TRANSGRESSING INSTITUTIONAL LIMITS TO ACCESS IN POST-SECONDARY DISABILITY SERVICE OFFICES: A CRITICAL RACE THEORY AND BIPOC MAD STUDIES FRAMEWORK

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A DISSERTATION SUBMITTED TO
THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

GRADUATE PROGRAM IN CRITICAL DISABILITY STUDIES YORK UNIVERSITY
TORONTO, ONTARIO

January 2023

Abstract

Post-Secondary Disability Service Offices[1] (DSOs) have been given particular attention by the Ontario Human Rights Commission through an influx of policy documents released in the past 15 years (OHRC, 2002; OHRC 2003; OHRC, 2004; OHRC 2017; OHRC, 2018). Located at the intersection of Critical Race Theory and BIPOC Mad studies (da Silveira Gorman, 2013), this project seeks to introduce a transnational approach (da Silveira Gorman, 2013) to the analysis of the DSO, by asking the central questions—how are definitions of *accessibility* mediating systemic marginalization of BIPOC[2] students in DSOs? "What critical representations of disablement have been promoted or sidelined" (da Silveira Gorman, 2018, p. 457) in Ontario post-secondary education? How are eligibility requirements for DSOs reifying categories of identity?

This study interviews BIPOC Accessibility Advisors and BIPOC students in Ontario, to understand the barriers which exist for racialized students in the DSO and the institution at large. Reports from Accessibility Advisors and students reveal that the DSO is organized around a conceptualization of "disability history" that generalizes disability as a "white, middle class phenomenon" (da Silveira Gorman, 2018, p. 454), which in turn, impacts BIPOC's student's ability to access services in their post-secondary institutions. BIPOC Accessibility Advisors share ways their lived experience has informed the ways they provide services to their BIPOC students. Reports from BIPOC students explicate the manner in which services in the DSO are

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[1] The acronym DSO, or Disability Service Office, has most often been used to denote the accommodation office for students in post-secondary. However, I would also like to acknowledge the limitations of this acronym. There are varying identities that DSOs serve that do not all identify as having a disability. A good example of this is the Deaf community; the capital 'D' denoting Deaf as a cultural group and linguistic minority.

[2] The acronym BIPOC, evolved from person of colour (POC), and is intended to serve as a representation of the ways that anti-Indigenous and anti-Black racism are entrenched in the oppression of all people of colour in settler-colonialism.

navigated despite the terrain, and innovative ways students understand themselves within these services. Finally, best practices in DSO service provision are suggested to improve for BIPOC students by challenging the student at centre of the service provision imagination.

Dedication

This thesis is dedicated to BIPOC students. IYKYK[3].

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[3] If you know, you know.

Acknowledgements

As a small child, my grandfather and I walked to a one room village school on the edge of our
sugar cane field, in Punjab. A handful of school-age students gathered under the shade of a tall
tree with small chalkboards on their laps, listening intently to their madame.
My grandfather, a teacher, had only a few moments to spend with me, as our lives were
separated by oceans; *this* lesson has shaped my lifetime.

I am very thankful to my Supervisor, Dr. Rachel da Silveira Gorman, who has supported me through both my MA and PhD journey. They have always provided a learning environment where all my ideas were important and my pathway to learning was honoured. I find myself drawing on Dr. da Silveira Gorman's teachings on a daily basis; asking myself what I can do to contribute to building an accessible community in my work. This dissertation has been made possible because of their limitless encouragement that my academic journey can be done in my own voice.

I would also like to extend gratitude to my committee Advisors, Dr. Chris Chapman and Dr. Kimberley White, who have provided me an opportunity to further deepen my understandings of myself in my work within a supportive environment. Their interest in my work has contributed greatly to the direction that this dissertation has taken. I am very grateful for every suggestion, in the form of thoughtful encouragement, which has made this work flourish.

Without the participation of BIPOC students in this research, this thesis would not have been possible. I feel deeply appreciative to this community of students and disability activists

who supported this research by sharing their stories because they believed in the importance of research on this subject matter. I hope that in some small way I can do this effort justice. I am truly appreciative of all the post-secondary students who have shared their experiences with me in my role as an Accessibility Advisor. Though they are not directly heard here, their voices have shaped the direction of this research and beyond.

I should be sharing my doctoral degree with my mother and father; from grade school to the time when I embarked on this PhD, my father has sat down to review and discuss my academic work with me. My parents' belief in education and justice has inspired my interest in examining these questions in this dissertation.

