn from the other and where disabled people and their health-care choices are respected. (Shakespeare et al., 2009, p. 1816)

However, society has found it really difficult to believe the voice of disabled people, those with direct experience, so it “frequently derided [it] as emotional and therefore lacking validity” (Crow, 1996, pp. 215–216). It will, therefore, take humility on the part of society to see value in what disabled people say as Goering (2008) acknowledges. This will move them to say to disabled people about their lived experience, “Tell me more” (Goering, 2008, p. 133). And when disabled people do just that, Goering (2018) recommends that they be given fair recognition, which “cannot take the form of hearing but immediately discounting their position” (p. 133). Instead, they will think of how to use the information that has been made available to them in

practical ways to support the full inclusion of disabled people in society.

The above submissions are in no way an endorsement of or a tacit acceptance of the many ways society has devalued the lived experience of disabled people. Instead, it is to highlight how pervasive and imperceptible ableism can be.

A respect for and acceptance of difference is important for society to value the lived experience of disabled people to the extent of willingly expressing the desire to learn more. However, it is only when this happens that it will be easy for disabled people to freely express themselves and for them to be objectively heard. Not only will disabled people feel their personhood is valued, but society in general will better understand the meaning of diversity and difference. Nancy Hartsock observes:

We need to develop our understanding of difference by creating a situation in which hitherto marginalized groups can name themselves, speak for themselves, and participate in defining the terms of interaction, a situation in which we can construct an understanding of the world that is sensitive to difference. (1990, p. 158)

When this happens, it will be just as Overboe predicts;

No longer will we be considered the negation of a “quality” life. No longer will we be considered heroic representations to be put on pedestal. Nor will we be vilified or pitied as representations of what can go wrong with humanity’s fragile existence. Our experience of disability must be embraced in order for there to be the creation of a new meaning of life. (1999, p. 27)

Since the start of the COVID-19 pandemic, disabled people and their allies have been raising their voices to make disability more inclusive and this has helped in some ways as already discussed in this chapter. But since human identity is “never finished” (Hall, 1997, p.

47), ever sliding, humans will constantly negotiate their identity in their everyday existence. So everyone has the obligation to constantly check themselves if they have been dismissive of the other person, especially people that are historically marginalized.

## CHAPTER 4

### METHODOLOGY AND PROCEDURES

#### 4.0 Introduction

This chapter details the procedures and techniques used in this research. It presents the type of study that was conducted, research methodology, and data analysis.

The research paper analyzes twenty-one news and scholarly articles related to how disabled people are dehumanized during this time of the COVID-19 pandemic. Disability is a universal issue. Nearly every culture sees it as different from the usual and it is usually treated as of lesser worth than being non-disabled. It is observed that “in all regions of the world persons with disabilities face attitudinal barriers, including prejudice, low expectations and even fear” (UNO, n.d., p. 3). Therefore, I was open to articles from any part of the world during the data gathering process. For this reason, the articles analyzed for this thesis are from Africa, Europe, and North America. None of these articles were selected based on geographical location. Instead, they are chosen based on their focus which aligns with the thrust of the research. The study uses critical discourse analysis to interpret the data gathered. This chapter will first explain the sampling techniques used, and then it will discuss the meaning of discourse. It will end by giving a detailed explanation of discourse analysis and how to use it to analyze data.

The procedure adopted here is to first explain in some detail the nature and use of discourse analysis in this thesis. Then we will deal with the sampling techniques utilized and how sampling has facilitated our examination of the problematic treatment of disabled members

of society in a period of global pandemic.

## 4. 1 What is Discourse?

We will start the definition of critical discourse analysis with the definition of discourse. Many scholars have looked into the concept of discourse. Foucault (1972) sees discourse as a way of creating reality through language. He says discourse refers to “practices that systematically form the object of which they speak” (p. 49). Dijk (1997) describes it as the language in use, either spoken or written. Fairclough (1995) views it as any process of communication, including images and non-spoken language. Hall (1997) describes discourse as “a cluster (or formation) of ideas, images and practices, which provides ways of talking about forms of knowledge and conduct associated with a particular topic, social activity or institutional site in society” (p. 6). From the above definition, discourse will include cultural practices and artifacts. Furthermore, according to Fairclough (1995) discourse involves what we know, who we are, and our relationships: “Discourse is always simultaneously constitutive of social identities, social relations, and systems of knowledge and belief” (p. 55).

To Parker (1992) discourse refers to any meaningful construction, be it words or objects that create reality while privileging a particular way of seeing some realities over another. He identifies several criteria of discourse but the four criteria that are meaningful in the context of this research will be mentioned here. For Parker, discourses create realities: “They bring phenomena into sight” (p. 5), and legitimize certain realities over another. He further says that discourses have a history behind them: “Discourses are located in time, in history, for the objects they refer to are objects constituted in the past by the discourse or related discourses” (p. 16). In addition, “discourses reproduce power relations” (p. 18) by conferring the power to speak on

some people and disallowing others from doing. Parker goes on to say that discourse is ideological. This means discourses are never neutral, they are value-laden. Parker's concept of discourse will be useful in this study by helping the researcher see how discourses in the data for analysis might be perpetuating hegemonic power or privileging a particular reality over the other. However, Parker does not prescribe a particular way of analyzing data, but his effort sets the pace for critical discourse analysis this study hopes to use.

## **4.2 Critical Discourse Analysis**

Critical discourse analysis (CDA) examines how discourse is a product of the social context that produces it. It examines what is said and why it is said. According to Paltridge (2012),

Critical discourse analysis examines the use of discourse in relation to social and cultural issues such as race, politics, gender and identity and asks why the discourse is used in a particular way and what the implications are of this kind of use. (p. 186)

CDA challenges the taken-for-granted realities in society. It highlights that reality is an artificial construction and has nothing to do with the order of the universe and as such should be scrutinized and even assessed critically (Cameron, 2001). It asserts that the way a particular reality is presented is premeditated, as it is driven by the ideological desire to make it appear as the only logical and possible approach (Cameron, 2001). Cameron (2001) illustrates how language use may naturalize a particular worldview. She does this by using the example of the study conducted by Glasgow Media Group in 1980 on the way the media reports industrial conflicts between workers and employers. They found a pattern of a negative portrayal of workers and a positive portrayal of employers: The workers were described as “demanding more

money or better conditions, and ‘threatening’ to walk out if their ‘demands’ were not met; the employers were described as ‘offering’ terms and as ‘appealing’ to workers to accept their ‘offers’” (p. 124).

Cameron (2001) comments on how the choice of words of British Broadcasting Corporation reporting on the action of employers and workers made the portrayal possible. Words such as “demanding” and “threatening” (p. 124) are used in connection with workers whereas “appealing” and “offers” (p. 124) are used in connection with employers. From these words, workers are negatively presented, while employers are seen in a positive light. The conclusion the study reaches is that the choice of words of news reporting on the industrial action inferred that workers were the problem.

Cameron (2001) highlights the way society has naturalized the perspective that workers are usually the villain in industrial conflict by hypothetically suggesting how it would be if the words were reversed and the negative language was ascribed to employers. Her conclusion is that people would find that strange and biased, a view ascribing a negative stance to workers may not elicit. She uses this example to show how naturalized some perspectives are as everyone sees them as the way things should be. It is this seemingly normal or right way of speaking and acting that CDA aims to uncover and to show plainly for what they are, ideological engagement of the world. CDA also asserts that all use of language is never value-neutral; it usually serves to make normal and natural the discourse of the people in power or in control. CDA usually uncovers this taken for granted way of speaking as ideological and an artificial construct revealing what appears to be hidden in discourse but may be implied.

Cameron (2001) illustrates how what is not said can be gleaned from what is said by using one of the examples of Van Dijk on racist discourse. Cameron cites Van Dijk (1996),

where he uses an extract of a report from *The Sun*, a British newspaper to illustrate how discourses mean more than what they say. Although superficially, the newspaper seems to sympathize with the immigrants it reports, a closer look at some metaphors, such as “tide” and “swamp” (p. 128) used in describing them betray a distrust of immigrants as a threat to the economy. Cameron (2001) then makes her submission that, “in analyzing the ideological significance of a text, attention needs to be given not only to its surface linguistic features but also to what is not said, but is indirectly hinted at or presupposed as obvious” (p. 128).

CDA also examines the way discourse removes agency from some people or reduces their ability to be agentive and grant it to others through the way sentences are constructed. For example, the use of an active voice as opposed to passive and vice versa (Cameron, 2001).

CDA seeks to establish how the political and social environment that produces discourse affects it (Paltridge, 2012). It is also interested in the interdependence of language and the context of its production (Paltridge, 2012). There are some main ideas CDA aims to establish in its analysis of discourse. One of them is that “ideologies are produced and reflected in the use of discourse” (Paltridge, 2012, p. 187).

CDA maintains the view that language use is never neutral. Eggins (1994) testifies to this: “Whatever genre we are involved in, and whatever the register of the situation, our language will also be influenced by our ideological positions: the values we hold (consciously or unconsciously), the biases and perspectives we adopt” (p. 10). Further on the critical nature of CDA, Rogers (2004) says that the aim of scholars in CDA is on the development of “a critical theory of the social world, the relationship of language and discourse in the construction of the social world, and a methodology that allows them to describe, interpret and explain such relationships” (p. 2).

From what Rogers (2004) says, there is no one way to do CDA so researchers will determine the methodology that will better suit their analysis and show the relationship of language and the environment it originates from. This explains why there are so many scholars of CDA each with their own specific approach to analysis. However, no matter the approach, CDA is a systematic methodology that makes interpretation of data after establishing a particular pattern in different texts and does not just focus on one text. CDA does a systematic job of establishing patterns through the consideration of different texts and not just with an isolated case. It is when the same pattern is repeated that it can be foregrounded and significant (Cameron, 2001).

### **4.3 How to do Critical Discourse Analysis**

Paltridge (2012) recommends starting a CDA by examining the genre of discourse to see if it aligns with the genre's standard or has deviated. If it has, the analysis will want to probe the reason for it. He also says CDA may focus on the perspective from which a viewpoint is presented in discourse and why some issues are emphasized and others are left out or glossed over.

Paltridge (2012) gives an example of how to do CDA with the work of Huckin (1997) where he analyzes a newspaper report of demonstrators protesting nuclear testing. In the analysis which Paltridge (2012) quotes, Huckin (1997) examines how the framing of the text criminalized the protesters and extolled the police. This is achieved through the choice of words the newspaper employed; the protesters are described in negative terms such as "trespassers" (p.196). And their agitations are left out of the discussion, so in this way, the newspaper portrays them in a largely negative light. Also, the manner of reporting is that of certainty; events are

presented as truthful without any reason for doubt. This brooks no further deliberations on the topic under discussion, as it allows the reader to see the text from just a perspective. This perspective is to see the protesters as mere lawbreakers:

The report does not discuss the issue that motivated the protest. The protesters and how many were arrested is presented to the readers. The protesters are presented negatively, as trespassers, rather than as people with a concern for the environmental future of their country. A “police versus protesters” frame is foregrounded, and also presented, rather than the social, public health or environmental issues they are protesting about. There is much that is backgrounded, or omitted from the text. Information on nuclear testing planned for the site is left out, nor is anything mentioned of the health issues faced by people living near the site. (p. 196)

This study uses the methodology of the cognitive critical discourse analysis focus of Van Dijk. The cognitive CDA of Van Dijk opines that the meaning of a text, a discourse, goes beyond just its meaning but extends to the knowledge of society that produces it, the history of the topic of discussion, and the context of its production are equally important. Van Dijk “... makes the important point that what is actually communicated by a text may not be only/exactly what is explicitly said in that text” (Cameron, 2001, p. 128). Therefore, this research will critically examine data by unpacking the realities that might inform it. It will also investigate how they either reinforce or reproduce inequality or reject it. Van Dijk is primarily interested in the viewpoints of minorities (Van Dijk, 1993) so the data for the research include those that are purposely selected on how disabled people, the subject of this study, perceives their treatment during this time of COVID-19 pandemic.

## 4. 4 Sampling Techniques

The data for this research was collected using a purposive sampling technique. This is a type of non-probability data gathering that makes it possible for a researcher to decide who to use as research participants. According to Adler & Clark (2014), “In purposive sampling, the researcher selects sampling units based on his or her judgement of what units will facilitate an investigation” (p. 121). Therefore, a researcher will strive to look critically at people (in this instance, texts) who meet the criteria set by their research and use them as research participants. Patton (2002) describes purposive sampling as “selecting information-rich cases for study in depth” (p. 230). This way, it will be possible to get rich data from the research. Purposeful sampling thus involves looking for individuals that have the experience needed for particular research (Cresswell & Plano-Clark, 2011). However, since this research only involves gathering data from printed sources and analyzing them using critical discourse analysis, the sampling technique merely involves the selection of data that are rich in terms of the research question, purpose, and objective. To achieve this aim, the researcher used specific search items like COVID-19, invalidation or dehumanization of disabled people during COVID-19, disability, and COVID-19 and triage on Google Scholar and Google News.

## **CHAPTER 5**

### **DATA ANALYSIS**

#### **5.0 Introduction**

This chapter examines the data under consideration and looks at it based on the socio-cognitive critical discourse analysis of Van Dijk. Van Dijk views social cognition as “socially shared representations of societal arrangements, groups and relations, as well as mental operations such as interpretation, thinking and arguing, inferencing and learning” (Van Dijk, 1993, p. 257). In CDA, “discourses are historical and can therefore only be understood with reference to their context” (Wodak, 2009, p. 20).

#### **5.1 Data Analysis Process Explained**

Although there is not one unified method to approach CDA (Van Dijk, 1993), Mullet (2018) gives a general analytical framework for CDA, which she developed from the works of major figures on CDA. Mullet (2018) identifies seven stages in the analysis process. The stages will be itemized below and then explained.

1. Select the discourse
2. Locate and prepare data sources
3. Explore the background of each text
4. Code texts and identify overarching themes
5. Analyze the external relations in the texts (interdiscursivity)

6. Analyze the internal relations in the texts
7. Interpret the data

### **Stage 1: Select the Discourse**

This has to do with making the selection for the type of data to analyze. At this stage, a researcher will be interested in looking for data that focus on power imbalance or inequality in society. An example of this type of discourse is a text about racism.

### **Stage 2: Locate and Prepare Data Sources (Texts)**

This is the selection stage. A researcher will make choices among myriads of texts at their disposal for analysis based on some considerations, such as the focus of the study.

### **Stage 3: Explore the Background of the Texts**

This stage involves a consideration of the background of the data for analysis in terms of the features of the particular text type, the context of production, and the perceived objective of the texts.

### **Stage 4: Identify Overarching Themes**

Here, the first analysis of data is performed through coding methods. At this stage, different themes are identified. A good explanation of how the themes are arrived at together with relevant quotations from texts is part of the usual feature.

### **Stage 5: Analyze External Relations in the Texts (Interdiscursivity)**

One of the important considerations at this stage is the question: “How do the texts affect social practices and structures, and how do social practices in turn inform the arguments made in the texts?” (Mullet, 2018, p. 124).

### **Stage 6: Analyze the Internal Relations in the Texts**

This is concerned with identifying markers of power dynamics, writer’s or speaker’s

stance and the particular contexts that have produced the discourse in terms of events, place and actors in texts. Attention can also be paid to both the linguistic and non-linguistic elements in the texts.

### **Stage 7: Interpret the Data**

During this stage, the researcher interprets data based on all of the aforementioned points. At this stage, the researcher embarks on reflexivity through memos to see how personal biases might have influenced the interpretation.

Stage 7 involves interpreting the meanings of the major themes, external relations, and internal relations identified in Stages 4, 5, and 6. In this stage, the analyst revisits structural features and individual fragments, placing them into the broader context and themes established in the earlier stages.

Throughout the interpretation, the analyst records memos describing gaps, questions, and insights discovered during the analysis process, and reflections on personal perspectives that may have influenced the analysis. For the purpose of this analysis, not all the stages will be considered.

## **5.2 Data Analysis**

### **Stage 1: Dehumanization of Disabled People**

The research focuses on newspaper articles and scholarly articles on dehumanization or devaluation of disabled people during COVID-19. The analysis is based on how disabled people and their allies perceive the treatment of disabled people during the time of this pandemic. The following questions serve as a basis for the analysis.

**Research Question 1:** In what ways has COVID-19 shown that disabled people are still

devalued and dehumanized in society?

**Auxiliary Question:** What has been the impact of dehumanization on disabled people during the COVID-19 pandemic?

### **Stage 2: Method of Data Collection**

Stage 2 is on the method of data collection. Although in CDA “there is no typical way of collecting data” (Meyer, 2001, p. 23), the researcher gathered data through Google and Google News search. The search items included “Dehumanization of Disabled during COVID-19,” “Devaluation of Disabled People during the Pandemic,” and “Disability and COVID-19.” Twenty-one articles were chosen from the myriads of articles based on relevance to the subject under consideration. Topics in the retained articles include “People with Disabilities left Stranded during National Lockdown in Uganda,” “How COVID-19 has Impacted Nigerians with Disabilities,” “Disabled Canadians ignored in Policies on COVID-19,” and “Exhausted Parents of Disabled Children feel ‘Abandoned’ as COVID Shut Services.” At this stage, the researcher looked at key concepts that shed light on the thrust of the research, which is the dehumanization of disabled people. She also did a quick scan of the twenty-one articles she decided to use, to get the main focus therein. This is not about looking for themes; rather, it involves ascertaining if the articles are a good fit for the research by looking at both the title and the content.

There are twenty-one texts gathered for the research based on the researcher’s belief that they are a good fit for the study. The titles of many of the articles give a clear idea of their content. The titles include “Do our Lives Count for Less,” “COVID-19 Exposes Cracks in Canada’s Disability Aid,” “How Medical Discourse on who to Save during the Pandemic in the US Dehumanizes Disabled People,” “Disabled Ontarians are being Denied Access to Assisted Devices during the Pandemic,” “As Hospitals Fear Being Overwhelmed By COVID-19, Do The

Disabled Get The Same Access,” “Disabled Canadians feel Excluded from COVID-19 Messaging,” and “COVID-19 Highlights Existing Barriers for Canadians with Communication Disabilities.”

These articles are written by disabled and non-disabled people alike. However, in many of the articles written by non-disabled, there are quotations from disabled people or examples of dehumanization of disabled people. Some of the issues the articles focus on include: The policy in some states in the United States that deny severely disabled people ventilators or other life-saving procedures during the pandemic; the failure of the government all over the world to make COVID-19 prevention measures include the needs of disabled people; the lack of awareness of the need for transparent masks to cater to the needs of the deaf community, not categorizing provision of assistive devices as essential services; the lack of sign language interpreters during important COVID-19 briefings; and denying disabled people their support persons during hospital visits or emergencies.

In some of the texts, these issues are written in a very emotion-laden way that shows how strongly the writer feels about them or how well they want society to take needed action on the issue. For example, in ““Do our Lives Count for Less?": COVID-19 Exposes Cracks in Canada’s Disability Aid,” the writer includes a rhetorical question from a disabled man that drove home their point about the issue of big differences between the Canada Emergency Response Benefit (CERB), an unemployment benefit for workers who lost their jobs because of the pandemic in Canada, and the disability benefit. The question is, “If people who work need this money to survive on, what about people who can’t?” ’ [...]. “Don’t we deserve a standard of living?” (Bresge, 2020, para. 9). This type of question is likely to bring some emotional reaction from people and to help society question its view of disabled people to see if it has been fair in the

benefits disabled people receive from month to month.

