

Concerns for People with Disability During COVID-19

By: Mary Jo Iozzio

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Religion and the COVID-19 Pandemic: Vulnerable Populations

The coronavirus pandemic has exposed the shortcomings of a social system that misses the mark in its care for many vulnerable people, among them the at-risk populations of the elderly, people with chronic illness, and people with disability. Human beings are social creatures by nature, dependent on many kinds of services—from health care and education, to safe harbor and friendships. Unfortunately, the vulnerability that susceptibility and social distancing poses for these at-risk people requires the attention of policymakers and a national commitment that ensures no one will be left wanting due to a lack of recognition of their needs. Among these needs are the accommodations necessary for them to access the common goods that support well-being (food, education, health care, employment, safety). Such a commitment will guard against failures of oversight about these goods concerning them.

Chief among the many reasons for the lack of critical and informed attention to people with disability in this pandemic and in other catastrophic events (remember Hurricane Katrina? See [People with Disability Tell Their Stories](#) and [No One Left Behind](#)) are the social constructions of disability. [Ableism](#)—a set of beliefs inclusive of prejudicial approaches to “the disabled” that discriminate against them, and akin to and often overlapping other “isms” like racism, sexism, heterosexism, etc.—is the principal culprit in these constructions. Embedded into the fabric of contemporary societies from our philosophical, political, and religious heritages, ableism has orchestrated exclusion of people with disability and other minoritized persons in our nation, and in general human political and economic commerce.

As the disability critique has demonstrated, more often than not, “professional” conclusions about the cause, severity, or rehabilitation of a person with this or that impairment were faulty at best and dangerous at worst, resulting in wholesale exclusion if not sequester of persons with disability and other presumed dangerous folk (of course, exceptions are found in the use of persons with disability in entertainment or those with brilliant minds, among others). What today’s ableism fails to recognize is that the world as we know it was constructed—with laws and policies or with brick and mortar—for abled access, with results that make access for people with disability prohibitive if not entirely revoked without assistance from abled others.

COVID-19 exposes an acute miscarriage of justice regarding the common goods of access to life, home, health care, nutrition, education, friendship, and employment in meeting accommodations for people with disability that include protections from the risks of infection as a matter of course as well as the full gamut of resources to treatment once diagnosis is confirmed. [Rationing](#) on account of disability is blatantly discriminatory. Preemptively, [The Partnership for Inclusive Disaster Strategies](#), [National Council on Independent Living](#), and the [World Institute on Disability](#) along with 150 other organizations working with and on behalf of people with disability present an urgent “[National Call to Action](#)” for

immediate strategies and solutions from the federal government and governments at every level to address specific needs of persons with disabilities throughout the COVID-19 outbreak and all public health emergencies. In a March 9, 2020 letter introducing the call to Vice President Mike Pence, the appointed leader of the Trump administration's COVID-19 control, the signatories state in no uncertain terms that "we have seen nothing in the administration's strategy indicating that continuity of services for people with disabilities is being addressed."

Such continuity of services was recognized as a critical need by the Centers for Disease Control and Prevention (CDC) in 2018 in their [Public Health Emergency Preparedness \(PHEP\) Cooperative Agreement](#). The [2008 National Response Framework](#), replacing previous plans, provides a blueprint for how the nation "conducts all-hazards response. ... to save lives, protect property and the environment, and meet basic human needs. ... The National Response Framework is always in effect, and elements can be implemented at any level at anytime." Included among the eight scenarios that the framework identifies is, presciently, "pandemic influenza." Today's critical state of vulnerability to the coronavirus remains defiant in the face of failures apropos the nation's own forethought in meeting the preparedness imperative and to develop effective response capabilities for people with disability and vulnerable others through a national infrastructure that was and remains designed, nevertheless, for the nondisabled.

The [Centers for Disease Control](#) offers what at face value appears sufficient for "others at risk." They identify people with disability who may be at increased risk of infection: people with limited mobility or those who cannot practice social distancing on account of necessary support personnel and personal/family care givers, and people with intellectual or developmental disabilities, among others.

The challenge I submit to the CDC is the insufficiency of directions as to how persons with disability will "protect themselves" when they may be dependent on the kindness and coronavirus-free status of strangers. The [Administration for Community Living](#) has developed a guidance resource that, while including the CDC basics, goes further in response to the needs of people with disability with links to information offered by their network partners. The University of Cincinnati Center for Excellence in Developmental Disabilities takes two additional steps, one promoting dignity in healthcare for people with disability to "[Know Your Rights](#)" and the other directed toward healthcare professionals and other service providers to "[Safeguard Against Disability Discrimination During COVID-19](#)."

What can our religious traditions offer in help of understanding a neglect of the all-too-frequent invisibility of vulnerable populations?

Though change beckons slowly and similar to recognition of the scourge of racism and sexism, ableism persists in an as yet decidedly ableist hermeneutic. However, like women and people of color, people with disability are "[people first](#)" and, as people, they too are created in the image and likeness of God. While in past generations the divine image was, theologically speaking, limited to the male gender and limited further to men with power, thankfully, in today's theological discourse, a more comprehensive and inclusive image prevails.

Moreover, as [Nancy Eiesland](#) has instructed, Jesus of Nazareth the Risen Christ of Faith whom we celebrate this week in more palpable ways than at any other time in the liturgical year is the Disabled God. The Disabled God convinces many of God's total incarnation: complete solidarity with those who are socially and materially poor, marginalized, oppressed, and distanced on account of their disability. Except for the infancy narratives ([Matthew 1:1-17](#); [Luke 2:1-7](#)) where the poverty of his birth and refugee flight from danger are treasured, the material impoverishment of Jesus' whole life story is an often-missed but critical part of the revelation that Jesus is the Incarnate Word of God.

The pandemic may yet inspire the Christian community to exercise solidarity in ever more concrete ways with one another and especially with those who are in most need of mercy, the willingness even to touch another's wounds in novel ways of social distancing. For what we fail to do for others—that is, the failure to notice and then to make a way through the barriers constructed by the strong and powerful—we will have failed to do for Christ.

About the Author



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