Chapter 2
Revisioning Accessibility in Higher Education Post COVID-19

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ABSTRACT

One impact of the COVID-19 pandemic and complications from the virus is a significant increase in the number of people with cognitive and physical disabilities. Higher education has been slow to fully engage with accessibility measures, pursuing an on-demand individual accommodation model rather than broader accessibility from the outset. Recent legal decrees reinforce the expectation that broad accessibility is the new standard. Educational institutions can choose to act with deliberate attention to becoming leaders in implementing new accessibility practices and resources. A proactive approach increases the formal and informal educational opportunities for a broader audience of learners, as well as setting an example for how society at large can become more supportive of disabilities. This chapter outlines several ways higher education can adapt and lead this effort.

INTRODUCTION

It is frightening to be faced with a medical condition or life situation that is unpredictable, uncontrollable, life altering, and life threatening. But that does not make it unnatural. What is natural is to feel the good and the bad that is life. What is not natural is to suppress realities that we all in one form or another will face. (Barragann and Nusbaum, 2017, p. 53)

Eduardo Barragann (2017) speaks here about living with disability, yet his words also reflect the experiences of millions who were infected with the SARS-CoV-2 COVID-19 virus. Two years into the pandemic, early medical research demonstrates that the effects of COVID-19 can be both temporary (weeks) and long-term (months, years, to perhaps permanent) in nature. Infection impacts human physi-

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ology as well as cognitive function, and complications increase in frequency and severity with multiple infections by COVID-19 variants. As governments, businesses, and education systems push to 'return to normal,' infections continue as the virus mutates. Even if COVID-19 becomes endemic in the future, daily news reports show that many individuals—of all age groups—have temporary or long-term disabilities resulting from COVID-19. Acute and post-acute or "long-Covid" symptoms meet the definition of disability as set forth in the Americans with Disabilities Act (1990): "a physical or mental impairment that substantially limits one or more major life activities" (U.S. Department of Justice, n.d.). COVID-19 may become the agent of change that compels society to recognize and deliver equal access as a civil right for all people because the virus disables so many. This chapter focuses first on synthesizing the medical literature on COVID-19 symptoms as it impacts education, then explores the problems with the existing accommodations-approach to disability in higher education. In many ways, higher education is already behind in providing broader accessibility instead of one-off individual accommodations (Dolmage, 2017; Bolt, 2017; Kerschbaum, Eisenman, and Jones, 2017), and this chapter closes by proposing several actionable steps to change common structural, cultural, and instructional barriers.

BACKGROUND

Medical Research on Acute and Post-Acute COVID-19 Symptoms

Medical research on COVID-19 continues to identify and define the consequences of infection, although the symptoms and immune responses are generally grouped into two categories: acute (immediate symptoms and reactions with the initial infection) and post-acute sequelae (commonly called long-COVID). Both short- and long-term symptoms are relevant concerns in the education setting because even "mild" initial infection can still cause effects that range from asymptomatic to debilitating illness that requires weeks of isolation and rest. Long-COVID, while still being defined and studied, likewise can impact students of all ages for months or years with cognitive and physical disabilities (National Institutes of Health, 2022). Therefore, it is critical to follow the medical research to understand the symptoms of COVID-19 and their potential impact on the design and delivery of learning experiences. This is particularly important in higher education where an Individualized Education Plan (IEP) model used in K-12 education in the United States is *not* present to ameliorate gaps between student needs and institutional, program, or technology structures.

Most people are familiar with the worst acute COVID-19 symptoms requiring hospitalization from watching news reports. These symptoms occur in roughly 5 percent (critical intensive care) to 15 percent of cases (the overall hospitalization rate among those infected with early strains of the virus) (Basu-Ray, Adeboye, and Soos, 2022). For other cases not requiring hospitalization, acute symptoms often included viral upper respiratory illnesses, gastrointestinal issues, headaches and confusion, or alteration of taste and smell (Basu-Ray, Adeboye, and Soos, 2022). The primary immune response by the body can also lead to Cytokine Release Syndrome where severe inflammation and organ damage results from an individual's own immune response to fight the virus. Even in mild or totally asymptomatic infections, COVID-19 has been shown to leave damage to the heart, lungs, kidneys, and other organs. Complications from this damage can appear immediately or months and years later (Basu-Ray, Adeboye, and Soos, 2022; Fraser et al., 2022). In short, "mild" acute infections are not mild for everyone; the acute infection period can impact faculty, staff, and students' abilities to engage in education for weeks or even months.