## **5.3 Themes**

This section isolates major themes in the texts and the background to the discourse. Each of the texts was read many times to understand it well and identify patterns in it. At the initial stage of the reading process for the purpose of theme identification, everything that is relevant to themes identified is recorded in a personal note. Relevant themes to the guiding questions were found through coding. “Coding is the process of analyzing qualitative text data by taking them apart to see what they yield before putting the data back together in a meaningful way” (Creswell, 2015, p. 156). The researcher printed the selected texts and with the use of a pen, she underlined all the relevant sections of the text. Beside every underlined expression, a group of words that identify the thrust of the sections (codes) are written.

The researcher recorded the underlined sections of the text and the initial code given them in a notebook section and their labels were recorded in a codebook and assigned a category label. Later, the categories are further condensed by combining related categories. After that, categories that are not so relevant are removed and very few categories (themes) are adopted. After these processes, three themes were identified. These themes are listed below and explained.

### **5.3.1 Disabled People are Expendable**

One of the major themes that runs throughout the texts is the disposability of disabled people. The texts show that disabled people are seen as dispensable members of human society because of their underlying conditions. This theme is brought out forcefully in all the articles. For example, “It was very dehumanizing for the disabled community all throughout the COVID

pandemic to be constantly reminded that we had no value by people saying ‘don’t worry, it only kills people who are elderly or with underlying issues’” (Keller, 2020, para. 2). Also, doctors in some hospitals were reluctant to give the full care a disabled person needed because of the way they perceived disabled people’s quality of life and maybe humanity too. A United Kingdom Disabled People’s Organization was quoted to have said in “Governments ‘Overwhelmingly Failed’ to Protect Disability Rights during Pandemic,” another analyzed text, that: “A eugenics programme has been undertaken covertly... Do Not Resuscitate Notices (DNRs) were placed on people with no consultation, especially older persons and persons with learning disabilities” (Pring, 2020, para. 20).

Some of the articles explain the reason behind decisions that seem to devalue the lives of disabled people as one steeped in the belief that disabled people’s lives are not valued and as such not worth saving. For example, the article that reported the way Sarah McSweeney, a profoundly disabled woman who was said to have been discriminated against, mentioned some of the words of the doctor in charge of her case during a conversation he had with some of her caregivers. The doctor wanted a Do Not Resuscitate order (DNR) and a denial of a ventilator for her based on her supposed quality of life: “He said intubating her was a matter of risk versus quality of life” (Shapiro, 2020A, para. 30). When he was quizzed further on this, the doctor betrayed his total lack of understanding of disability and disabled people when he asked, ““Oh, she can walk? And talk?”” (Shapiro, 2020A, para. 30). By this question, the doctor seems to imply that disability equals a low quality of life and a life not worth saving. This view has been at the root of the discrimination and dehumanization of disabled people (Bolt, 2015). This view has been decried again and again by disabled people and their allies as nothing but a myth (Withers, 2012).

The low quality of life associated with disability is a result of the view that disability is inadequacy and a negative way of existence. Kuusisto says that the societal view of disabled people based on the medical model, sees them as people who ““are merely patients waiting in line for their proper cure”” (as cited in Savarese, 2009, p. 199). This may then imply that society may essentialize disabled people and see them only through the lens of their disability. And until they are cured, their life has no worth.

However, it is instructive for society to recognize that ““no one needs to be cured to achieve a life of dignity and purpose”” (Kuusisto, 2008, as cited in Savarese, 2009, p. 199). A cure comes into the picture because society has equated disability to an ailment (Krahn et al., 2009). However, Wendell (2001) argues that although some disabilities may lead to ill-health, disability and sickness are not synonymous. This is why disability studies scholars see disability as societal, the “disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities” (Oliver, 1996, p. 22), and impairment as merely “a description of the physical body” (Oliver, 1996, p. 35).

Even if some disability involves pain, this should not invalidate a person’s worthiness. Wendell (2001) is philosophical about suffering when she says, “although most of us want to avoid suffering if possible, suffering is part of some valuable ways of being” (p. 31). Therefore, no one has the right to determine if another person’s life is worth living or not.

In general, disabled people have affirmed that their life is as worthy as that of non-disabled people (Tarasoff, 2019); no one should question that by projecting their perception of disability on disabled people (Edwards, 2013). Instead of doing that, society needs to let disabled people themselves determine if their lives are worthwhile and respect their views. Hosking

(2008) writes, “It is only by listening to and valuing the perspectives of those who are living disabled lives that the able-bodied can begin to understand that even severe disability does not have to prevent a joyful and desired life” (p. 13).

The extent to which society devalues the lives of disabled people is clearly seen in the irony of physician-assisted suicide versus interventions to prevent suicide. The people society deems worthy of life, who may have suicidal thoughts, are helped to develop a desire to live; there are “suicide prevention strategies and teams to help those who are suicidal to survive” (Davis, 2004, para. 3). Davis (2004) describes these type of people society wants to prevent from taking their own lives as “wrong to want to die” (para. 3). However, the legislation provides for physician-assisted suicide for people considered chronically disabled or terminally ill. This is because society considers them as “right to want to die” (Davis, 2004, para. 3). This is based on “the notion that a disabled person’s life is inferior to, and less precious than, an able-bodied person’s life” (Miller, 1993, p. 47).

### **5.3.2 Disabled People as Second Class Citizens**

The analyzed texts also show that disabled people are an afterthought in COVID-19 decisions and plans. For example, “Covid-19 Disability Rights Monitor,” a global report of a survey carried out in many parts of the world, reports that there is a general lack of support for disabled people during the pandemic. One instance is the scarcity of personal protective equipment (PPE) in institutions for disabled people and older adults. Also, the text reports that a disabled participant made this observation: “Children or people with disabilities, in general, are not mentioned in the daily press conferences. There is no separate support. On the contrary, it looks like we don’t exist” (COVID-19 Disability Rights Monitor (DRM) Coordinating Group, 2020, para. 5).

There is also the issue of a lack of accessibility for disabled people during this pandemic, which seems to suggest that disabled people are not planned for adequately or sometimes not at all. For example, another text, “COVID-19 Vaccine Prioritization for People with Disabilities,” reports that, “According to a non-profit web accessibility organization, nearly all of the webpages, which included general vaccine and registration information, failed to comply with accessibility measures” (Epstein et al., 2021, p. 4). This idea of lower status is also highlighted in the way there is no research on transparent masks so that the deaf who rely on lip reading may be able to communicate more easily. Two doctors in the United Kingdom narrate their ordeal in one of the texts, “Covid-19: The Communication Needs of D/deaf Healthcare Workers and Patients are being Forgotten,” on how difficult it is for them to understand what is being said during meetings with colleagues and ward rounds: “There are no transparent masks available for use in healthcare settings in the UK. On a practical level, this means participating in discussions on ward rounds is all but impossible” (para. 2, 3).

At the beginning of the pandemic, despite the restrictions put in place because of lockdowns, some services were considered essential in Canada and in the different provinces. However, some of the articles for the research claim that assistive devices and support persons that are at par with body parts for non-disabled were not deemed essential services. For this reason, The Canadian Press Staff (2020) reports that, “Pandemic-protection policies at the facility barred support workers who usually assisted her [a disabled woman] in communicating from entering the premises” (para 8). On a similar note, another article that was analyzed entitled, “Disabled Ontarians are being Denied Access to Assisted Devices during the Pandemic,” mentions the experience of Michael Wilson, a Kitchener man who was forced to crawl around his house when his wheelchair broke down and “was homebound for weeks, when

his power wheelchair broke down” (Harden & Jama, 2020, para. 6) because the Ministry of Health did not include the body responsible for assistive devices for Ontarians, Ontario’s Assistive Devices Program (ADP), on the list of essential services.

This view is in direct conflict with that of disabled people and their allies who see assistive devices as body parts, extensions of the body (Toombs, 1995). If society adopts this view, then there will not be a situation that makes provision for assistive devices and their repairs nonessential. At least even in the heat of the pandemic when everyone was panicky and unsure of what to do, stores were still open and transport services were not canceled. Some life-saving medical procedures were undertaken too.

The gravity of the inability of policy makers during the pandemic to prioritize the assistive technology disabled people make use of is highlighted by the first statements of Harden, & Jama (2020). They ask a question and provides an answer, and then a comment after the answer: “Want to spike your heart rate? Lose your cellphone. All of a sudden, life seems impossible” (para. 1). This scenario is to let everyone think of how incomplete they will be without technology they make use of regularly. For some people, a cell phone determines if they will be able to connect with people or they will lose touch completely. For others like me, the cell phone serves as a timepiece and daily scheduler. Many people will definitely be lost without their cell phone. This situation that Harden paints brings up a concept some scholars have been looking into, that there is a close connection between humans and the technology they make use of are. This has led to the adoption of the term ‘cyborgs.’ Slack & Wise (2014) say: “A cyborg (short for cybernetic organism) is an entity part human and part machine” (p. 211). They continue to elaborate on how humans are cyborgs by saying, “Many people have artificial hips, some have artificial hearts or heart valves” (p. 210–211). They further extend the scope of the

cyborgs to include humans in general when they say, “Even more fundamentally, we wear shoes and clothes” (p. 211).

It would be inconceivable for people to view clothing and shoes in the same way as a wheelchair or a cane. But there is in actuality no difference, because they are all tools humans make use of, though the importance may vary. The main difference between, say, shoes and a ventilator, is that some devices have become so well attuned to the human body that no one sees them as technology anymore. This type of technology is what Heidegger, a philosopher, who proposes the meaning of humans, names ‘transparent equipment’ (Slack & Wise, 2014, p. 210) because they are “tools, which humans use with such skills we no longer notice” (Slack & Wise, 2014, p. 210). But if we pause a little and think of the possibility of shoes or clothing becoming nonessential, we may begin to understand how disabled people must have felt when the provision of their assistive technology became unimportant.

Another way the texts showcase the inferior position accorded disabled people during the pandemic is in the area of inequality in disability aids made evident through the Canada Emergency Response Benefit (CERB). Disability benefits vary from province to province in Canada. “The Assured Income for the Severely Handicapped (AISH) in Alberta pays a maximum monthly \$1,685 in 2020 – or \$20,220 a year – for a single person” (Torjman, 2020, p. 8). Some provinces pay a little bit higher than that and some pay lower. However, when COVID-19 struck and many Canadians lost their jobs, the government made provisions for a monthly CERB of \$2,000 so that all eligible people that lost their jobs because of the pandemic could get this benefit. Canadians with disability view this as an injustice because they feel that if the government is of the opinion that Canadians need up to \$2,000 to survive monthly, why should their benefits be lower even with the added expenses that they might incur as a result of their

disability during the pandemic, such as paying for home delivery of grocery and personal protective equipment?

A disabled person who took part in a survey by Bresge (2020) that was reported in one of the texts with the title, “Do our Lives Count for Less?’: COVID-19 Exposes Cracks in Canada’s Disability Aid,” expresses the view that the disparity between CERB and disability benefits in the provinces betrayed a negative view of disabled people. The person says,

The federal government decided that \$2,000 was the amount per month that folks across the country needed to live during this pandemic, so why are we still being forced to live well below that, while often having significant expenses? Do our lives count for less? (Bresge, 2020, 33)

The very easy way CERB was made available compared to the complexity of disability benefits is another point that is used to emphasize the devaluation of disabled people. However, sometime after the launch of CERB, the government of Canada put in place the provision of a one-time payment of \$600 nontaxable income for disabled Canadians.

### **5.3.3 A Disregard for the Welfare of Disabled People**

Furthermore, some of the texts for data analysis mention a lack of concern for the welfare of disabled people in the way society insinuates that they are the only ones the pandemic will adversely affect (McQuigge, 2020). At the beginning of the pandemic, there was a lot of fear and uncertainties as a result of what it could do and because of a lack of clarity about it. However, many disabled people, especially those in institutions, were adversely affected. This led to the assumption and the rhetoric that the pandemic was only very bad for people with disabilities (Keller, 2020). For example, Keller, (2020) quotes comedian, author, and disability advocate Maysoon Zayid as saying: ‘It was very dehumanizing for the disabled community all throughout

the COVID pandemic to be constantly reminded that we had no value by people saying ‘don't worry, it only kills people who are elderly or with underlying issues’ (para. 2). To Zayid, that expression that the pandemic ‘only kills people who are elderly or with underlying issues’ (para. 2), is an indication that society does not value disabled people. But later, many non-disabled people suffered adverse reactions from the pandemic and this led to a change in outlook. This rhetoric of the direct relationship between disability and the pandemic makes disabled people feel dehumanized.

Likewise, disabled people in many places feel strongly that they are not valued enough because much of the health information during the pandemic is not made accessible to them. For example, at the beginning of the pandemic, the Government of Canada held daily briefings on public health measures to reduce the spread of the pandemic virus. Disabled people felt they were marginalized during these important updates because of a lack of sign language interpreters and simple language for intellectually disabled people (McQuigge, 2020). It is truly a serious matter if disabled people have no access to information that can protect them during a pandemic because that puts them in a vulnerable position and it can be life-threatening in some situations (Kent & Ellis, 2015). At least it is a fact that many lives have been saved during disasters because of adequate and timely information.

Another important aspect of the perceived lack of value placed on disabled people's lives is the way governments in many parts of the world have not adequately protected them, and many times their rights were violated. COVID-19 Disability Rights Monitor, a report of a survey carried out almost globally testifies to this. For example, a family member of a disabled person in the United States says, “No personal protective equipment for homecare workers, little controls or protocols at retirement or group homes” (COVID-19 Disability Rights Monitor

Coordinating Group, 2020, para. 86). A disabled person in Canada mentions that physical therapies for disabled people were discontinued during the pandemic; a situation she predicts will lead to “greatly increased pain and loss of function” (COVID-19 Disability Rights Monitor Coordinating Group, 2020, para. 12). Besides, another disabled person in Canada comments that “[In institutions for older persons with disabilities] there is not enough PPE, people are not properly isolated, and staff is getting sick” (COVID-19 Disability Rights Monitor Coordinating Group, 2020, para. 13).

Furthermore, disabled people were not given any consideration within the legislation for health optimization during the pandemic and the resultant lockdown. For this reason, some disabled people found it difficult to get groceries when all forms of transportation were banned in Uganda. In this same country, police shot and injured a deaf man in the leg for breaking the curfew rules and not answering their queries. The man was outside at that time because he did not know about the restrictions in place (Oduiti, 2020). The police obviously did not include disabled people to be among the citizens they were to protect in their job, otherwise they might have wanted to ascertain if the man could hear them or not.

The above analysis<sup>0</sup> has answered one of the research questions: In what ways has COVID-19 shown that disabled people are still devalued and dehumanized in society? The analysis has shown that disabled people are dehumanized through the view that their lives are expendable and also through the insinuations that they are lower class citizens. However, the second research question, though already hinted at, has not been fully explored.

The second research question is: What has been the impact of dehumanization on disabled people during the COVID-19 pandemic? The texts for analysis quotes disabled people. From the quotations, we can deduce that they not only experience an overwhelming feeling of

neglect and sadness over the development, but they are also terrified. A disabled person quoted in one of the analyzed texts, “COVID-19 Highlights Existing Barriers for Canadians with Communication Disabilities,” comments on her fright over the refusal of hospitals in Canada at the start of the pandemic to allow support persons accompany disabled people to hospital appointments: “It terrifies me – on an advocacy level, but also on a personal level” (The Canadian Press Staff, 2020, para. 5). Another disabled man asks a rhetorical question that betrays his feeling of abandonment by the system in another article with the title, ““Do our Lives Count for Less?”: COVID-19 Exposes Cracks in Canada’s Disability Aid.” She asks, “Don’t we deserve a standard of living?” (Bresge, 2020, para. 9), in response to the huge difference in the benefits disabled people receive in Canada and what the people who became unemployed as a result of COVID-19 get. The disappointment of two deaf/hard of hearing medical doctors who write an article on the need for transparent masks is palpable in their discourse. They say,

The lack of support has been one of the hardest challenges we have faced at work during the pandemic. It leaves us and our D/deaf patients feeling isolated and ignored. Reading articles and tweets about the importance of masks, with no consideration of the impact on the D/deaf, leads us to conclude that policy makers and academics have forgotten about the importance of equality impact assessments in this area. (Grote & Izagaren, 2020, para. 13)

## **5.4 Language and Critical Discourse Analysis**

How language is used in terms of the choice of words and the viewpoint of a writer are an important aspect of critical discourse analysis. Grue (2015) underscores the importance of language when he mentions “the role language plays in the social construction of disability” (p.

X). This means that the choice of language use determines the way people see and understand disability. He further points to the importance of language in critical discourse analysis when he says,

The unifying feature in the CDA approach is the view of language as an influential factor not only in shaping perceptions of the world, but framing the world so that it appears naturally amenable to certain courses of action and forms of organization. (Grue, 2015, p.123)

From the above quotation, language is influential in shaping the societal perception of realities; it will determine how society will naturally gravitate towards certain situation and actions. In the context of disability, this means that the way disability is constructed through language will shape how well society will accept disability as an authentic way of being-in-the-world and how easily it will be comfortable with less than ideal treatment of disabled people. It will equally affect whether society will question dehumanizing actions and attitudes towards disabled people or see them as normal.

This study focuses largely on media articles. To their credit, the majority of the media articles analyzed in the course of this thesis are in support of disabled people or criticize what they see as inhumane acts towards them, and hence, use positive language when referring to disabled people. A few of the articles, however, are about the unfavorable views of some people towards disabled people. This is shown in the presentation of direct words of these people. The writers of the texts for analysis believe the people quoted have a distorted and negative view of disabled people. Thus, they usually criticize their expressions. All the texts used for this study will be examined in relation to language and disabled people to examine the perception of and attitude towards disabled people.

When analyzing discourses, it is good to look at not only the social import of language through a focus on the context; it is equally instructive to engage in textual analysis (Fairclough, 2003). This is because “no real understanding of the social effects of discourse is possible without looking closely at what happens when people talk or write” (Fairclough, 2003, p. 3). To do this, the approach of Fairclough (2003) will be used. There are some tools Fairclough (2003) makes use of that will be employed.

One of such tools is assumption. People make meaning of discourses through some shared knowledge, and assumptions based on this knowledge. This is because the meaning of a text is not only in what is explicitly stated but also in what is implied. Fairclough also speaks about “[r]epresentational point of view in terms of which elements of events are included in the representation of those events and which are excluded, and which of the elements that are included are given the greatest prominence or salience” (Fairclough, 2003, p. 136). The aforementioned tools, assumption and representational point of view will be employed in analyzing the language use of the texts. For the analysis, some excerpts of the texts will be focused on.

#### **5.4.1 Text 1 - Oregon Hospitals Didn't have Shortages. So why were Disabled People Denied Care?**

##### **Excerpt 1**

“At the start of the coronavirus pandemic, a small group of disability rights advocates found itself in a race against time to save the life of a woman with an intellectual disability.” (Shapiro, 2020B, para. 1)

Using Fairclough's framework, the social actors here are disability rights advocates. The expression ‘disability rights advocates’ suggests a group of people fighting for the rights of

disabled people. This presupposes that the rights of disabled people have been trampled upon. For this reason, some well-meaning people decided to make this issue their concern, maybe because the voice of disabled people has been silenced or ignored. The social actors here are foregrounded by being placed in the subject position. This is an indication of the importance they are given in the text. The reader will understand why the advocates are placed in the subject position when they see the metaphorical action they are involved in ‘a race against time.’ ‘Race’ suggests urgency. But its combination with time heightens the sense of urgency, because time is unstoppable. When the reader looks further, they can see the reason for this ‘race against time,’ an effort to save a life, a precious commodity. This life is modified by the expression, ‘of a woman with an intellectual disability.’ This modifier is telling, because without it, the sentence is meaningful. But its inclusion foregrounds the identity of the owner of that life, ‘a woman with an intellectual disability.’ This shows that the disability rights advocates do not believe that disabled people’s lives are of lesser worth than those of others.

