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Afterword

Jennifer Leigh and Nicole Brown

As we finalise the last edits to this manuscript, the context of higher education has changed suddenly and unexpectedly due to Covid-19. By the end of March 2020, in the UK and across the world, people and governments are scrambling to control and contain a pandemic. Governments have mandated that the population practise social distancing, work remotely and stay home wherever possible to reduce the spread of this novel coronavirus, and to protect the vulnerable – that is, those who are elderly or who have underlying health conditions. Higher education institutions move to provide teaching and assessment online, with academics and students having to quickly learn how to use new technology and introduce different pedagogical and research approaches.

In many ways this can be interpreted positively. It shows that it is possible to work remotely, and that it can be effective and efficient. Physical presence may no longer be seen as a requirement for teaching, learning, research and the dissemination of research. The barriers around lack of accessibility that those with chronic illness, disability and neurodiversity have encountered may be tumbling down. Inability to attend physically may no longer be seen as a barrier to promotion and progression. Institutions are rolling out technology and guidance to ease access, and it is hard to see that these will be taken away once we have ridden out this current crisis. Those of us who live with measures of social distancing already are used to isolation and practised at engaging online, and we are happy to share our experiences so others may learn and adjust to these new ways of working and living. The able-bodied

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academy has much to learn from those in our position as we suddenly become the experts.

And yet. On Twitter and other social media, while there is much appreciation for the sudden increase in access and accessibility, there are undercurrents of anger and fear as well. Many of us who are chronically ill, who are disabled, who are neurodiverse have been asking and fighting for access and accommodations for remote working, remote presentation and remote learning for a long time, and all too often these demands remained unanswered. There is a frustration that it has taken a pandemic and the threat to the able-bodied for these working practices to become accepted as mainstream. The feelings of vulnerability, anxiety and fear that many people are experiencing as we write are present for those of us with chronic illness, disability and neurodiversity all the time, but now we have a new fear. If we have an underlying health condition, and live every day knowing the cost to us if we fall ill, then this is magnified with the increased pressure on ICU beds and ventilators. As disabled or chronically ill people, are our lives seen as less important? If medical professionals have to choose who has access to life-saving resources, will those of us with underlying health conditions or disabilities be seen as expendable? What happens once countries are starting to reopen after lockdown and reboot their economies? What are the implications of post-lockdown strategies for disabled staff (Brown et al., forthcoming)?

Things are changing day by day. Some countries are showing signs of recovery while others have the worst yet to come. At some point, hopefully soon, we will be in a position to look back and reflect on how this crisis has changed conversations around accessibility, disability equality and ableism in academia.

Reference

Brown, Nicole, Nicholson, Jacqueline, Campbell, Fiona Kumari, Patel, Mona, Knight, Richard and Moore, Stuart (forthcoming). 'COVID-19 Post-Lockdown: Perspectives, Implications and Strategies for Disabled Staff'. *ALTER: European Journal of Disability Research/Revue Européenne de Recherche sur le Handicap.*

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