Shapiro, (2020B) must have thought that this attitude of disability rights advocates is not the norm, hence the specific mention of the disabled identity of the recipient of the scampering act. The reader may be aware of the fact that society does not see the life of an intellectually disabled woman valuable enough to save, let alone make a great effort to do so. In that case, the effort to save the life of the woman must have made a big and lasting impression on them not to take the life of a disabled person for granted. This excerpt is an indication that disabled people’s lives should be cherished and seen as valuable.

## **Excerpt 2**

The woman was taken to the hospital with COVID-19. But the hospital, in a small Oregon town, denied the ventilator she needed. Instead, a doctor, citing her “low quality

of life,” wanted her to sign a legal form to allow the hospital to deny her care. (Shapiro, 2020B, para. 2)

Fairclough (2003) mentions that participants in a discourse, social actors, can be seen as a part of a group or as individuals. In the excerpt above, the social actor is viewed as an individual. Reference is made to a particular woman and not to all disabled people. This may be an indication that every disabled person is a unique individual even though they can be viewed as a collective.

Another participant is the hospital the woman was taken to. This hospital is not named, but deliberately excluded. The use of ‘deliberately’ with exclusion just mentioned is because of the assertion of Fairclough (2003) that exclusions have motivations. This exclusion is important as it may be an indication that the writer might be unwilling to make the hospital the focus of the discussion as it is not the hospital that is important but its action and the recipient of the action. This way, the attention of the reader will not be divided and they lose sight of the important point.

The excerpt focuses on the hospital as the main actor in the decision on what happens to the woman and not individual doctors. This leads to a collective responsibility or collective blame. This may be because the writer wants to argue that whatever decision that doctors at the hospital made was not a personal one but reflects the values of the hospital. In essence, the writer wants the reader to see clearly that what the woman experienced was not just a result of the opinion of one or few medical practitioners but a systemic issue.

The article mentions the ‘low quality of life’ of the disabled woman as the reason for the push to deny her a ventilator. The way the reason was given made it appear as if the woman was to blame for that denial. However, on a closer look, one can see that the quality of life is the view

of some people, their perception of disabled people. Fairclough (2003) discusses the case of assumed meanings which are ideological and seen as fact. The doctor who pronounced the verdict of the low quality life only made an assumption, but made it appear as a medical fact. This type of assumption is steeped in power relations as it is to help hegemonic power of nondisabled people, who try to relegate disabled people to the background and diminish their worth as humans. Thus, the reference to the quality of life of the woman is an indication that society has put a stamp of inferiority or even disposability on the lives of disabled people.

### **Excerpt 3**

In the hospital, a medical provider wrote do-not-resuscitate (DNR) and do-not-intubate orders for the woman. (Shapiro, 2020B, para. 9)

The social actors in this excerpt are the medical provider and the disabled woman. The woman is the recipient of the action of the medical provider so she has no agency. That way, the medical provider could decide what should happen to her life. This action of the medical provider happens again and again in connection with disabled people as society usually sees them as people who should be dictated to by excluding them “them from participation in the mainstream of social activities” (Oliver, 1996, p. 22).

## **5.4.2 Text 2 - Those Dying From Coronavirus ‘Were on Their Last Legs Anyway**

### **Excerpt 1**

Disgraced former Fox News star Bill O’Reilly shrugged off the growing death toll from the coronavirus pandemic on Wednesday, callously claiming that projected deaths from the virus will be low because those who are currently dying “were on their last legs anyway. (Baragona, 2020, para. 1)

The first thing that jumps out at the reader in this excerpt is the words used to describe the person spoken of in the article, Bill O’ Reilly. He is called disgraced and callous. These two words are an indication of how the writer perceives him as someone who has no good reputation and is unkind. The descriptions are followed by his view of disabled people that is evident from his words. He sees disabled people as those not fully alive. He uses the expression, ‘were on their last legs anyway,’ to describe the majority of those dying from the pandemic. It is common knowledge that at the beginning of the pandemic, disabled people, both young and elderly, disproportionately died from the virus compared to the rest of the populace. In essence, Bill O’Reilly felt disabled people were not humans in the full sense because they were almost dead before the COVID-19 pandemic. All the virus did was quicken the process of death and as such no need for alarm over that.

### **Excerpt 2**

Those individuals will have an underlying condition, but that underlying condition did not cause their acute death when it’s related to a Covid infection,” she said Wednesday.

“In fact, it’s the opposite. ((Baragona, 2020, para. 14)

This statement was made by Dr. Deborah Birx, a member of the White House coronavirus task force to counter the earlier claim of O’Reilly. From what she says, it is obvious she rejects the claims of people like O’Reilly who feel that disabled people have no worth, their death is totally insignificant, and disability makes COVID-19 related death inevitable. She employs the common expression used during this pandemic in relation to disabled people, ‘underlying condition.’ This proves unequivocally that she is referring to disabled people. But her opinion stood in sharp contrast to that of O’Reilly as she believes COVID-19 did not signal a death sentence for disabled people. Thus, she argues indirectly that the death of disabled people

as a result of the pandemic should not be treated with levity. Instead, their death should by all means be prevented and seen as shocking like everyone else's because there is no correlation between disability and COVID-19.

### **5.4.3 Text 3 - Canadians with Disabilities, Chronic Health Conditions Hit Hard by COVID-19: U of T Study**

#### **Excerpt 1:**

But three months into the pandemic last year - before the federal government [announced financial support for one of the groups hardest hit by the public health crisis](#) -

- the assistant professor of sociology worried that people with disabilities and chronic health conditions were being left out of the picture – and paying an even bigger price for it than others. (U of T News. 2021, para. 2)

The social actors in the excerpt are the Government of Canada, an assistant professor of sociology at the University of Toronto, and disabled people. Disabled people in the excerpt are in a passive position, hence the need that someone else will have to worry on their behalf. The federal government and the professor both occupy a subject position showing that they are agentive in the particular context of the excerpt and the whole article in general. While the government appears not to be so bothered about the plight of disabled people (it took an undisclosed fairly long time before the government decided to take action to reduce the negative impact of the pandemic in the lives of disabled people), the professor had been so involved that within three months into the pandemic, he was able to research the negative effects of the pandemic and see that a particular group of people, disabled people, were more unfavorably impacted than others.

This paragraph, therefore, seems to suggest that the government may not be as responsive to the needs of disabled people as it should. This view is especially important because the article is not about the approach of the Government of Canada during the pandemic on disabled people. Mentioning it is just a digression. That the writer of the article decides to digress in this way is significant. Juxtaposing it with the attitude of the assistant professor, who likely was concerned about the plight of disabled people right from the beginning of the pandemic, appears to be a way to smartly criticize the Government of Canada in what the author might have termed insensitivity on its part.

The reference provided through the link speaks volumes as it not only gives information about the one-time payment of the Government of Canada for disabled people but it also shows the displeasure of the writer of that article about the money that they believe is too little and too late. There are other articles on this same subject of one-time disability payment. The federal government has an official announcement on its website on this and other news articles carry it (Trudeau, 2020, Boynton, 2020). But the writer of the text under analysis made the choice to make reference to the article that criticizes the federal government about its financial support for disabled people during the pandemic. Everything taken together leads to the conclusion that the person writing believes that the government has failed disabled people. Despite this gloom, they believe there are still people who are willing to advocate for disabled people, such as the assistant professor at the University of Toronto. This is an indication that some people believe disabled people are humans like every other person and should be treated as such.

## **Excerpt 2**

In an opinion piece published in the Toronto Star in March, he called on the Canadian government to do more ‘to ensure that government policy responses to the pandemic are inclusive of the voices of individuals most negatively impacted by this health crisis.’

(U of T News. 2021, para. 14)

The social actors in this excerpt are the Government of Canada, disabled people and the assistant professor who conducts research on the impact of COVID-19 on disabled people. This excerpt seems to suggest that the government has not adequately responded to the needs of disabled people referred to here as ‘individuals most negatively impacted by this health crisis’ because it is as if their opinion is not sought on any policy or plan the government has for them. U of T News (2021) makes some assumptions that the reader should be aware that the Federal Government policy responses to the pandemic are not inclusive of the voices of disabled people. A look into the social context of the pandemic or the social context in general may shed much needed light on what the writer leaves unsaid, that is the ways the Government of Canada has left disabled people behind. Still, what it says that the government policy should carry along disabled people is enough to reach the conclusion that the Government of Canada has left disabled people behind and so needs to do more for them. Since the beginning of the pandemic, there have been studies on this assertion. Some of the texts used for analysis in this study are unequivocal in believing that the government in many countries have failed disabled people. And contrary to what appears to be the usual, the article for this excerpt sees disabled people as valuable enough to merit scholarly research.

That the plight of disabled people is the focus of research of an assistant professor suggests that some people care about what happens to disabled people even if it appears that policy makers may not at some point. However, the idea of research presupposes inquiry.

Making inquiries into different aspects of life during the pandemic might have been the reason this inadequacy became known. People in academia are always known to conduct research on issues of public relevance. And nothing could have been more relevant during the height of the pandemic than its impact on life. The writer of this article thus puts a stamp of authenticity on what he says by appealing to authority, that is, the assistant professor, and showing categorically that the submissions of the assistant professor was not just a whim or a personal opinion but one based on scholarship. Thus, everyone involved, especially those indicted, have a reason to ponder seriously what has been discovered, and make amends.

#### **5.4.4 Text 4 - Disabled Canadians ignored in policies on COVID-19**

##### **Excerpt 1**

Despite their status of being at an increased risk of contracting COVID-19, people with disabilities have largely been left out of the conversation around supporting Canadians throughout this global pandemic. (Abel & Lai, 2020, para. 1)

This first paragraph sets the stage for the entire article by showing what it is about, the lack of support the writer of the article believes disabled people in Canada has experienced during the pandemic. From the tone of the discourse, it is evident that the writers feel the neglect of disabled people is more of a choice than a coincidence. This is because they juxtapose the support given to Canadians, clearly non-disabled, with the lack of support for disabled people. Thus, it can be concluded that the writers feel disabled people are not viewed the same way the rest of the population is and as such, they do not need the same kind of attention others need. This omission is made more reprehensible because of the increased risk of contracting the virus that causes the pandemic.

##### **Excerpt 2**

Perhaps we can start by talking about the short-sightedness of the federal government's original plan for a one-time payment of up to \$600 for people with disabilities. Due to outdated eligibility criteria based on the disability tax credit, this initiative only included about [40 percent](#) of Canadians with disabilities, missing many on the autism spectrum. It is unfortunate that the updated measure still relies on the same old eligibility criteria. (Abel & Lai, 2020, para. 2)

This excerpt reveals the attitude of the writer towards the subject under discussion; they are apparently passionate about the subject and maybe personalized it too. The choice of words makes this evident. For example, they use some uncomplimentary words such as 'short-sightedness,' 'outdated,' and 'unfortunate' when referring to some actions of the federal government. Without these opinion-laden words, the same information can still be passed across but the result will be different. By employing those words, the writers have not given the reader an option to hold a differing opinion. Instead, they want them to see the issue from just one perspective; that the Government of Canada has not done what is expected of it regarding disabled people during the pandemic, that disabled people were neglected.

This lack of adequate support is further built on with the mention of the eligibility criteria for the collection of the one-time payment. The criteria is termed 'outdated,' further reinforcing the claim that the plan was not adequately thought out. As such, the thought of updating existing criteria or creating a more relevant one never came up. As a result of this seeming lack of concern, a gaping 60% of disabled people are likely to be excluded from that benefit. The excerpt also emphasizes that disability is multifaceted and to be truly inclusive of disabled people, a mere inclusion of some groups will not suffice. For this reason, the writers are specific about a segment of disabled population they are focusing on, the autistic. This specificity may

remind the reader of the universal symbol of disability, an image of a wheelchair. The image appears to betray an absence of holistic knowledge of disability as it seems to suggest disability must be visible. It, therefore, seems logical that some forms of disability, mainly invisible will not receive adequate attention or they may be disregarded outright. Lest the needs of the autistic be overlooked, the writers decided to sound the alarm that the autistic should be remembered.

To prevent doubt in the minds of the reader, Abel & Lai (2020) make a reference to a scholarly article written in 2018 by two professors at the University of Calgary on how only “40 percent” (para. 2) disabled Canadians could benefit from Disability Tax Credit because of a cumbersome and exclusionary eligibility criteria, by providing a link to it in the excerpt. This use of a credible source will likely make the readers emotions whipped towards the direction Abel & Lai (2020) aim.

### **Excerpt 3**

These issues and the lack of inclusion of disabled voices in the discussions taking place across the country speak once again to the need for an increased disability lens on government decisions. At Canadian Autism Spectrum Disorders Alliance (CASDA), we work to amplify the needs of the 500,000 autistic Canadians across the country. A number of people with autism, a developmental disability, also have intellectual disabilities and represent a significant portion of the disabled community in Canada. (Abel & Lai, 2020, para. 11)

The social actors in this excerpt are the Canadian Autism Spectrum Disorders Alliance (CASDA), the Government of Canada and disabled people. The excerpt contrasts the perceived lack of concern of the government towards disabled people and the apparent concern of CASDA. Although the excerpt criticizes the government directly, its praise for CASDA is subtle. It is only

a discerning reader who will see the deliberate contrast and the implication. Whereas a government that is responsible for its citizens fail some sections of it, CASDA takes it upon itself to make the government aware and attentive to the needs of these citizens. It also gives reasons why it has the moral obligation for the action it is taking. One of the reasons is the knowledge it has of the numbers of autistic people in Canada. CASDA further reinforces its credentials to show its eligibility for the role it has taken upon itself with the expression that autistic people are ‘a significant portion of the disabled community in Canada’ showing that the organization has knowledge of that population.

The use of the pronoun ‘we’ shows inclusion. This seems to indicate that Abel & Lai (2020) are representatives of CASDA, and committed to ‘work to amplify the needs of the 500,000 autistic Canadians across the country.’ With this new information, the reader may now understand why the article appears so personal and passionate about the plight of the specific disabled people it is about.

#### **Excerpt 4**

We are encouraged that the federal government has committed to a National Housing Strategy, with people with IDD [intellectual and developmental disabilities] being a priority population to benefit from investments. Housing is a key priority for CASDA’s work to support autistic Canadians and their families. Part of Canada’s COVID-19 recovery should include additional resources to reinforce deinstitutionalization for people with IDD and invest in strengthening community-based housing and supports, moving away from the group home model. (Abel & Lai, 2020, para. 12)

This excerpt may be an indication that the government has not been involved enough in the affairs of autistic people to know their needs. But as a result of the effort of organizations like

CASDA, the attention of the government was drawn to them. The government as a result, is committed to satisfying a specific need of the autistic that is so important to CASDA, housing. As a result of the pandemic, CASDA has seen the need to press more for deinstitutionalization for autistic people: “Part of Canada’s COVID-19 recovery should include additional resources to reinforce deinstitutionalization for people with IDD and invest in strengthening community-based housing and supports, moving away from the group home model” (para. 12). This excerpt shows too that the text does not believe all hope is lost. Rather, it espouses advocacy, education, and lobbying as important ingredients of equitable society.

#### **5.4.5 Text 5 - RE: Complaint of Alabama Disabilities Advocacy Program and the Arc of the United States**

##### **Excerpt 1**

This complaint concerns the ventilator rationing scheme being put in place in Alabama, which discriminates against people with intellectual and cognitive disabilities in violation of federal disability rights laws, including the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act (Section 504), and Section 1557 of the Affordable Care Act (ACA). Alabama’s rationing scheme places the lives of disabled people at serious risk. It is critical that the Office for Civil Rights (OCR) take immediate action to address this discrimination and assist covered entities in developing non-discriminatory approaches before there are lethal consequences from the application of these illegal policies. (Alabama Disabilities Advocacy Program. 2020, para. 1)

This excerpt starts off a letter of complaint written by Alabama Disabilities Advocacy Program and the Arc of the United States. This first paragraph names the other social actors in the letter/article. They are the State of Alabama, Office for Civil Rights (OCR), and intellectually

and cognitively disabled people. The excerpt appeals to authority in its entreaty to OCR by invoking some policies put in place in the United States to safeguard the rights of disabled people.

The tone of the excerpt is that of urgency. This is achieved through some adjectives and nouns that command quick actions, such as ‘serious,’ ‘critical,’ ‘immediate,’ ‘lethal,’ and ‘risk.’ They suggest that if no action is taken immediately against the discrimination that is noticed, the effects may be deadly. By first bringing up known legislation, it is easy for the writers to be able to come to the conclusion that the policy of the State of Alabama that has necessitated the letter is illegal. So there is a progression in this excerpt of the letter, which appeals not only to emotion but to logic. This is in line with the three means of rhetorical argument which aims at persuasion. This is referred to as the rhetorical triangle, consisting of “ethos”, “logos”, and “pathos” (Higgins & Walker., 2019, p. 195).

Ethos refers to the credibility of a speaker but it also relates to ethics as it “outlines the expected behaviour, the right or desirable thing to do” (Van der Merwe, 2020, p. 7). For this analysis, it is the use of ethos as ethics that will be adopted. In the excerpt, the use of ‘discrimination’ and ‘illegal’ illustrates ethos. It is ethical that everyone is treated equally. It is likewise ethical that the legal framework is followed. When this is broken as the article claims, there is a need for instant action to restore proper behavior and root out anything that threatens to stamp it out.

Logos is about logic (Higgins & Walker, 2019). It is logical to assume that any policy that is against the law of a land is illegal. It is logical too to believe that when people feel discriminated against, they seek redress according to laid down legislations. Hence, it is rational

that this matter of disability discrimination and dehumanization be brought to the right body; OCR, for proper action and the whole weight of the law should be brought to bear on it.

Pathos is an appeal to emotion (Higgins & Walker, 2019). This excerpt appeals to the emotion of fear, indignation, and shock through expressions such as: “discriminates” “Alabama’s rationing scheme places the lives of disabled people at serious risk” and “lethal consequences.” (Alabama Disabilities Advocacy Program. 2020, para. 1). It likewise provokes a sense of imminent doom, which leads to a heightened sense of a timely intervention. This may make it mandatory for OCR to bring all the arsenals of the law at its disposal to make null and void any state legislation that seems to disregard the national legislation and jeopardize the lives of some citizens.

The usage of the rhetorical triangle is not surprising when the reader realizes that one of the parties in the writing of the letter is an advocacy group. Advocacy presupposes familiarity with the law. By appealing to the authority of the law, the writers of the letter make it almost impossible for the intended audience not to take an immediate and meaningful action. When the reader sees that all these efforts are made on behalf of disabled people, they will be convinced that despite the general negative view of disabled people, they are still valued in some quarters and the people involved are willing to go above and beyond to help them get the worth they deserve.

### **Excerpt 2**

The Alabama Department of Public Health (ADPH) has in place an Emergency Operations Plan for addressing ventilator rationing in the event of a health emergency, which will presumably be put into effect, if necessary, as a result of the COVID-19 pandemic. The plan, titled “Criteria for Mechanical Ventilator Triage Following

Proclamation of Mass-Casualty Respiratory Emergency,” specifically singles out and excludes certain people with intellectual disabilities from access to ventilators in the event of rationing, in direct violation of federal law. Hospitals are ordered to “not offer mechanical ventilator support for patients” with “severe or profound mental retardation,” “moderate to severe dementia,” and “severe traumatic brain injury.” This policy also applies to children. (Alabama Disabilities Advocacy Program. 2020, para. 5)

This excerpt gives specifics by mentioning the Alabama State rationing plan in question. It quotes the exact words used in the plan too to refer to disabled people. Besides, there are references right in the rest of the paragraph about the allegations made in the quotations. These details make it possible to ascertain if the accusations are true or not because they are verifiable.

#### **5.4.6 Text 6 COVID-19 Disability Rights Monitor**

##### **Excerpt 1**

I am concerned that persons with disabilities are not given consideration to move during this lockdown. For example, children with neurological conditions who are on anti-seizure medications cannot access their drugs. Many have missed their doses. Children using catheters to manage their bladder incontinence thus making them prone to infections and other complications. (COVID-19 Disability Rights Monitor Coordinating Group, 2020, para. 11)

This excerpt is an interview answer by an Organization of Persons with Disabilities in Nigeria. The social actors in this excerpt are the Federal Government of Nigeria and disabled people. Some words used in this excerpt suggest that there is no thought of disabled people at all in the policy of the government during the COVID-19 pandemic. The first sentence indicates that there was a lockdown at a time as a result of the pandemic as it happens in many parts of the

world. This lockdown seems to leave no one out as the second and third sentences suggest; disabled children that are in need of some medications were unable to access them because of the lockdown. Thus, the conclusion the reader will reach by reading the whole paragraph while paying particular attention to some expressions is that the government does not value disabled people or consider their needs important. Some of the expressions that will lead to such a conclusion include, ‘Persons with disabilities are not given consideration to move during this lockdown,’ ‘Children with neurological conditions who are on anti-seizure medications cannot access their drugs,’ and ‘Many have missed their doses.’

### **Excerpt 2**

“My son was given understandable, illustrated information by his workshop management. We were also called by his group management during the closing time, so that contact remained at least in this way” (COVID-19 Disability Rights Monitor Coordinating Group, 2020, para. 6).

The above is from a parent in Germany. They feel supported during this pandemic because of the consideration their disabled son was shown. Words such as ‘understandable,’ ‘illustrated information,’ ‘We were called’ and ‘contact remained’ give an indication of the level of this support. This excerpt helps to see that not everything about the pandemic regarding the attitude and treatment of disabled people is negative; there are many encouraging acts and words that demonstrate consideration and respect for disabled people. And even though there are more undesirable reports than favourable ones, there is a reason for hope that change is not impossible.

### **5.4.6 Text 6 How COVID-19 has Impacted Nigerians with Disabilities**

During the early stages of the pandemic, when radio stations buzzed with news, advice and guidance about COVID-19, little of the information being provided took the needs of

PwDs into consideration: How does a hearing-impaired person listen to radio jingles? How does a visually impaired person manage social distancing? (Amogunla, 2021, para. 4)

The excerpt above uses rhetorical questions to explain the extent to which the measures the government of Nigeria took during the pandemic excluded disabled people. The tone of the paragraph is that of disappointment. This is evident in the choice of words. It appears that health guidelines were passed frequently. This is the reason for the choice of the word ‘buzzed.’ However, despite the buzzing, disabled people’s needs were still neglected because it appears no one thought of them. For this reason, no disability specific means of communication, for example, sign language for the deaf, or information for a blind person on how they could follow the direction provided by health officials were provided during the pandemic.

#### **5.4.7 Text 7 ‘Do Our Lives Count for Less?’ COVID-19 Exposes Cracks in Canada’s Disability Aid.**

##### **Excerpt 1**

Karyn Keith says she isn’t asking for much. All she wants is the same support she’d receive if she was out of a job because of the pandemic, rather than unable to work because of her disabilities. (Bresge, 2020, para. 1)

This excerpt is a report of a disabled person’s utterance. She is insinuating that the Federal Government of Canada has not treated disabled people like the rest of the citizenry. The first sentence in the paragraph establishes her reasonableness in her demands. The words, ‘same support,’ presuppose some discrepancies in the support the government gave to disabled people and non-disabled people during the pandemic. The difference is further explained when she contrasts COVID-19 induced unemployment benefits and disability benefits. To her, what

matters is the end result, unemployment, and not its cause. She, therefore, uses a form of inductive reasoning, though subtle, to emphasize her point. Her argument can be summed up this way:

Bingo and Bongo are unemployed citizens of Canada.

Bingo gets A for unemployment.

Therefore, Bongo should get A.

As far as Keith is concerned, there is no logical explanation for her inability to get the same relief fund given to non-disabled people during the pandemic.

### **Excerpt 2**

Now, with the added financial strains of COVID-19, Keith says she doesn't know what else they can live without. "We're on the precipice, and literally, it's going to take one thing to kick us off the edge. (Bresge, 2020, para. 7)

Keith says these shortcomings have become starker as the federal government doles out \$2,000 a month to millions of out-of-work Canadians under the Canadian Emergency Response Benefit, while she's supposed to make ends meet on a little more than half that amount. (Bresge, 2020, para. 8)

The above contains the direct words of Keith, quoted by Bresge (2020). She uses powerful symbols to stir the emotion of compassion and empathy in the reader. Her expression, 'We're on the precipice,' creates a mental picture of a precarious situation. She seems to suggest that only a quick financial intervention will be the miraculous solution because just another financial strain will land them on the other side of the cliff, thus preventing any form of rescue. So before the impending doom, an immediate action needs to be taken. She gives the identity of the person or entity to help out with this when she makes reference to the Canadian Emergency Response

Benefit the Government of Canada gave to Canadians that COVID-19 rendered unemployed. She is, therefore, appealing to the government to come to the aid of her family because they are already living without some necessities and there is a limit to what they can endure.

#### **5.4.8 Text 8 - Covid-19: The Communication Needs of D/deaf Healthcare Workers and Patients are Being Forgotten**

At present, we have found only one company in the world that produces transparent face masks approved for use in healthcare settings (<https://safenclear.com>). These are currently unavailable, and, despite involving our respective hospital trusts, the BMA, and NHS England, there are no transparent masks available for use in healthcare settings in the UK. (Grote & Izagaren, 2020, para. 2)

The excerpt is from a scholarly article written by Grote & Izagaren, (2020), two medical doctors in the UK, who are deaf, on the impact wearing nontransparent masks during the pandemic has had on them. The first thing that may jump out at a reader is the mention of only one company in connection with transparent masks. The reader will no doubt sense the importance the writers attach to the production of these transparent masks by involving their hospital trusts and even researching the possibility of securing transparent masks for use. Words such as ‘found’ indicate a discovery made after a thorough search. Their research before coming to the conclusion is seen in that they put the link of the reference they use, which is <https://safenclear.com> (para. 2). This link will take a reader to the website of Safe’N’Clear Inc., an organization established in 2012 to primarily cater to the communication needs of the deaf community in healthcare settings through the production of transparent masks (Safe ‘N’ Clear, n.d).

#### **Excerpt 2**

On a practical level, this means participating in discussions on ward rounds is all but impossible—aside from reading entries in patient notes and the pre- and post-round discussions in non-clinical settings where masks can be removed. In a medical emergency that requires PPE to be worn, and where safe and effective communication is essential, this difficulty is a concern. (Grote & Izagaren, 2020, para. 3)

Through this excerpt, the reader understands why the writers attach a lot of importance to transparent masks; wearing of nontransparent masks poses communication difficulties to some people. The expression, ‘is all but impossible,’ makes the situation very clear. It means that without transparent masks some doctors will be unable to communicate with colleagues, thereby making collaborative work, which is indispensable in the medical arena, impossible. The writers further emphasize the very importance of wearing a transparent mask with the example of an emergency situation. An emergency situation is a state of affairs that requires swift actions in order to save lives. No situation can require better and more effective communication than that. Through the invocation of an emergency situation, the reader can clearly understand the great need for transparent masks. Therefore, the conclusion the writers reach, ‘this difficulty [of obtaining transparent masks] is a concern’ seems very appropriate in the circumstances.

### **Excerpt 3**

While we recogni[z]e that masks and non-medical face coverings do reduce viral transmission from coughs and sneezes, the attitude of policy makers and the public towards the D/deaf community has been disappointing. (Grote & Izagaren, 2020, para. 5)

With two words, ‘attitude’ and ‘disappointing’ in the above excerpt, Grote & Izagaren (2020) make their feelings about the unavailability of transparent masks known. Their opinion is that it is the attitude of policy makers and the public that has made the production of transparent

masks or making them available not prioritized, and not necessarily the impossibility of the situation.

The writers do not want to resort to a removal of masks because of their ability to reduce ‘viral transmission from coughs and sneezes.’ Instead, they feel everyone needs to change their attitude towards the deaf community. This issue of attitude may remind us of the earlier part of this thesis, where it has been established that society in general does not see disabled people as at par with nondisabled people and as such, some legislation discriminates against them and the general attitude towards them is negative, even though many nondisabled people are their advocates and allies. Therefore, this excerpt adds another proof to the mounting evidence of how the attitude of society has affected disabled people unfavorably. By identifying the problem, the writers have also provided the solution. If everyone can change their attitude towards disabled people, in this context the deaf, then what they truly need such as transparent masks will be available.

#### **5.4.9 Text 9 - Disabled people in Britain and the impact of the COVID-19 pandemic**

##### **Excerpt 3**

Despite the raised COVID-19 risk—clinical and social—experienced by disabled people, this population is strangely missing from important analyses which have been published during the pandemic. For example, Andrews et al. (2020) discuss inequalities in children’s experiences of home learning during COVID-19 but fail to mention children with special educational needs and disabilities. Hupkau and Petrongolo (2020) talk about care and gender, but fail to mention disability, disabled children or disabled parents. Public Health England (2020) talks about disparities in risk and outcomes of COVID-19,

and so do Bibby et al. (2020), but neither mention disability, despite discussion of economic, gender, age and racial disparities. The same goes for Johnson et al. (2021). It is astounding that disability is absent from these studies. It is complex but not hard to disaggregate disability. However, there may be difficulties bringing together evidence for which specific health conditions put people at higher risk of COVID-19 (Shakespeare, et al., 2021, para. 4).

The above excerpt is from a scholarly article on the report of an interview conducted among disabled people in England and Scotland on the effect of COVID-19 on them. The expression, 'strangely missing' is an indication of the dismay the researchers felt on the obvious exclusion of disabled people in research on the effects of the pandemic. The writers want to establish that they are not petty in their accusation; hence they give different examples with the specific references to back up their claim that the omission of disabled people from research bordering on COVID-19 is inexcusable.

### **Excerpt 2**

Early reports on the impact of the pandemic and the response to curtail its spread give substance to many fears from the disability community. Disabled people's organizations and activists have carried out surveys of their members and have drawn attention to the disproportionate impact of the COVID-19 pandemic on the disability community (Campbell, 2020; Greater Manchester Coalition of Disabled People, 2020; Inclusion London, 2020; Inclusion Scotland, 2020). Glasgow Disability Alliance, for example, telephoned over 5,000 disabled people across Glasgow in the early months of the pandemic to survey their wellbeing. Their report concludes that the barriers disabled people face and the inequality they experience has made them less able to respond to the

challenges COVID-19 has placed on them. They also found that disabled people have been excluded from the decision-making process and that their needs have been overlooked. (Shakespeare, et al., 2021, para. 5)

This excerpt contrasts sharply with the one before it. Immediately after mentioning the absence of disabled people in research that was conducted to determine the impact of the pandemic on people, this paragraph which follows indicates that there were still studies conducted primarily on disabled people. This is where the contrast lies. The studies that omit disabled people are not carried out by disabled people or their organization. But in this paragraph, the organization of disabled people is looking out for their members' interest. The use of the expression, 'their members' suggests inclusion, which was denied disabled people in the research on the pandemic that the previous excerpt mentions. Despite the positive note of this paragraph, 'exclusion' still comes up there. This is also an indictment of society. One of the studies mention in the excerpt reveals that 'disabled people have been excluded from the decision-making process and that their needs have been overlooked.' The many occurrences of 'exclusion' or its derivative, 'excluded,' is an indication that the writer of the article wants society and policy makers in particular, to take note of disabled people and their concerns with a view to making them feel a sense of belonging to the mainstream and not only in disabled people's organizations.

#### **5.4.10 Text 10 - COVID-19 highlights existing barriers for Canadians with communication disabilities**

##### **Excerpt 1**

The Public Health Agency of Canada released a document on Thursday addressing various aspects of the COVID-19 pandemic and their impact on disabled Canadians. It

said health-care providers should be “ensuring that restrictions account for people with disabilities’ needs and allow essential support staff, sighted guides, interpreters and/or family members to be with them.” (The Canadian Press Staff, 2020, para. 21)

This excerpt shows a positive development in the treatment of disabled people during the pandemic. The Public Health Agency of Canada gives a holistic attention to the plights of disabled people by “addressing various aspects of the COVID-19 pandemic and their impact on disabled Canadians” (The Canadian Press Staff, 2020, para. 21). This body also mandated health-care providers that they ‘should be “ensuring that restrictions account for people with disabilities’ needs and allow essential support staff, sighted guides, interpreters and/or family members to be with them.”’ This is a signal that hope is not lost. That despite the problems disabled people have faced during the pandemic, with continuous sensitization and education, change is possible. At least change starts with policy. If there are policies in place, with time, it may be possible that there will be proper enforcement.

#### **5.4.11 Text 11 - Disabled Ontarians are Being Denied Access to Assisted**

##### **Devices During the Pandemic**

###### **Excerpt 1**

Want to spike your heart rate? Lose your cellphone. All of a sudden, life seems impossible. (Harden & Jama, 2020, para. 1)

But think of what life is like for disabled Ontarians who can’t access wheelchairs, hearing aids, or safely monitor their sugar levels as diabetics. Think of trying to walk without your prosthetic leg, or communicate without the device that allows you to hear or speak. (Harden & Jama, 2020, para. 2)

Losing one’s cellphone is frustrating, but losing one’s ability to function is traumatic and

dehumanizing. And yet, this happens every day in Ontario, and it's been made worse by emergency measures invoked during the COVID-19 pandemic. (Harden & Jama, 2020, para. 3)

In these paragraphs, the writers introduce the thought they want to pass across in a dramatic and thought-provoking way. The introduction creates a mental picture of loss that many people can relate to; the loss of a cell phone. In this digital age, a cell phone is more than a device for making calls. For some people, it is their timepiece, their daily organizer, their camera, their library, their fitness monitor, an electronic storage device, and a map. These kinds of people will be totally disoriented and lost without their cell phone. Therefore, the analogy of the loss of a cell phone will be meaningful to this type of people and help them put matters in perspective.

Apart from establishing a common ground with the reader through the illustration of the loss of a cellphone, the writers go on to be more specific and broach the subject they have in mind by inviting the reader to go with them on an imaginative journey of picturing disabled people (disabled Ontarians) to be without their assistive devices. This act is more than an exercise of creative prowess; it is to help the reader appreciate the reality of the life some disabled Ontarians are living during the pandemic.

In case the reader finds it difficult to understand the dire situation that is being painted, the writers compare two negative words, 'frustrating' and 'traumatic.' The writers view losing a cell phone as frustrating and losing an assistive device as traumatic. Frustration is more of a slight inconvenience that usually leaves no lasting impact. Trauma on the other hand is more severe and can lead to serious mental or physical agitation. Hence, the writers restate being without assistive devices or a lack of access to the assistive device a person needs as 'losing

one's ability to function.'

A person, if given the choice, would rather take a frustrating situation than a traumatic one. With this very apt analogy, nondisabled people can easily understand the experience of disabled people, who were denied access to the assistive devices they need, during this pandemic.

### **Excerpt 2**

Why? Because the Ministry of Health did not designate Ontario's Assistive Devices Program (ADP) as an essential service. The ADP is the body empowered to approve applications for the devices disabled Ontarians need, but ADP officials stopped answering calls since COVID-19 began. Only recently they started answering emails. (Harden & Jama, 2020, para. 4)

This paragraph explains why disabled Ontarians are in the predicament they are in. The reason they give is that the department in charge of assistive devices were not seen as rendering essential services during COVID-19 lockdown and so they were not functional for some time. Thus, to make everyone understand the very importance of assistive devices, the writers use the powerful illustration of a lost phone.

## **5.4.12 Text 12 - Exhausted Parents of Disabled Children Feel 'Abandoned' as Covid Shuts Services**

### **Excerpt 1**

Closures and reductions of education, health and domestic provision during the pandemic have increased the burden on families who say they were already struggling to cope beforehand. (Layton, 2020, para. 1)

This paragraph mentions increased burden on the family as a result of the pandemic.

When the reader looks at the context of the paragraph, they will see that the families are the ones with disabled children. Since it is the government that mandated and enforced the lockdown, the paragraph seems to suggest the government did not care enough about the plights of families with disabled children to ascertain what would work for them before the lockdown was imposed.

### **Excerpt 2**

Overall, the report found ‘mixed experiences’ from families, with some praising the support they had received and ‘most leaders and practitioners’ striving to help those in their care. (Layton, 2020, para. 4)

Another told of a ‘pressure cooker’ environment and the ‘terror’ parents face with no end in sight, as they struggle without services they had previously relied upon in their day-to-day lives. (Layton, 2020, para. 6)

The two paragraphs above indicate that disabled people had different experiences during this pandemic, even though the majority seems to have a bad experience. The expression ‘pressure cooker’ conjures up the image of a much tensed situation. ‘Terror’ highlights the tension parents who had to do everything for their children without the support they are accustomed to receive will feel. Those two expressions should help everyone see how difficult it must have been for parents of disabled children and the need to take them into consideration any time laws are to be made.

## **5.4.13 Text 13 - How Covid-19 Vaccine Drive Left Out Persons with Disabilities**

### **Excerpt 1**

Akshay, from Odisha Vikalanga Manch says that, two years back, when there were elections, all arrangements were made to make voting booths accessible and ensure that

PwDs come to the voting booths but unfortunately during the current vaccination drive those guidelines are ignored. Sometimes vaccinations take place on the second (or other) floors of buildings which renders PwDs especially the ones suffering with locomotor disability, totally helpless to avail the same. However, amidst all these, there are some good practices as well – In Gajapati, there was a door-to-door vaccination drive for the PwDs which can be replicated not only Odisha but all over the country. (Patra, 2021, para. 2)

In this paragraph, the writer seems to be saying that not making vaccine locations accessible for disabled people is inexcusable because when providing accessibility for disabled people would benefit those in power, it was provided. The writer is, therefore, using sound reasoning to forestall any claim that providing accessible vaccine location for disabled people is very difficult or impossible. Despite the accusation of neglect of disabled people in the excerpt, the writer employs the strategy of good argumentation by looking at both sides of the situation. By doing so, they are able to establish the fact that in some places, disabled people had an accessible vaccine location, right in their place of dwelling. Hence there was no reason why accessible locations should not be all over the country.

#### **5.4.14 Text 14 - Disabled Canadians feel excluded from COVID-19 messaging**

##### **Excerpt 1**

McCall, who is legally blind, said the common practice of sharing information through images rather than through text has persisted even at a time when a global pandemic is prompting both the public and private sector to share potentially life-saving advice.

(McQuigge, 2020, para.1)

This excerpt is about how consideration is not given to different segments of the

population. Images are catchy and easily communicate a lot without saying much. Still, a desire to be inclusive will make those in charge of information not give it out only in the format that appeals to the majority but in ways that everyone no matter how few they may be, will understand. Therefore, the exclusion of McCall here can be seen as discriminatory, especially as it relates to ‘potentially life-saving advice.’

### **Excerpt 2**

“Information in this time of pandemic should be available to everyone,” McCall said in a telephone interview from her home in Paris, Ont., where she is in self-isolation after potentially coming into contact with a COVID-19 patient. “Those of us with disabilities shouldn’t have to try to piece information together from a variety of sources.” (McQuigge, 2020, para. 3)

The expression, ‘piece information together from a variety of sources’ suggests scarcity. It is as if information has become a rare commodity that people will have to go in search of and then gather so as to get enough at least. The irony of this situation is that nothing in the paragraph suggests real scarcity. Rather, the paucity of information is artificial, a state of affairs created because information was made in the format that was not available to everyone. Therefore, the assertion of McCall that ‘[i]nformation in this time of pandemic should be available to everyone’ becomes meaningful as it is a criticism of the unavailability of accessible information during the pandemic.

## **5.4.15 Text 15 - People with disabilities left stranded during national lockdown in Uganda**

### **Excerpt 1**

On April 30, during a strict curfew due to the coronavirus, the LDU officers tried to

speak to Oloya as he was walking. But Oloya could not see or hear them and continued walking when the officers shot him in the leg. Oloya had to amputate his leg and now endures the burden of another layer of disability that could have been prevented. (Odoti, 2020, para. 2)

This excerpt paints a picture of a blind and deaf man. A person who is only blind will use their sense of hearing to ‘see.’ A deaf person will use their sight to communicate. But a deaf and blind person will rely mainly on tactile mode of communication. The reader can, therefore, understand why Oloya would have no inkling that some police officers were speaking with him. However, the writer sees the inability of the officers to discern that Oloya did not know they were speaking to him as reprehensible. That is why their action of shooting him and the result is focused on. What makes this action absolutely unacceptable is that the police are to protect the citizenry and not just a section of it. For this reason, they, more than any other person, should be aware of disabled people and see them as people they should protect. So the moment Oloya did not respond to them, they should have thought of the possibility of his inability to hear them.

#### **5.4.16 Text 16 - COVID-19 Vaccine Prioriti[z]ation for People with Disabilities**

##### **Excerpt 1**

For many people around the world, the COVID-19 vaccine rollout has brought unprecedented hope. For people with disabilities, vaccine priority[z]ation schemes are the latest aspect of the pandemic response to raise concerns. In the USA, for example, each state and territory has adopted the Centers for Disease Control and Prevention (CDC) guidelines differently. As a result, the COVID-19 vaccine rollout is uneven and has perpetuated inequities in the pandemic response. (Epstein, et al., 2021, para. 1)

This excerpt compares the reaction to COVID-19 vaccine rollout among nondisabled people and disabled people. For nondisabled people, the vaccine rollout engenders hope. Even though the reaction of disabled people is not specifically mentioned, from the paragraph, it may be safe for the reader to perceive the response as that of despair. Disabled people feel gloomy in this situation that should inspire hope because they are not given clear-cut information on how they will get the vaccine. The reader may thus understand the reason for the writer's assertion that in the case of disabled people, 'vaccine priority[z]sation schemes are the latest aspect of the pandemic response to raise concerns.' The expression, 'pandemic response' is repeated twice in the excerpt. This emphasis buttresses the writer's opinion that disabled people have not got the best treatment during the pandemic in comparison with the rest of the population.

#### **5.4.17 Text 17 – ‘Dehumanizing’: Comic, disability advocate on COVID's hardest hits**

##### **Excerpt 1**

It was very dehumanizing for the disabled community all throughout the COVID pandemic to be constantly reminded that we had no value by people saying “don't worry, it only kills people who are elderly or with underlying issues,” comedian, author and disability advocate Maysoon Zayid says. (Keller, 2020, para. 1)

The use of 'we' in this excerpt shows inclusion. From that pronoun, the reader can deduce that the speaker in this paragraph is disabled. The use of 'only' suggests an exclusionary situation. In this case, death from the pandemic is only among individuals who have 'underlying issues.' Just as the speaker points out, this is an indirect reference to disabled people. The message then is that nondisabled people may continue to live their lives the way they were before the pandemic because only disabled people will be adversely affected by the virus.

However, this view cannot be justified because disabled people live among nondisabled people, so if nondisabled people do not take precautions, the effect will be devastating for disabled people. Besides, the expression, ‘don’t worry, it only kills people who are elderly or with underlying issues’ seems to betray a disregard for the lives of disabled people. It is as though their lives are not so valuable so it will not matter if they are the only people that COVID-19 kills.

#### **5.4.18 Text 18 - CANADA: Coronavirus crisis Proves Extent of Ableism in our Approach to Long-Term Care, Expert says**

##### **Excerpt 1**

Still 99 per cent of all the mortality coming out of Europe, in general, is over 50 and pre-existing conditions. The pre-existing condition piece still holds in Italy with the majority of the mortality having three or more pre-existing conditions. I think this is reassuring to all of us, but it doesn’t change the need to continue to protect the elderly.... (Parekh, 2020, para.13)

This statement is attributed to Dr. Deborah Birx, the White House coronavirus response coordinator. In this quotation, ‘reassuring’ is used in connection with the identity of the major victims of COVID-19. Dr. Deborah Birx identifies these victims as older adults who had pre-existing conditions, in other words, disabled people. The word ‘reassuring’ may be used to defuse tension, calm agitations, or to corroborate a positive view of a situation. This remark was made during a news conference on March 23, 2022. At that time, people all over the world were confused and in dread as a result of the pandemic and governments responded by imposing a lockdown. The woman might have been thinking of a way to make everyone feel less fearful. However, disabled people and their family and friends would have experienced a heightened

sense of panic over the utterance not just because of the grim prognosis, but because of the ostensible lack of concern for their lives.

#### **5.4.19 Text 19 - How disabled people have been completely disregarded during the coronavirus pandemic**

##### **Excerpt 1**

As an example of this lack of regard, in April, an organization responsible for supporting autistic adults reported receiving “do not resuscitate” (DNR) letters from a GP surgery in Somerset, south-west England. This implied that certain adults were being encouraged to agree to not being resuscitated if they were hospitali[z]ed during the pandemic. The letters have since been withdrawn but similar cases were also reported in south Wales and Brighton. (Hoskin & Finch, 2020, para. 3)

The above excerpt is about an imposition of Do Not Resuscitate (DNR) letters on Autistic people in the United Kingdom. To lend authenticity to the claim, the paragraph references a news article that contains the report. In this excerpt and in the article it appears, there is nothing to suggest that autistic people made the first move to obtain the form. It can then be deduced that some people measured their lives and believed it to be without worth or not valuable enough to be sustained.

#### **5.4.20 Text 20 - Covid-19 pandemic: Impact on people with disabilities**

##### **Excerpt 1**

In its spring 2021 Covid-19 response strategy, the Government acknowledged that people with disabilities were amongst those groups disproportionately affected by the pandemic. It said that it was committed to addressing the longer-term implications of Covid-19 for disabled people. (Scott, 2021, para. 8)

The use of some expressions, such as ‘disproportionately affected,’ ‘committed to’ and ‘Covid-19 response strategy’ in this excerpt is an indication that the government under discussion here acknowledges that it has not done enough for disabled people during the pandemic. However, it does not only admit to some shortcomings or oversight, but it plans to take positive actions. This is an example of the positive effects of the pandemic in the lives of disabled people.

### **Excerpt 2**

In July 2021, the Government also published ‘Shaping Future Support: The Health and Disability Green Paper.’ This included proposals intended to increase access to benefits and support for disabled people. For example, the Government proposed doing more to encourage access to employment support for disabled people not in work or for those who have a disability that affects the work they can do. The green paper also included proposals to change the structure of the main benefits claimed by working-age disabled people. Currently, claimants may be required to have multiple assessments for different benefits. The Government said it intended to reduce the complexity of this system. A consultation on the proposals was conducted between July and October 2021. The Government has yet to publish its response to this consultation. (para. 10)

This excerpt, like the former ones from the same article, gives a clear indication that the government of the United Kingdom sees reasons for improvement in its treatment of disabled people. For example, it promises to make access to disability benefits less cumbersome. This is an indication that it was difficult to navigate the complex assessments for the benefits. As the article this excerpt is taken from shows, disability activism and published research made it possible for the government to see areas in which it has not done enough for its citizens.

However, bureaucracy that often accompanies government policies may slow down the execution of the decision.

#### **5.4.21 Text 21 - The pandemic isn't over — particularly for people with disabilities**

##### **Excerpt 1**

In times of crisis, weaknesses in our institutions and social systems, and marked health and economic disparities, become even more evident. During the pandemic, people with disabilities have feared that they would be denied access to ventilators and lifesaving treatments due to medical rationing. Some triage policies were driven by biased attitudes toward individuals with disabilities, or failed to explicitly protect against disability discrimination. The disability community responded to these policies with swift and strong advocacy to ensure equal, nondiscriminatory access to lifesaving care. (Baumer, 2021, para. 9)

This excerpt illustrates how far-reaching existing issues might be during a crisis. Apart from the general distress occasioned by the pandemic, disabled people faced the added stress of fear provoked by past experiences and what was playing out during the pandemic. However, their 'swift and strong advocacy' came to the rescue.

##### **Excerpt 2**

Early COVID relief efforts left out important considerations for people with disabilities. Many adults with disabilities are dependent on home- and community-based services that enable them to live independently, with family, or in group homes. However, early COVID relief efforts failed to provide support for these essential programs. Again, the

disability community fiercely advocated. The most recent relief bill now provides additional supports for people with disabilities, such as direct stimulus payments for adult dependents with disabilities, expanded home- and community-based services, and special education support. (Baumer, 2021, para. 10)

This excerpt is about the resilience of disabled people in the face of threat to their personhood and daily needs. Words such as ‘essential,’ ‘failed’ and ‘left out important considerations’ make it clear that the needs and concerns of disabled people were not a priority. However, disabled people did not let this lack of support dampen their spirit. Instead, they rose to the occasion when they ‘fiercely advocated’ for their rights. The result of this advocacy was in the form of the ‘relief bill’ which ‘provides additional supports for people with disabilities.’ This is an example of what can happen when there is collective effort. It also underlines the importance of voice; it is always important for individuals and groups in society to have a say in what concerns them as they are the true ‘knowers’ in their affairs. It is only when they let everyone know what they need, that a positive change can be effected.

### **Excerpt 3**

The disability community is strong and resilient, and they have reached out to help one another and advocated strongly during the COVID-19 pandemic. Social stories, video models, information sheets, and webinars were quickly developed and shared to support people with disabilities, their families, service providers, and caregivers. A few examples are these resources for people with autism, Down syndrome and differing abilities. (Baumer, 2021, para. 11)

This excerpt exemplifies how disaster can lead to good outcomes. This is in no way making light the havoc that COVID-19 has wreaked. Rather, it is to argue that the indomitable nature of humans always kicks in during crises. The tone of the paragraph is one of confidence and hope. The reader may be able to picture many hands stretched forward to reach out and help out in any way they can. As trailblazers, disabled people are leading by example, showing what they want from society by making provisions that are inclusive of different disabled people available.

#### **Excerpt 4**

During the pandemic, some people have thrived on increased time with families and a slower pace of life with decreased demands. Some children have been able to focus on learning daily living skills at home, such as toileting, exercise, and self-care. Technology and the use of telehealth and virtual service delivery have enabled some who could not easily access in-person services to participate, and to develop and maintain new connections and relationships. (Baumer, 2021, para. 12)

Instead of allowing unfavorable situations to dampen one's spirit, counting one's blessing so to say, can make a difference. Some disabled people and adults have found this to be true. Instead of focusing solely on the inconveniences of the pandemic, they have been able to look at how it has given them more time with family and friends and has enabled them to learn new skills.

## **5.5 The Role of Context in the Understanding of the Data Using the Sociocognitive Critical Disability Studies of Van Dijk**

The context of discourse is an important aspect of Van Dijk's sociocognition. Context may refer to the verbal situation of discourse which may be "preceding or following words, sentences, speech acts or turns within a discourse or conversation" (Van Dijk, 1993, p. 2). However, the context for Van Dijk is "the non-verbal, social and situational aspects of communicative events" (Van Dijk, 1993, p. 2). The context of the data is the social position of disabled people in society. This situation according to the general view of the texts studied precedes the pandemic and it does not seem to improve with it.

Many of the texts cite the societal perception of disabled people as the reason for much of the ill-treatment they received during the pandemic. Disabled people view this societal perception as an enduring one that has shaped their lives. In many of the texts, writers make references to a pervasive atmosphere of discrimination for disabled people prior to the pandemic. Thus, readers are helped to understand what is left unsaid in the texts based on what has been said. Society or non-disabled people repeatedly project their idea of disability on the disabled and thereby determine that disabled people cannot be happy or want to live. This view or background is useful in understanding some of the issues raised in the data and the theme.

There are studies focusing on how the negative perception of disability has affected disabled people. Edwards (2013) says that it is other people that usually pass a judgment on whether the lives of disabled people are worth living at all or not. He cites examples of some people with Motor Neurone Disease (MND) who believe they could live a good life with the right accommodation and medical intervention despite their condition. Some of these people had to put up a fight to convince others that they actually wanted to live despite some inconveniences

their impairment may pose. Maguire (2012, para. 3) says: “When I applied for a medical card I was turned down on the grounds that this disease was ‘short term’— somebody playing God!”

Some of the texts refer to the social context that creates the discourse. For example, Michael Prince, a professor of social policy at the University of Victoria, after mentioning the discrepancies between the disability benefit and CERB, references “the long-standing lapses in the system that have forced so many Canadians with disabilities to live in poverty” (Bresge, 2020, para. 21). However, while this thesis sets out to research the dehumanization of disabled people at this time of the pandemic, it has not closed its eyes to the positive aspects for disabled people and the selfless acts of others on their behalf.

Despite the positives, it will be a disservice not to see the dehumanization experienced by disabled people as historical and an action borne out of ignorance, prejudice, and reluctance to put oneself in the position of the other (Haslam & Loughnan, 2014). Ignorance, prejudices, and a reluctance to put oneself in the position of the other is usually a result of ableism. Peña-Guzmán & Reynolds (2019) detail how ableism leads to ignorance and the resultant harmful effects that may include: “Ableism thus leads to epistemic ignorance about disability in multiple respects and to epistemic injustices as a result” (p. 216).

## **5.6 The Positive Effects of the Pandemic for disabled People**

It is usually difficult to see anything positive with a pandemic as it brings untold suffering to people. Still, despite the numerous negatives of this pandemic to disabled people, it has some good aspects too. First, studies have established that disasters usually have good effects. Granted, no one prays for something bad and definitely not a disaster like this with global consequences. Solnit (2010) acknowledges that no matter the good that may arise from disasters, they are not

desirable: “Disasters are, most basically, terrible, tragic, grievous, and no matter what positive side effects and possibilities they produce, they are not to be desired” (p. 6).

Still, at this time we may need to put things in perspective, not to undermine the negative effects of the pandemic, but to see the lessons we can learn from it going forward and some positives therein. For example, research carried out by Consortium, United Nations workstream on COVID-19 disability inclusive health response and recovery, acknowledges that although the pandemic has shown inequality in accessing health care, especially for disabled people, who are usually low income, it has helped see that there is a need to make healthcare more inclusive and affordable: “Nonetheless, the pandemic provides an opportunity to build a better and more equitable health sector where everyone has equal access to information, facilities, program[mes], services and goods, and where nobody is left behind” (Cieza et al., 2021, p. 4).

The research carried out by Pakjouei et al. (2021) documents the positive consequences of earthquakes for disabled Iranians. In the qualitative study, some positive effects such as the ability to plan ahead for disaster are recorded. Under ability to plan ahead, a disabled woman who used hip-knee-ankle-foot orthosis mentions that after experiencing an earthquake and seeing the effects on her in terms of not being able to locate her mobility aid, she is better prepared for another earthquake in that she has decided to put her device, her walker, where she can easily get it, and also purchased a spare one so that at least she will have one available in case of an emergency (Pakjouei et al., 2021).

The earthquakes have also helped participants to develop resilience by gaining much experience in coping with difficult situations. They mention too, that the earthquakes helped them to get the needed support in navigating their disability. This is because, after the earthquakes, they received training on how best to make use of the devices they have and

received expert advice on some health issues. Another person narrates how she read about earthquakes after and learned about safe places in the house where she could stay during earthquakes. Another person mentions that society's attitude becomes more positive towards them after the earthquakes and are willing to offer assistance because of their better understanding of disabled people and how to assist them.

Infrastructural improvement is another positive aspect of earthquakes the participants talk about. They also comment on the social solidarity among the local people and the helpfulness of international organizations and NGOs after the earthquakes. These positives do not mean everything about the earthquakes was good; participants talk about the negative aspects of the earthquake, which is to be expected. Besides, there are a lot of studies on the negative aspects of earthquakes in general (Hogan & Burstein, 2007) and to disabled people in particular (Hunt et al., 2015; Aryankhesal et al., 2018) But there is a need to think about the unexpected good outcomes too. According to the research, awareness of the positive consequences of earthquakes or other disasters portend well for society. It may, for example, lead to "opportunities for improvement in environments affected by disasters" (Pakjouei et al., 2021, p. 167).

In the same way, looking at the benefits of the pandemic can lead to a better outcome for society. For example, "the economic shut-down has led to some widely-reported environmental improvements, such as reduced emissions of GHGs and air pollutants and less water pollution" (OECD, 2020, p. 3). This may raise the awareness on how much human activities are destroying the ecosystem and lead to proactive measures from the global community. What seemed to be a positive fallout of the unprecedented worldwide effect of the pandemic is the plan to help the environment through the G20 Finance Ministers agreement in April 2020 to "commit to support an environmentally sustainable and inclusive recovery" (G20, 2020).

It has been observed that disaster can also bring attention to the neglected or marginalized in society. The Iranian earthquakes indicated that clearly. It was after the earthquake that some disabled people got the facilities they needed. In the same vein, COVID-19 has demonstrated that many times, disabled people are not included or carried along in society. For example, Dror et al., (2020) conducted a study that shows that in many countries, the government failed to make health and safety measures during the pandemic accessible to disabled people. They use the standard of full accessibility to disabled people called “Web Content Accessibility (WCAG 2.1) guidelines” (p. 2). They found out that most government websites on health did not meet the benchmarks; only 4.7% of the 174 countries for the study met the WAI guidelines and they are “Italy, the Netherlands, Norway, Japan, Poland, South Korea, the United Kingdom, and the United States” (p. 3). For this to happen during a global emergency is a strong indication that disabled people had been excluded from the mainstream before the pandemic.

The pandemic, therefore, has provided a good lesson in making the inclusiveness of disabled people a priority. The authors of the study issued a clarion call to action for the governments all over the world during this pandemic and after it. They say, “The growth and expansion of the internet must therefore be accompanied by an equal development of sophisticated accessibility technologies, which would expand the usability of the web to individuals with disabilities” (p. 5).

This pandemic, like the Iranian earthquake, has had positive effects on disabled people despite its many negative results. For instance, many disabled people cite the example of remote work as one of the gains of the pandemic. A disabled man said that the pandemic has helped him enjoy the flexibility of work from home which includes an accessible workplace and energy at

the end of each day (Bohra & Willingham, 2021). The extended compulsory social isolation the pandemic necessitates may provoke a better understanding of the situation of disabled people and thus, society may think of their inclusion on their own terms as crucial. Casey (2020) must be thinking along this line when she makes a case for the general social inclusion of disabled people by using the pandemic as a reference point and talking about social isolation. Her advice for society is to remember the difficulty social isolation has presented for everyone and to try and help with the full integration of disabled people, many of whom have been in isolation long before the pandemic, after the pandemic is gone.

After a lot of sensitizing by disabled people and disability activists in many places in Canada, some disabled people that were unable to wear masks for medical reasons were exempted. National broadcasts by the Prime Minister later became available in sign language in English and French. Also, the stigma mental disability had before the pandemic is gradually eroding because of the mental health implications of the pandemic for everyone in society and the government's greater support for mental health. For this reason, Moreno et al. (2020) hint that one of the positives of the pandemic may be the effect on mental disability: "It [mental health services that address inequality and provides equitable and quality mental health care for everyone] could even turn the COVID-19 pandemic into an opportunity to improve mental health care for everyone" (p. 820). These are some of the good results of the pandemic for disabled people. Through it, society is getting more aware of how difficult it is for disabled people to navigate the arrays of ableist obstacles they encounter each day.

## CHAPTER 6

# CONCLUSION

### 6.0 Introduction

This chapter provides an overview of the study that has been conducted, the implications of the research, and the area for further research.

### 6.1 Findings and its Implications

This study focuses on the dehumanization of disabled people during the COVID-19 pandemic. Twenty-one scholarly and news articles are analyzed. The analysis reveals the important ways society has dehumanized disabled people during the COVID-19 pandemic. Some of the themes identified in the study include the societal view that disabled people are dispensable. Another theme is the lack of needed support for disabled people during the pandemic. The inability of policy makers to understand how essential some disabled people's support services are, which leads to a denial of their basic needs, is another theme.

The analysis reveals that the dehumanization of disabled people by seeing them as lesser in worth than non-disabled people during this pandemic is as a result of ableism that has led to ignorance and disregard for the welfare of disabled people. This is due to the wrong perception of disabled people in society as people who are not fully human. Thus, even though society clamors for diversity and acceptance of differences, its view of disabled people may prevent it from acting in their interest.

In addition, humans may be so wrapped up in their daily activities that they do not give enough thought to another. For example, Wendell (2006) admits it was until she became disabled that she could see the world through the eyes of disabled people: “As I moved back into the world, I also began to experience the world as structured for people who have no weaknesses” (p. 106). ‘People who have no weaknesses’ here refers to non-disabled people. So it was when she became a disabled person that Wendell could experience the ableism that had been in existence long before her disability.

Based on the perceived cause of the dehumanization of disabled people, it is expedient that disabled people continue to let their voice be heard and for society to listen to what they say: “Moreover, they [people who dehumanize because of ignorance] may be more motivated to inhibit and/or change their views if they are made aware of them” (Nour & Alexander, 2022, p. 228). This is exactly what disabled people have been doing for many years. They have been saying that disability “is an integral part of the essential diversity of human life both individually and collectively... a way of being-in-the-world, and a legitimate one at that” (Garland-Thomson, 1997, p. 6). And there have been good results from this approach. For example, the observation and activism of the Union of the Physically Impaired Against Segregation (UPIAS) led to the social model, which has made the inclusion of disabled people possible in many spheres and has helped them to have access to many hitherto unavailable facilities.

This pandemic has likewise afforded disabled people a good opportunity to speak out against their social discrimination. Many of them have decried the devaluation they have experienced. For example, Nancy Hansen and Heidi Janz have denounced the dismissive and harmful attitude they perceive during this pandemic against disabled people. Hansen (2020) makes this strong assertion while commenting on the triage protocol: “Disabled people have

played an important role in making life better for everyone. In times of rationing, it would not bode well for these people with disabilities” (para. 30). She continues by exposing the cause of such discrimination and the way society can cure itself of it: “Education is key and goes a long way to deal with myths and misconceptions about disability and disabled people” (para. 30). Janz (2020) made everyone think of the extent of the dehumanization of the triage protocol that discriminates against disabled people in an interview with Lauren Boothby, where she describes her feeling with just one word, “terrified” (para. 16). Likewise, Janz in the same interview brings out the urgency in the need for society to change its mindset on disabled people when she identifies ableism as what has been responsible for the dehumanization of disabled people. That dehumanization based on ableism is far deadlier than COVID-19 that has brought the whole world to its knees.

It is helpful to remember that as long as there are some actions or inactions that are detrimental to the welfare of any group, in this context, disabled people, there is the need not to let up in seeking a reform.

This thesis has brought up some salient issues on disabled people’s identity, which is behind their perception and treatment, and the need to reinvision their identity. Using the COVID-19 pandemic, the thesis has shown that disabled people are still not given the respect and dignity they deserve as bona fide members of the human society. The onus then lies with each one of us to look at how we can make a conscious effort to include disabled people and conserve disability (Garland-Thomson, 2012).

The inclusion of disabled people is a topic that has been at the forefronts of all the activisms they have engaged in. The pandemic has also afforded them the opportunity to fight for their rights, which ableism, “social prejudice and discrimination against disabled individuals

in favor of non-disabled persons” (Andrews et al., 2020, p. 452), has denied them of. There have been positive results from this. For example, many of the triage health guidelines in the United States that discriminate against disabled people and conflicts with federal laws were dissolved (Andrews et al., 2020, p. 452). In Ontario, too, according to Janz (2020), the activism of disabled people led to the removal of the triage policy that would have discriminated against disabled people: “...in places like Ontario, ... there was such an outcry from the disability community when these protocols came out that they have removed them...” (para. 14).

As this thesis has shown, disaster can have some positive sides. According to O’Mathúna & Gordijn (2018), “Disasters can expose injustice and be the stimulus for reform” (p. 2). This pandemic can, therefore, be a stimulus for the change disabled people have been yearning and waiting for.

Despite the bad effects of the pandemic, it appears beneficial on many counts. One way is that “The pandemic has made it clear that we must change how the healthcare system provides support to seniors and people with disabilities” (Stratton et al. 2021, p. 144). For this to happen, there needs to be a continued dialogue between disabled people and other members of society about ways of making disabled people feel truly included so that society can see that ableism, which leads to dehumanization, needs to be expunged. Hodge & Runswick-Cole (2013) acknowledge the need for this kind of conversation when they say, “The sharing of stories between disabled and non-disabled people can help to bridge the constitutional divide between ‘normate’ and ‘other’ by deconstructing the ableist notion of the other” (p. 22).

## **6.4 Final Words**

This study is an exploration into the dehumanization disabled people experience during

the COVID-19 pandemic. Some of the ways this thesis establishes disabled people have been dehumanized include their treatment as disposable, like the face masks that people wear, and second-class citizens. It likewise identifies some language that is not favorable, such as referring to them as being ‘on their last legs’ or even stating that there was no reason for society in general to worry because the pandemic killed only disabled people. The research equally states that rigorous activism on the part of disabled people and their allies, including relevant education, has effected some positive changes. It therefore proposes constant education of the general population about the lived experiences of disabled people and about disability in general as the solution to the wholesale and global devaluation disabled people have experienced and are experiencing, especially during the COVID-19 pandemic.

However, there appears to be a need for caution on the benefit of education in alleviating or even eventually eliminating the dehumanization of disabled people. This is because this study tends to argue that the ignorance of the general population about disabled people and disability is usually a fallout of ableism. Ableism prevents society from developing the desire to inquire who the other person truly is. This way, ignorance ceases to be a lack of knowledge. Instead, it becomes a tool the general population uses to oppress and marginalize the minority disabled people. Peña-Guzmán & Reynolds in an article reporting a study they conducted in 2019 on the effects of ableism in the medical domain explain the significance of ableism. They classify ableism as an instance of epistemic schemas. To them, epistemic schemas are biases brought about by categories of differences. To them, epistemic schemas “reinforce epistemic ignorance, which is to say, modes of knowing that depend upon ignorance concerning others and the world in such a manner as to maintain the privileges of the knower” (Peña-Guzmán & Reynolds, 2019, p. 210). The quotation shows that some members of society may embrace ignorance of others so

as not to accord them rights.

Therefore, it appears that ableism is the major force to contend with, because it is not harmless at all. It is for this reason Peña-Guzmán & Reynolds (2019) refer to it as “pernicious” (p. 215). Thus, there is an urgency to address ableism and find a way to systematically transform. Transforming ableism is beyond the scope of the thesis, but subsequent studies may want to research how ableism, manifesting in “studied ignorance” (Mills, 1997, p. 133) can be checked.

This thesis has shown the different ways society has invalidated the lived experience of disabled people during the COVID-19 pandemic, thereby dehumanizing them. Disabled people are deeply disappointed about this and equally terrified. It then behooves society to validate their lived experience. They are in effect stating that, “Our experience of disability must be embraced in order for there to be the creation of a new meaning of life” (Overboe, 1999, p. 27). Disabled people are eager to witness such ‘a new meaning of life,’ the dawn of a new day. But until ableism is brought to its knees, the battle is far from over.

## REFERENCES

- Abbott, P., & Sapsford, R. (2020). Marginalization. In D. Gu. & M. Dupre (Eds.), *Encyclopedia of gerontology and population aging*. (pp. 1-7). Springer. [https://doi.org/10.1007/978-3-319-69892-2\\_501-1](https://doi.org/10.1007/978-3-319-69892-2_501-1)
- Abells, D., Kirkham, Y. A., & Ornstein, M. P. (2016). Review of gynecologic and reproductive care for women with developmental disabilities. *Current Opinion in Obstetrics & Gynecology*, 28(5), 350–358. <http://dx.doi.org/10.1097/GCO.0000000000000299>
- Adhanom, G. T. (2020). Addressing mental health needs: an integral part of COVID-19 response. *World Psychiatry*, 19(2), 129-130. <https://doi.org/10.1002/wps.20768>
- Adler, E., & Clark, R. (2014). *An invitation to social research: How it's done* (5th ed.). Cengage Learning.
- Andrews, E. E., Ayers, K. B., Brown, K. S., Dunn, D. S., & Pilarski, C. R. (2020). No body is expendable: Medical rationing and disability justice during the COVID-19 pandemic. *American Psychologist*, 76(3), 451-461. <https://doi.org/10.1037/amp0000709>
- Appleman, L. I. (2018). Deviancy, dependency, and disability: The forgotten history of eugenics and mass incarceration. *Duke Law Journal*, 68(3), 417- 478  
<https://scholarship.law.duke.edu/dlj/vol68/iss3/1>
- Aryankhesal. A., Pakjouei, S., Kamali, M. (2018). Safety needs of people with disabilities during earthquakes. *Disaster Medicine and Public Health Preparedness*, 12(5), 615-621.  
<https://doi:10.1017/dmp.2017.121>.
- Bailey, A. (2007). Strategic ignorance. In S. Sullivan, & N. Tuana (Eds.), *Race and epistemologies of ignorance* (pp. 77–94). SUNY Press.
- Bandura, A. (1999). Moral disengagement in the perpetration of inhumanities. *Personality and*

- Social Psychology Review*, 3(3), 193-209. [https://doi.org/10.1207/s15327957pspr0303\\_3](https://doi.org/10.1207/s15327957pspr0303_3)
- Barnes, C. (1992a). Disabling imagery and the media: An exploration of the principles for media representations of disabled people. Ryburn Publishing.
- Barnes, C. (1992b). Institutional discrimination against disabled people and the campaign for anti-discrimination legislation. *Critical Social Policy*, 12(34), 5–22.  
<https://doi.org/10.1177/026101839201203401>
- Barnes, C. (n.d). *Institutional discrimination against disabled people and the campaign for anti-discrimination legislation*. The British Council of Organizations of Disabled People.
- Barnes, C., & Mercer, G. (2005). Disability, work, and welfare: Challenging the social exclusion of disabled people. *Work, Employment & Society*, 19(3), 527–545.  
<https://doi.org/10.1177/09500170050555669>
- Ben-Moshe, L, Anthony J. N., & Withers, A. J. (2012). Queer-cripping anarchism: Intersections and reflections on anarchism, queer-ness, and dis-ability. In C. B. Daring, J. Rogue, D. Shannon, & A. Volcano (Eds.), *Queering anarchism* (pp. 207–20). AK Press.
- Blair, I. V., Steiner, J. F., & Havranek, E. P. (2011). Unconscious (implicit) bias and health disparities: Where do we go from here? *The Permanente Journal*, 15(2), 71-78.  
<https://doi.org/10.7812/TPP/11.979>
- Bolt, D. (2015). Not forgetting happiness: The tripartite model of disability and its application in literary criticism. *Disability & Society*, 30(7), 1103–1117.
- Boothby, L. (2020, October 25). Q and A with Heidi Janz: COVID-19 exposed ableism, assisted death Bill C-7 endangers those with disabilities. *Edmonton Journal*.  
<https://edmontonjournal.com/news/local-news/q-and-a-with-heidi-janz-covid-19-exposed-ableism-assisted-death-bill-c-7-endangers-those-with-disabilities>

- Boynton, S. (2020, October 29 ). Ottawa says coronavirus disability grant will be paid Friday after months-long delay. Global News. <https://globalnews.ca/news/7431851/coronavirus-disability-payment-friday/>
- Brons, L. (2015). Othering, an analysis. *Transcience, a Journal of Global Studies*, 6(1), 69-90.
- Burnbury, S. (2019). Unconscious bias and the medical model: How the social model may hold the key to transformative thinking about disability discrimination. *International Journal of Discrimination and the Law*, 19(1), 26–47.  
<https://doi.org/10.1177/1358229118820742>
- Cameron, D. (2001). *Working with spoken discourse*. Sage.
- Campbell, F. K. (2001). Inciting legal fictions: Disability’s date with ontology and the ableist body of the law. *Griffith Law Review*, 10(1), 42–62.
- Carastathis, A. (2014). Reinvigorating intersectionality as a Provisional Concept. In N. Goswami, M. O'Donovan & L. Yount (Eds.), *Why race and gender still matter: An intersectional approach* (pp. 59-70). Pickering & Chatto.  
[https://www.researchgate.net/publication/327939563\\_Reinvigorating\\_Intersectionality\\_as\\_a\\_Provisional\\_Concept](https://www.researchgate.net/publication/327939563_Reinvigorating_Intersectionality_as_a_Provisional_Concept)
- Carbado, D., Crenshaw, K., Mays, V., & Tomlinson, B. (2013). Intersectionality: Mapping the movements of a theory. *Du Bois Review: Social Science Research on Race*, 10(2), 303–312. <https://doi:10.1017/S1742058X13000349>
- Chen, B., & McNamara, D. M. (2020). Disability discrimination, medical rationing and COVID-19. *Asian Bioethics Review*, 12(4), 511–518.  
<https://doi.org/10.1007/s41649-020-00147-x>
- Chivers, S. (2008). Barrier by barrier: The Canadian disability movement and the fight for equal rights. In Smith, M. (Ed.), *Group politics and social movements in Canada*, (pp. 307-

- 328). University of Toronto Press.
- Cieza, A., Kamenov, K., AlGhaib, O. A., Aresu, A., Chatterji, S., Chavez, F., Clyne, J., Drew, N., Funk, M., Guzman, A., Guzzi, E., Khasnabis, C., Mikkelsen, B., Minghui, R., Mitra, G., Narahari, P., Nauk, G., Priddy, A., ... Widmer-Iliescu, R. (2021). Disability and COVID-19: ensuring no one is left behind. *Archives of Public Health*, 79(148), 1-6. <https://doi.org/10.1186/s13690-021-00656-7>
- Cresswell, J. W., & Plano-Clark, V. L. (2011). *Designing and conducting mixed method research*. (2nd ed.). Sage.
- Crow, L. (1996). Including all of our lives: Renewing the social model of disability. In J. Morris (Ed.), *Encounters with strangers: Feminism and disability* (pp. 206–226). Women's Press.
- Darwin, C. R. (1871). *The descent of man, and selection in relation to sex* (Vol. 11). John Murray.
- Davis, A. (2004). Commentary: A disabled person's perspective on euthanasia. *Disability Studies Quarterly*, 24(3). <https://dsq-sds.org/article/view/512/689>
- Davis, L. J. (1997). Introduction. In L. J. Davis (Ed.), *The disability studies reader*. (2nd ed., pp. xv-xviii). Routledge.
- Deal, M. (2007). Aversive disablism: Subtle prejudice toward disabled people. *Disability & Society*, 22(1), 93–107. <https://doi.org/10.1080/09687590601056667>
- Department of Economic and Social Affairs of the United Nations. (2016). *Leaving no one behind: The imperative of inclusive development: Report on the world social situation 2016*. United Nations. <https://www.un.org/esa/socdev/rwss/2016/full-report.pdf>
- Dickinson, T. (2021, November 4). 'Abhorrent': Disability advocates slam CDC director for

comments on 'encouraging' Covid deaths. *Rolling Stone*.

<https://www.rollingstone.com/politics/politics-news/cdc-disability-rochelle-walensky-encouraging-death-1282179/>

Dirth, T.P. and Branscombe, N.R. (2017). Disability models affect disability policy support through awareness of structural discrimination. *Journal of Social Issues*, 73(2), 413-442.  
<https://doi.org/10.1111/josi.12224>.

Dror, A. A., Layous, E., Mizrachi, M., Daoud, A., Eisenbach, N., Morozov, N. Srouji, S., Avraham, K., & Sela, E. (2020). A lesson from COVID-19 on inaccessibility of web-based information for disabled populations worldwide. *BioRxiv*, 1-7.  
<https://doi.org/10.1101/2020.08.16.252676>

Dyck, E. (2013, September 14). Canada. <https://eugenicsarchive.ca/discover/world>

Dyer, R. (1993). *The matter of images: Essays on representations*. Routledge.

Edwards, C. (2013). The anomalous wellbeing of disabled people: A response. *Topoi*, 32(2), 189-196. <https://doi.org/10.1007/s11245-013-9156-0>

Eggins, S. (1994). *An introduction to systemic functional linguistics*. Continuum.

Epstein, S., Ayers, K., Swenor, B. K. (2021). COVID-19 vaccine prioritization for people with disabilities. *The Lancet Public*, 6(6). [https://doi.org/10.1016/S2468-2667\(21\)000931](https://doi.org/10.1016/S2468-2667(21)000931)

Epstein, S., Campanile, J., Cerilli, C., Gajwani, P., Varadaraj, V., & Swenor, B. K. (2021). New obstacles and widening gaps: A qualitative study of the effects of the COVID-19 pandemic on U.S. adults with disabilities. *Disability & Health Journal*, 14(3), 1-9.  
<https://doi.org/10.1016/j.dhjo.2021.101103>

Etmanski, A. (2020). The power of disability: 10 lessons for surviving, thriving, and changing

the world. Berrett-Koehler Publishers.

[https://books.google.ca/books?id=4pWwDwAAQBAJ&pg=PA159&lpg=PA159&dq=body+politics+catherine+frazee.pdf&source=bl&ots=Jmmmmvkw7S&sig=ACfU3U2KehzPzhtEdz\\_skQYyQOI5sNbWcw&hl=en&sa=X&ved=2ahUKEwiG2-GFtoz5AhUjlWoFHbFnBeAQ6AF6BAgCEAM#v=onepage&q&f=false](https://books.google.ca/books?id=4pWwDwAAQBAJ&pg=PA159&lpg=PA159&dq=body+politics+catherine+frazee.pdf&source=bl&ots=Jmmmmvkw7S&sig=ACfU3U2KehzPzhtEdz_skQYyQOI5sNbWcw&hl=en&sa=X&ved=2ahUKEwiG2-GFtoz5AhUjlWoFHbFnBeAQ6AF6BAgCEAM#v=onepage&q&f=false)

Fairclough, N. (1995). *Critical discourse analysis*. Longman.

Fairclough, N. (2003). *Analysing discourse: Textual analysis for social research*. Routledge.

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child & Adolescent Psychiatry & Mental Health*, 14(20), 1-11.

<https://doi.org/10.1186/s13034-020-00329-3>

Finkelstein, V. (1980) *Attitudes and disabled people: Issues for discussion* [monograph]. World Rehabilitation Fund. <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/finkelstein-attitudes.pdf>

FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC Medical Ethics*, 18(1), 1 – 18. <https://doi.org/10.1186/s12910-017-0179-8>

Fredrick, A. (2017). Risky mothers and the normalcy project: Women with disabilities negotiate scientific motherhood. *Gender & Society*, 31(1), 74–95.

<https://doi.org/10.1177/0891243216683914>

Garland-Thomson, R. (1997). *Extraordinary bodies: figuring physical disability in American culture and literature*, Columbia University Press.

Garland-Thomson, R. (2002). Integrating disability, transforming feminist theory. *NWSA*

- Journal*, 14(3), 1-32. <http://doi:10.1353/nwsa.2003.0005>
- Garland-Thomson, R. (2005). Feminist Disability Studies. *Signs*, 30(2), 1557–1587.  
<https://doi.org/10.1086/423352>
- Garland-Thomson, R. (2009). Disability, identity and representation: An introduction. In R. Michalko & T. Titchkosky (Eds.), *Rethinking normalcy: A disability studies reader* (pp. 63-74). Canadian Scholars' Press.
- Garland-Thomson, R. (2011). Misfits: A feminist materialist disability concept. *Hypatia: A Journal of Feminist Philosophy*, 26(3), 591–609. <https://doi:10.1111/j.1527-2001.2011.01206.x>
- Garland-Thomson, R. (2012). The case for conserving disability. *Bioethical Inquiry*, 9(3), 339-355. <https://doi.org/10.1007/s11673-012-9380-0>
- Garland-Thomson, R. (2017). Building a world with disability in it. In A. Waldschmidt, H. Berressem, & M. Ingwersen (Eds.), *Culture – Theory – Disability: Encounters between disability studies and cultural studies* (pp. 51-62). Transcript Verlag.  
<https://doi.org/10.1515/9783839425336-006>
- Gill, C. J. (1997). Four types of integration in disability identity development. *Journal of Vocational Rehabilitation* 9(1), 39-46. [https://doi.org/10.1016/S1052-2263\(97\)00020-2](https://doi.org/10.1016/S1052-2263(97)00020-2)
- Goering, S. (2008). ‘You Say You’re Happy, but...’: Contested quality of life judgments in bioethics and disability studies. *Bioethical Inquiry*, 5(2), 125 –135.  
<https://doi.org/10.1007/s11673-007-9076-z>
- Goering S. (2015). Rethinking disability: the social model of disability and chronic disease. *Current Reviews in Musculoskeletal Medicine*, 8(2), 134–138.  
<https://doi.org/10.1007/s12178-015-9273-z>

- Goethals, T., De Schauwer, E., & Van Hove, G. (2015). Weaving intersectionality into disability studies research: Inclusion, reflexivity and anti-essentialism. *Journal of Diversity & Gender Studies*, 2(1-2), 75-94. <https://www.jstor.org/stable/10.11116/jdivegendstud.2.1-2.0075>
- Goffman, Erving (1963). *Stigma: Notes on the management of spoiled identity*. Simon & Schuster.
- Goodley, D. (2014). *Dis/ability studies: Theorizing disablism and ableism*. Routledge.
- Gross, M. & McGoey, L. (2015). Introduction. In M. Gross, & L. McGoey (Eds.), *Routledge international handbook of ignorance studies* (pp. 1-14). Routledge.
- Gourevitch, P. (1998). *We wish to inform you that tomorrow we will be killed with our families: Stories from Rwanda*. Picador.
- Grue, J. (2015). *Disability and discourse analysis*. Ashgate.
- G20. (2020). Communiqué G20 finance ministers and Central Bank governors meeting 15 April [Virtual].
- Haagensen, L., & Croes, M. (2012) Thy brother's keeper? The relationship between social distance and intensity of dehumanization during genocide. *Genocide Studies & Prevention: An International Journal*, 7(2), 223-250. <https://doi:10.3138/gsp.7.2/3.223>
- Hahn, H. (1985). Toward a politics of disability: Definitions, disciplines, and policies. *The Social Science Journal*, 22(4). <https://www.independentliving.org/docs4/hahn2.html>
- Hall, S. (1997). Old and new identities, old and new ethnicities. In A. D. King (Ed.). *Culture, globalization, and the world-system: Contemporary conditions for the representation of identity* (pp.41-68). Minnesota University Press. <http://www.jstor.org/stable/10.5749/j.ctttsqb3>

- Haller, B. & Ralph, S. (2001). Not worth keeping alive? News framing of physician-assisted suicide in the United States and Great Britain. *Journalism Studies*, 2(3), 407–421.  
<https://www.tandfonline.com/loi/rjos20>
- Hansen, N. (2020A, April 5). Who gets medical care during the coronavirus pandemic — and what does that mean for people with disabilities? *CBC News*.  
<https://www.cbc.ca/news/canada/manitoba/manitobans-disability-health-care-coronavirus-1.5520589>
- Hansen, N. (2020B). Disabled women academics reshaping the landscape of the academy. In Datta, A., Hopkins, P., Johnston, L., Olson, E., & Silva, J. M (Eds.), *Routledge handbook of gender and feminist geographies*. (Vol. 1, pp. 59 – 67). Routledge.
- Hansen, N.E., & Philo, C. (2007). The normality of doing things differently: Bodies, spaces and disability geography. *Tijdschrift voor economische en sociale geografie*, 98(4), 493-506.  
<https://doi.org/10.1111/j.1467-9663.2007.00417.x>
- Harding, S. G. (1991). *Whose science? Whose knowledge? Thinking from women's lives*. Cornell University Press.
- Hartsock, N. (1990). Foucault on power: A theory for women. In L. J. Nicholson (Ed.), *Feminism/postmodernism* (pp. 157–175). Routledge.
- Haslam, N., & Loughnan, S. (2014). Dehumanization and infrahumanization. *Annual Review of Psychology*, 65, 399–423. <https://doi.org/10.1146/annurev-psych-010213-115045>
- Haslam, N., & Stratemeyer, M. (2016). Recent research on dehumanization. *Current Opinion in Psychology*, 11, 25-29.
- Hästbacka, E, Nygård, M., & Nyqvist, F. (2016). Barriers and facilitators to societal participation of people with disabilities: A scoping review of studies concerning

- European countries. *Alter: European Journal of Disability Research*, 10(3), 201–220.  
<https://doi.org/10.1016/j.alter.2016.02.002>
- Hatzfeld, J. (2006). *Machete season: The killers in Rwanda speak*. Picador.
- Hehir, T. (2002). Eliminating ableism in education. *Harvard Educational Review*, 72(1), 1–33.  
<https://doi.org/10.17763/haer.72.1.03866528702g2105>
- Higgins, C., & Walker, R. (2019). Ethos, logos, pathos: Strategies of persuasion in social/environmental report. *Accounting Forum*, 36(3), 194–208.  
<https://doi.org/10.1016/j.accfor.2012.02.003>
- Hodge, N., & Runswick-Cole, K. (2013). 'They never pass me the ball': exposing ableism through the leisure experiences of disabled children, young people and their families. *Children's Geographies*, 11(3), 311–325. <https://doi.org/10.1080/14733285.2013.812275>
- Hogan, D.E., & Burstein, J. L. (2007). Basic perspectives on disaster. In D. E. Hogan, & J. L. Burstein, J.L (Eds.), *Disaster Medicine* (2nd ed., pp. 1 - 11). Lippincott Williams & Wilkins.
- Hollomotz, A. (2013). Disability, oppression and violence: Towards a sociological explanation. *Sociology*, 47(3), 477–493. <https://doi.org/10.1177/0038038512448561>
- Holness, W. (2013). Informed consent for sterili{z}ation of women and girls with disabilities in the light of the convention on the rights of persons with disabilities. *Agenda: Empowering Women for Gender Equity*, 27(4), 35–54.  
<https://doi.org/10.1080/10130950.2013.857869>
- Hosking, D. L. (2008, Sept. 2–4). Critical disability theory. [Conference session]. 4th Biennial Disability Studies Conference, Lancaster University, Bailrigg, Lancaster, Lancashire, UK.

- Huckin, T. N. (1997). Critical discourse analysis. In T. Miller (Ed.), *Functional approaches to written text: Classroom applications* (pp. 78–92). United States Information Agency.
- Hughes, B. (2000). Medicine and the aesthetic invalidation of disabled people. *Disability & Society*, 15(4), 555-568. <https://doi.org/10.1080/09687590050058170>
- Hughes, B. (2002). Bauman's strangers: Impairment and the invalidation of disabled people in modern and post-modern cultures. *Disability & Society*, 17(5), 571-584. <https://doi.org/10.1080/09687590220148531>
- Hunt, M. R., Chung, R., Durocher, E., & Henrys, J. H. (2015). Haitian and international responders' and decision-makers' perspectives regarding disability and the response to the 2010 Haiti earthquake. *Global Health Action*, 8(1), 1-10. <https://doi.org/10.3402/gha.v8.27969>
- Iezzoni, L. I. (2011). Eliminating health and health care disparities among the growing population of people with disabilities. *Health Affairs*, 30(10), 1947–1954. <https://doi.org/10.1377/hlthaff.2011.0613>
- Janz, H. (2020, October, 22). Duty to accommodate: The ethical imperative for a human-rights-based approach to medical care during the COVID-19 pandemic, and beyond. [Health Ethics Seminar]. Fall 2020 Series, University of Alberta, Edmonton, Alberta, Canada. <https://ualberta-ca.zoom.us/j/95077699786>
- Johnson, E. (2016). Disability, medicine, and ethics. *AMA Journal of Ethics*, 18(4), 355 – 358. <https://journalofethics.ama-assn.org/article/disability-medicine-and-ethics/2016-04#:~:text=10.1001/journalofethics.2016.18.4.fred1%2D1604>.
- Keegan, M. (2020, May 13). Why coronavirus may make the world more accessible. *BBC*. <https://www.bbc.com/future/article/20200513-why-the-coronavirus-can-make-the-world-more-accessible>

- Kelman, H. C. (1973). Violence without moral restraint: Reflections on the dehumanization of victims and victimizers. *Journal of Social Issues*, 29(4), 25–61.  
<https://doi.org/10.1111/j.1540-4560.1973.tb00102.x>
- Kent, M., & Ellis, K. (2015). People with disability and new disaster communications: Access and the social media mash-up. *Disability & Society* 30(3), 419–431.  
<https://doi.org/10.1080/09687599.2015.1021756>
- Kittay, E. F. (2009). The personal is philosophical is political: A philosopher and mother of a cognitively disabled person sends notes from the battlefield. *Metaphilosophy*, 40(3-4), 393-413.  
<https://www.jstor.org/stable/24439804>
- Carlson, L., & Kittay, E.F. (2009). Introduction: Rethinking philosophical presumptions in light of cognitive disability. *Metaphilosophy*, 40(3/4), 307-330.  
<http://www.jstor.org/stable/24439787>
- Kovel, J. (1970). *White racism: A psychohistory*. Columbia University.
- Krahn, G. L., Fujiura, G., Drum, C. E., Cardinal, B. J., & Nosek, M. A. (2009). The dilemma of measuring perceived health status in the context of disability. *Disability & Health Journal*, 2(3), 49–56. <https://doi.org/10.1016/j.dhjo.2009.06.001>
- Leigh, J., & Brown, N. (2020). Internalised ableism. In N. Brown & J. Leigh (Eds.), *Ableism in academia* (pp. 164–181). UCL Press. <https://doi.org/10.2307/j.ctv13xprjr.16>
- Levitan, S. A., Mangum, G. L., & Marshall, R. (1976). *Human resources and labor markets* (2nd ed.). Harper & Row.
- Lewis, P. (2020). *Disability discrimination act: 1995 and now*. House of Lords Library.
- Leyens, J. Ph., Paladino, M. P., Rodriguez, R. T., Vaes, J., Demoulin, S., Rodriguez, A. P., & Gaunt, R. (2000). The emotional side of prejudice: The attribution of secondary emotions

- to ingroups and outgroups. *Personality & Social Psychology Review*, 4(2), 186–197.  
[https://doi.org/10.1207/S15327957PSPR0402\\_06](https://doi.org/10.1207/S15327957PSPR0402_06)
- Leyens, J.-P., Rodriguez-Perez, A., Rodriguez-Torres, R., Gaunt, R., Paladino, M.-P., Vaes, J., & Demoulin, S. (2001). Psychological essentialism and the differential attribution of uniquely human emotions to ingroups and outgroups. *European Journal of Social Psychology*, 31(4), 395–411. <https://doi.org/10.1002/ejsp.50>
- Linton, S. (1998). *Claiming disability: Knowledge and identity*. New York University Press.
- Linton, S. (2005). What is disability studies? *PMLA*, 120(2), 518–522.  
<https://www.jstor.org/stable/25486177>
- Linton, S. (2006). *My body politic: A memoir*. University of Michigan Press.
- Luborsky, Mark. (1994). The cultural adversity of physical disability: Erosion of full adult personhood. *Journal of Aging Studies*, 8(3), 239–253. [https://doi.org/10.1016/0890-4065\(94\)90002-7](https://doi.org/10.1016/0890-4065(94)90002-7)
- Mahowald, M. B. (1998). A feminist standpoint. In A. Silvers, D. Wasserman, & M. B. Mahowald (Eds.), *Disability, difference, discrimination: Perspectives on justice in bioethics and public policy* (pp. 109–251). Rowman and Littlefield.
- Malacrida, C. (2012). Bodily practices as vehicles for dehumanization in an institution for mental defectives. *Societies*, 2(4), 286–301. <https://doi.org/10.3390/soc2040286>
- Marini, I. (2017). The history of treatment toward people with disabilities. In I. Marini, M. Noreen, & M. J. Millington (Eds.), *Psychosocial aspects of disability: Insider perspectives and strategies for counselors* (2nd ed. pp. 3-32). Springer Publishing Company.
- Maguire, B. (2012, October 2). Living with motor neuron disease. *The Irish Times*.

- McMahan, Jeff. (1996). Cognitive disability, misfortune, and justice. *Philosophy & Public Affairs* 25(1), 3–35.
- Michalko, R. (2002). *The difference that disability makes*. Temple University Press.
- Miles, A. L. (2018). Strong black women: African American women with disabilities: Intersecting identities, and inequality. *Gender & Society*, 33(1), 41–63.  
<https://doi.org/10.1177/0891243218814820>
- Mills, C. W. (1997). *The racial contract*. Cornell University Press.
- Miller, P. S. (1993) The impact of assisted suicide on persons with disabilities—is it a right without freedom? *Issues in Law & Medicine*, 9(1), 47–62.  
<https://ssrn.com/abstract=1205842>
- Mitchell, D. & Snyder, S. (2000). *Narrative prosthesis: Disability and the dependencies of discourse*. University of Michigan Press.
- Moreno, C., Wykes, T., Galderisi, S., Nordentoft, M., Crossley, N., Jones, N., Cannon, M., Correll, C. U., Byrne, L. Carr, S., Y H Chen, E. Y. H., Gorwood, P., Johnson, S., Kärkkäinen, H., Krystal, J. H., Lee, J., Lieberman, J., López-Jaramillo, C., Männikkö, M.,... Arango, C. (2020). How mental health care should change as a consequence of the COVID-19 pandemic. [Position Paper]. *The Lancet Psychiatry*, 7(9), 813–824.  
[https://doi.org/10.1016/S2215-0366\(20\)30307-2](https://doi.org/10.1016/S2215-0366(20)30307-2)
- Morris, J. (1991). *Pride against prejudice: Transforming attitudes to disability*. Women’s Press.
- Moss, K., Dawson, L., Michelle Long, M., Kates, J., Musumeci, MB., Cubanski, J., & Pollitz, K. (2020, March 23). The families first coronavirus response act: Summary of key provisions.  
<https://www.kff.org/coronavirus-covid-19/issue-brief/the-families-first-coronavirus->

[response-act-summary-of-key-provisions/](#)

Mullet, D. R. (2018). A general critical discourse analysis framework for educational research.

*Journal of Advanced Academics*, 29(2), 116–142.

<https://doi.org/10.1177/1932202X18758260>

Munyi, C.W. (2012). Past and present perceptions towards disability: A historical perspective.

*Disability Studies Quarterly*, 32(2). <https://doi.org/10.18061/dsq.v32i2.3197>

Mutter, J. C. (2015). *The disaster profiteers: How natural disasters make the rich richer and the poor even poorer*. St Martin's Press.

Nario-Redmond, M. R. (2010). Cultural stereotypes of disabled and non-disabled men and women: Consensus for global category representation in diagnostic domains. *British Journal of Social Psychology*, 49(3), 471–488.

<https://doi.org/10.1348/014466609X468411>

Nario-Redmond, M. R. (2020). *Ableism: The causes and consequences of disability prejudice*.

John Wiley & Sons, Inc.

Ndlovu, S. (2021). Humanness and ableism: Construction and deconstruction of disability. In M.

Steyn & W. Mporfu (Eds.), *Decolonising the Human: Reflections from Africa on difference and oppression*, (pp. 65-85). Wits University Press.

Ne'eman, A. (2020, March 23). Disabled in the coronavirus crisis: "I will not apologize for my

Needs." *New York Times*. <https://www.nytimes.com/2020/03/23/opinion/coronavirus-ventilators-triage-disability.html>

Nour, S. K., & Alexander P. L. (2022). Dehumanization: trends, insights, and challenges. *Trends*

*in Cognitive Sciences*, 26(3), 222–240. <https://doi.org/10.1016/j.tics.2021.12.003>

O'Neill, R. (2020, July 6). Could COVID-19 be the thing that actually normalizes mental

- healthcare? *The Talkspace Voice*.
- Obermann, C. E. (1965). *A history of vocational rehabilitation in America*. T.S. Denison.
- OECD. (2020). Building back better: A sustainable, resilient recovery after COVID-19. *OECD Policy Responses to Coronavirus (COVID-19)*. <https://doi.org/10.1787/52b869f5-en>.
- Oliver, M. (1983) *Social work with disabled people*. Macmillan.
- Oliver, M. (1996). *Understanding disability: From theory to practice*. St. Martin's Press.
- Oliver, M. (2004). The social model in action: If I had a hammer. In C. Barnes & G. Mercer (Eds.), *Implementing the social model of disability: Theory and research* (pp. 18-31). The Disability Press.
- Oliver, M., Sapey, B. & Thomas, P. (2012). *Social work with disabled People* (4th ed.). Palgrave Macmillan.
- Oliver, S. (2011). Dehumanization: Perceiving the body as (in)human. In P. Kaufmann, H. Kuch, C. Neuhaeuser, E. Webster (Eds.), *Humiliation, degradation, dehumanization* (vol 24, pp. 85-97). Springer. [https://doi.org/10.1007/978-90-481-9661-6\\_7](https://doi.org/10.1007/978-90-481-9661-6_7)
- O'Mathúna, D. P., Gordijn, B. (2018). Conceptualizing and assessing disasters: An introduction. In D. O'Mathúna, V. Dranseika, & B. Gordijn (Eds.), *Disasters: Core concepts and ethical theories*. *Advancing Global Bioethics* (vol 11, 1-9). Springer. [https://doi.org/10.1007/978-3-319-92722-0\\_1](https://doi.org/10.1007/978-3-319-92722-0_1)
- Opotow, S. (1990), Moral exclusion and injustice: An introduction. *Journal of Social Issues*, 46(1), 1–20. <https://doi.org/10.1111/j.1540-4560.1990.tb00268.x>
- Ory, M., Hoffman, M. K., Hawkins, M., Sanner, B., & Mockenhaupt, R. (2003). Challenging aging stereotypes: strategies for creating a more active society. *American Journal of Preventive Medicine*, 25(3), 164–171. [https://doi.org/10.1016/S0749-3797\(03\)00181-8](https://doi.org/10.1016/S0749-3797(03)00181-8)

- Overboe, J. (1999). 'Difference in itself': Validating disabled people's lived experience. *Body & Society*, 5(4), 17–29. [https://doi.org/10.1016/S0749-3797\(03\)00181-8](https://doi.org/10.1016/S0749-3797(03)00181-8)
- Pakjouei, S., Aryankhesal, A., Kamali, M., Seyedin, H., & Heidari, M. (2021). Positive effects of earthquake from the perspective of people with physical disability in Iran. *International Journal of Disaster Resilience in the Built Environment*, 12(2), 157-169. <https://doi.org/10.1108/IJDRBE-03-2020-0023>
- Paltridge, B. (2012). *Discourse Analysis: An Introduction* (2nd ed.). Bloomsbury.
- Parker, I. (1992). *Discourse dynamics: Critical analysis for social and individual psychology*. Routledge.
- Patterson, D. (2021, Feb. 19). Crip Tips TV Episode 2 [video]. YouTube <https://www.youtube.com/watch?v=K7ZOVUzpX90>
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage.
- Peña-Guzmán, D. M. & Reynolds, J. M. (2019). The harm of ableism: Medical error and epistemic injustice. *Kennedy Institute of Ethics Journal*. 29(3), 205–242. <https://doi.org/10.1353/ken.2019.0023>
- Peng, J. & Kiesel, L. (2020, October 27). *For those with disabilities, shift to remote work has opened doors*. The Christian Science Monitor. <https://www.csmonitor.com/Business/2020/1027/For-those-with-disabilities-shift-to-remote-work-has-opened-doors-video>
- Pestka, K & Wendt, S. (2014). Belonging: women living with intellectual disabilities and experiences of domestic violence, *Disability & Society*, 29(7), 1031–1045. <https://doi.org/10.1080/09687599.2014.902358>
- Pfeffer, F. T., Danziger, S., & Schoeni, R. F. (2013). Wealth disparities before and after the

- Great Recession. *The Annals of the American Academy of Political and Social Science*, 650(1), 98–123. <https://doi.org/10.1177/0002716213497452>
- Proctor, R. N. (1995). The destruction of “lives not worth living.” In J. Terry & J. Urla (Eds.), *Deviant bodies: Critical perspectives on difference in science and popular culture* (pp. 170–196). Indiana University Press.
- Rodríguez, H., Trainor, J., & Quarantelli, E. L. (2006). Rising to the challenges of a catastrophe: The emergent and prosocial behaviour following Hurricane Katrina. *The Annals of the American Academy of Political & Social Science*, 604(1), 82–101. <https://doi.org/10.1177/0002716205284677>
- Rogers, R. (2004). Setting an agenda for critical discourse analysis in education. In R. Rogers (Ed.), *An introduction to critical discourse in education* (pp. 237–254). Laurence Erlbaum.
- Romano, N., & Bagenstos, S. (2020, April 6). *Don't deny ventilators to disabled patients*. The Washington Post. <https://www.washingtonpost.com/outlook/2020/04/06/coronavirus-ventilators-disabled-people/>
- Rooney, P. (2011). The marginalization of feminist epistemology and what it reveals about epistemology ‘proper’. In H. E. Grasswick (Ed.), *Feminist epistemology and philosophy of science: Power in knowledge* (pp. 3–24). Springer.
- Rosenwasser, P. (2000). Tool for Transformation: Cooperative Inquiry as a Process for Healing from Internalized Oppression. Adult Education Research Conference. <https://newprairiepress.org/aerc/2000/papers/77>
- Roulstone, A. (1998). *Enabling technology: Disabled people, work and new technology*. Open University Press.

Safe 'N' Clear. (n.d). The first FDA approved mask with a clear window made in the USA.

<https://safenclear.com/>

Savarese, R. J. (2009). Lyric anger and the victrola in the attic: An interview with Stephen Kuusisto. *Journal of Literary & Cultural Disability Studies*, 3(2), 195–207.

<http://dx.doi.org/10.1353/jlc.0.0020>

Shakespeare, T. (2010). The social model of disability. In L. J. Davis (Ed.), *The disability studies reader*. (3rd ed., pp. 266-273). Routledge.

Shakespeare, T. (2014). The social model of disability. In L. J. Davis (Ed.), *The disability studies reader* (4th ed., pp. 214-221). Routledge.

Shakespeare, T., Iezzoni, L., & Groce, N. E. (2009). Disability and the training of health professionals. *The Lancet*, 374(9704), 1815–1816. [https://doi.org/10.1016/S0140-](https://doi.org/10.1016/S0140-6736(09)62050-X)

[6736\(09\)62050-X](https://doi.org/10.1016/S0140-6736(09)62050-X)

Shakespeare, T., Watson, N., Brunner, R., Jane Cullingworth, J., Hameed, S., Scherer, N., Pearson, C., & Reichenberger, V. (2022). Disabled people in Britain and the impact of the COVID-19 pandemic. *Social Policy & Administration*, 56(1), 103–117.

<https://doi.org/10.1111/spol.12758>

Shildrick, M. (2009). *Dangerous discourses of disability, subjectivity and sexuality*.

Palgrave Macmillan.

Silvers A. (2003). On the possibility and desirability of constructing a neutral conception of disability. *Theoretical Medicine & Bioethics*, 24(6), 471–487.

<https://doi.org/10.1023/B%3AMETA.0000006924.82156.5B>

Slack, J. D. & Wise, J. M. (2014). *Culture and technology: A primer* (2nd ed.). Peter Lang.

Sneed, D. (2018). *The Life Cycle of Disability in Ancient Greece*. (ProQuest ID:

- Sneed\_ucla\_0031D\_16812) [Doctoral dissertation, University of California].  
<https://escholarship.org/uc/item/9jg5z235>
- Solnit, R. (2010). *A paradise built in hell: The extraordinary communities that arise in disaster*. Penguin Books.
- Steele, C., Spencer, S., Aronson, J. (2002). Contending with group image: The psychology of stereotype and social identity threat. In M. Zanna (Ed.), *Advances in experimental social psychology* (pp. 379–40). Academic Press.  
[https://doi.org/10.1016/S0065-2601\(02\)80009-0](https://doi.org/10.1016/S0065-2601(02)80009-0)
- Stevens, B. (2014). Individual rights and responsibilities: Structural barriers to sexual autonomy for disabled people. *GPSolo*, 3(2), 62–6. <http://www.jstor.org/stable/24632477>
- Stratton, C., Andersen, L., Proulx, L., & Sirotich, E. (2021). When apathy is deadlier than COVID-19. *Nature Aging* 1, 144–145. <https://doi.org/10.1038/s43587-021-00030-w>
- Ten Have, H. (2018). Disasters, vulnerability and human rights. In D. O’Mathúna, V. Dranseika & B. Gordijn (Eds.), *Disasters: Core concepts and ethical theories* (Vol. 11, pp. 157–178). Springer. [https://doi.org/10.1007/978-3-319-92722-0\\_11](https://doi.org/10.1007/978-3-319-92722-0_11)
- Tessler, H., Choi, M., & Kao, G. (2020). The Anxiety of being Asian American: Hate crimes and negative biases during the COVID-19 pandemic. *American Journal of Criminal Justice*, 45(4), 636–646. <https://doi.org/10.1007/s12103-020-09541-5>
- Thomas, R. (2020, April 4). Learning disabilities patients told they may be ‘too frail’ for mechanical ventilation if they get covid-19. *HSJ*.  
<https://www.hsj.co.uk/coronavirus/learning-disabilities-patients-told-they-may-be-too-frail-for-mechanical-ventilation-if-they-get-covid-19/7027318.article>
- Titchkosky, T. (2008). “To Pee or Not to Pee?” Ordinary talk about extraordinary exclusions in a

- university environment. *The Canadian Journal of Sociology*, 33(1), 37–60.  
<http://www.jstor.org/stable/canajsocicahican.33.1.37>
- Titchkosky, T., & Michalko, R. (2009). Introduction. In T. Titchkosky, & R. Michalko (Eds.), *Rethinking normalcy: A disability studies reader* (pp. 1–14). Canadian Scholars' Press Inc.
- Toombs, S. K. (1995). The lived experience of disability. *Human Studies*, 18(1), 9–23.  
<http://www.jstor.org/stable/20011069>
- Torjman, S. (2020). Primer on a new disability income benefit. *The Institute for Research & Development on Inclusion & Society*.  
<https://irisinstitute.ca/wp-content/uploads/sites/2/2020/11/Primer-on-a-New-Disability-Income-Benefit-Nov-2020.pdf>
- Union of the Physically Impaired Against Segregation (UPIAS). (1976). *Fundamental principles of disability*. UPIAS.
- USAID. (2012, October). *Nigeria Climate Vulnerability Profile*. Climatelinks.  
<https://www.climatelinks.org/countries/nigeria>
- Van Dijk, T. (1993). Principles of critical discourse analysis. *Discourse & Society*, 4(2), 249–283. <https://doi.org/10.1177/0957926593004002006>
- Vorhaus, J. (2018). *Valuing profoundly disabled people: Fellowship, community and ties of birth*. Routledge.
- Waller, J. (2002). *Becoming evil: How ordinary people commit genocide and mass killing*. Oxford University Press.
- Fink, S. (March 21, 2020). “The Hardest Questions Doctors May Face: Who Will Be Saved? Who Won’t?”. New York Times. <https://www.nytimes.com/2020/03/21/us/coronavirus->

[medical-rationing.html](#)

- Trudeau, J. (2020, June 5). New supports for Canadians with disabilities to address challenges related to COVID-19. Canada. <https://pm.gc.ca/en/news/backgrounders/2020/06/05/new-supports-canadians-disabilities-address-challenges-related-covid>
- Wendell, S. (2001). Unhealthy disabled: Treating chronic illnesses as disabilities. *Hypatia*, 16(4), 17–33. <http://www.jstor.org/stable/3810781>
- Wendell, S. (2006). Towards a feminist theory of disability. In J. D. Lennard (Ed.), *The disability studies reader* (2nd. ed., pp. 243–256). Taylor & Francis.
- Wenham, C., Smith, J., & Morgan, R. (2020). Covid-19 is an opportunity for gender equality within the workplace and at home. *BMJ*, 369–370. <https://doi.org/10.1136/bmj.m1546>
- WHO (2020). *Substantial investment needed to avert mental health crisis*. World Health Organization.  
<https://www.who.int/news/item/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis>
- Wilton, R., & Schuer, S. (2006). Towards socio-spatial inclusion? Disabled people, neoliberalism and the contemporary labour market. *Royal Geographical Society*, 38(2), 186–195. <http://dx.doi.org/10.1111/j.1475-4762.2006.00668.x>
- Withers, A. J. (2012). *Disability politics and theory*. Fernwood.
- Wodak, R. (2009). Critical discourse analysis: History, agenda, theory, and methodology. In R. Wodak & Meyer (Eds.), *Methods of critical discourse analysis* (2nd ed. pp. 1–33). Sage.
- Wolbring, G. (2005). HTA initiative #23: *The triangle of enhancement medicine, disabled eople, and the concept of health: A new challenge for HTA, health research, and health policy*. Alberta Heritage Foundation for Medical Research.

<http://www.ihe.ca/documents/hta/HTA-FR23.pdf>

Wolbring, G. (2007). New and emerging sciences and technologies, ableism, transhumanism and religion, faith, theology and churches. *Madang; International Journal of Contextual Theology in East Asia*, 7, 79–112.

Wolbring, G. (2008). The Politics of Ableism. *Development*, 51(2), 252–258.

<https://doi.org/10.1057/dev.2008.17>

Wolbring, G. (2011). Ableism and favouritism for abilities governance, ethics and studies: New Tools for nanoscale and nanoscale-enabled science and technology governance. In S. E. Cozzens & J. Wetmore (Eds.), *Nanotechnology and the challenges of equity, equality and development* (pp. 89–105). Springer.

Young, H. M., Quinn, W., Brassard, A., Gualtieri, C., & Reinhard, S. (2020). Covid-19 pandemic spurs policy changes benefiting older adults. *Journal of Gerontological Nursing*, 46(6), 19–23. <https://doi.org/10.3928/00989134-20200515-01>

Van der Merwe, A. (2020). Outline of the book and a reflection on the ethos of nursing. In F. Paton, J. Bell, & A. Van der Merwe. *An Introduction to the ethos of nursing* (4th ed.) Pearson.

Zhang, S., & Feng, S. (2017). Understanding the unequal post-great recession wealth recovery for American families. *The B.E. Journal of Economic Analysis & Policy*, 17(4), 1–42. <https://doi.org/10.1515/bejeap-2016-0229>

## Appendix: Articles Examined in Discourse Analysis

Abel, C., & Lai, J. (2020, October 2). Disabled Canadians ignored in policies on COVID-19.

*Policy Options*. <https://policyoptions.irpp.org/letters-to-the-editor/>

Alabama Disabilities Advocacy Program. (2020, March 24). *RE: Complaint of Alabama disabilities advocacy program and the arc of the United States*. Center for Public

Representation. [https://www.centerforpublicrep.org/wp-content/uploads/2020/03/AL-OCR-Complaint\\_3.24.20.docx.pdf](https://www.centerforpublicrep.org/wp-content/uploads/2020/03/AL-OCR-Complaint_3.24.20.docx.pdf)

Amogunla, Femi. (2021, April 4). How COVID-19 has impacted Nigerians with disabilities.

*Aljazeera News*. <https://www.aljazeera.com/features/2021/4/4/how-covid-19-has-impacted-nigerians-with-disabilities>

Baragona, J. (2020, April 9). *Bill O'Reilly: Those Dying From Coronavirus 'Were on Their Last Legs Anyway.'* *Daily Beast*.

<https://www.thedailybeast.com/bill-oreilly-says-those-dying-from-coronavirus-were-on-their-last-legs-anyway>

Baumer, N. (2021, May 25). *The pandemic isn't over — particularly for people with disabilities*. Harvard Health Publishing.

<https://www.health.harvard.edu/blog/the-pandemic-isnt-over-particularly-for-people-with-disabilities-202105252464>

Bresge, A. (2020, August 6). 'Do our lives count for less?' COVID-19 exposes cracks in Canada's disability aid. CTV News.

<https://www.ctvnews.ca/health/coronavirus/do-our-lives-count-for-less-covid-19-exposes-cracks-in-disability-aid-1.5053187>

COVID-19 Disability Rights Monitor (DRM) Coordinating Group. (2020). COVID-19 disability

- rights monitor. <https://www.covid-drm.org/voices>
- Epstein, S., Ayers, K., Swenor, B. K. (2021). COVID-19 vaccine prioritization for people with disabilities. *The Lancet Public*, 6(6). [https://doi.org/10.1016/S2468-2667\(21\)000931](https://doi.org/10.1016/S2468-2667(21)000931)
- Grote, H., & Izagaren, F. (2020). Covid-19: The communication needs of D/deaf healthcare workers and patients are being forgotten. *BMJ*. <https://doi.org/10.1136/bmj.m2372>
- Harden, J., & Jama, S. (2020, May 12). Disabled Ontarians are being denied access to assisted devices during the pandemic. Toronto Star. <https://www.thestar.com/opinion/contributors/2020/05/12/disabled-ontarians-are-being-denied-access-to-assisted-devices-during-the-pandemic.html>
- Hoskin, J. & Finch, J. (2020, July 27). How disabled people have been completely disregarded during the coronavirus pandemic. *The Conversation*. <https://theconversation.com/how-disabled-people-have-been-completely-disregarded-during-the-coronavirus-pandemic-142766>
- Keller, I. (2020, October 22). 'Dehumanizing': Comic, disability advocate on COVID's hardest hits. Asbury Park Press. <https://www.app.com/story/entertainment/2020/10/22/dehumanizing-comic-disability-advocate-maysoon-zayid-covid-hardest-hits/3718012001/>
- Layton, J. (2020, November 14). Exhausted parents of disabled children feel 'abandoned' as Covid shut services. *Metro*. <https://metro.co.uk/2020/11/14/exhausted-parents-of-disabled-children-feel-abandoned-in-lockdown-13590587/>
- McQuigge, M. (2020, March 18). Disabled Canadians feel excluded from COVID-19 messaging. *CTV News*. <https://www.ctvnews.ca/health/coronavirus/disabled-canadians-feel->

[excluded-from-covid-19-messaging-1.4857691](#)

Oduti, B. (2020, June 23). People with disabilities left stranded during national lockdown in Uganda. *Global Voices*. <https://globalvoices.org/2020/06/23/people-with-disabilities-left-stranded-during-national-lockdown-in-uganda/>

Parekh, G. (2020, June 5). Canada: Coronavirus crisis proves extent of ableism in our approach to long-term care, expert says. *NewMarket News*. <https://www.newmarkettoday.ca/local-news/canada-coronavirus-crisis-proves-extent-of-ableism-in-our-approach-to-long-term-care-expert-says-2364852>

Patra, J. (2021). How covid-19 vaccine drive left out persons with disabilities. *Outlook*. <https://www.outlookindia.com/website/story/opinion-how-covid-19-vaccine-drive-left-out-persons-with-disabilities/389325>

Pring, J. (2020, October 29). Governments 'overwhelmingly failed' to protect disability rights during pandemic. *Disability News Service*. <https://www.disabilitynewsservice.com/governments-overwhelmingly-failed-to-protect-disability-rights-during-pandemic/>

Scott, E. (2021, November 18). Covid-19 pandemic: impact on people with disabilities. *In Focus*. <https://lordslibrary.parliament.uk/covid-19-pandemic-impact-on-people-with-disabilities/>

Shakespeare, T., Watson, N., Brunner, R., Cullingworth, J., Hameed, S., Scherer, N., Pearson, C., & Reichenberger, V. (2021). Disabled people in Britain and the impact of the COVID-19 pandemic. *Soc Policy Adm.*, 56(1), 103-117. <https://doi.org/10.1111/spol.12758>

Shapiro, J. (2020A, December 14). As hospitals fear being overwhelmed by COVID-19, do the

disabled get the same access? *NPR*. <https://www.npr.org/2020/12/14/945056176/as-hospitals-fear-being-overwhelmed-by-covid-19-do-the-disabled-get-the-same-access>

Shapiro, J. (2020B, December 21). Oregon hospitals didn't have shortages. So why were disabled people denied care? *NPR*

The Canadian Press Staff. (2020, May 7). COVID-19 highlights existing barriers for Canadians with communication disabilities. *CTV News*.

<https://www.ctvnews.ca/health/coronavirus/covid-19-highlights-existing-barriers-for-canadians-with-communication-disabilities-1.4929736>

U of T News. (2021). Canadians with disabilities, chronic health conditions hit hard by COVID-19: *U of T study*. <https://www.utoronto.ca/news/canadians-disabilities-chronic-health-conditions-hit-hard-covid-19-u-t-study>