My platonic life partner Tatum has truly been my better half through each step of my grad school journey. Tatum's unwavering belief in my aspirations as an activist has continued to point me in the right direction with every challenge along the way.

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Throughout my years as student and professor, I have been most inspired by those teachers who have had the courage to transgress those boundaries that would confine each pupil to a rote, assembly-line approach to learning. Such teachers approach students with the will and desire to respond to our unique beings, even if the situation does not allow the full emergence of a relationship based on mutual recognition. Yet the possibility of such recognition is always present.

- bell hooks, *Teaching to Transgress, p.1*

Preface: The *voices* of mad philosophy

> The issue of voice—that is, who is allowed or not allowed to tell their stories — figures prominently into how DSE [Disability Studies in Education] approaches questions about research and inquiry (Baglieri et al, 2011, p. 273).

I have travelled deep into *psychosis*, an alternate reality made up of fragments of my own consciousness. I am lucky to be able to reflect on the terrain of this geography, as not everyone who has been there has had the opportunity to return to reflect on it. In retrospect, what made psychosis particularly dangerous was the ways that my mind attempted to keep a firm grip on reality through the exercise of making meaning. Often, it did this through a sometimes debilitating and confusing string of narrative,[4] which seemingly took unrelated books, radio, and other external stimulus and put them in conversation with each other by forming patterns and parallels between them.

One of the most misunderstood parts of psychosis is the active creation of the patterns themselves; others are quick to hear another's narrative and call it outlandish or "*crazy*[5]". From where I sit now, I often think about the ways in which patterns are still integral to the mechanics my mind now. For instance, patterns were seminal to Leonardo Da Vinci's many hypotheses; Da Vinci is said to have observed and drawn pictures of the sky and created theories regarding weather patterns centuries before meteorologists were able to confirm these theories with science ("Leonardo Da Vinci First to Identify Hurricanes?" 2014). He is recorded to have done this by

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[4] A voice that was often indistinct from my *own*

[5] Crazy is an ableist term that I am using intentionally here, cognizant of the ways that alternate realities are marginalized.

simply watching storm clouds over time, and then aggregating the data from the changes he observed, into understandings of the of the world beyond not only science, but also beyond imagination. While it is now proposed that Da Vinci was able to translate his mere perceptions into a deep understanding of his experience (which are now quantified and proven by meteorologists), it can also be said that he used patterns to develop his perception of the world around him—a lens that those present in his societal context may have viewed as delusional. My point here is not intended to portray psychosis as a *grandiose*[6] visionary practice (though some could be), but rather a sometimes distorted reflection of the common act of deriving meaning from patterns. This act of *pattern making*, as I call it, can also be deeply grounding in what we may call a *normal* context, and can function to provide a frame of reference for assessing safety. While meeting someone new, for instance, I unconsciously put my interaction in context with my other experiences with new people, in order to determine how I feel about this new interaction.

The geography of psychosis is distinct though; it could be likened to a place where my relationship to knowledge and what I knew for sure dissolved. It was as if I lost many of the cornerstones of my epistemology, or those things I learned through experience that helped to distinguish how to understand situations. I no longer felt comfortable in a crowded store, felt uncomfortable with the awkward informal intimacy of another's voice when answering the phone, felt the subtext of a conversation was hard to understand; while also, now in retrospect, I can see how the casual coldness in our busy culture can also feel alienating if taken as a personal slight. In a sense, I sometimes think that it was the social inefficiencies, or even our super-efficient culture that I experienced in a microscopic and magnified way which was difficult to discern.

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[6] I am intentionally using clinical language here.

In an attempt to reason my way out of this place of confusion, I rationed that I had to begin to reconstruct an epistemology based on the things that I knew for certain (as everything was suddenly suspect). As I started to examine the beliefs that I held to be true, I found that there weren't many that I could pinpoint to be inherently true. I even looked to my background in *western*[7] philosophy, a tradition intended to help truth seekers, to search for answers within centuries of critical thought. Long instructions on what constitutes critical inquiry felt like a universe away from the terrain that I was navigating. Finding meaning in madness, or more specifically, finding a philosophy to lead me away from confusion of my madness was not a school of thought that Plato or Socrates openly reasoned with, and Descartes' *I think therefore I am* served as a cruel reminder that I was so incredibly spun out in the ether, that I could not distinguish the singular *I* he referenced at all. After scouring my textbooks, I could decide on only one philosophical principle that I believed to be true, and it was certainly a personal virtue and not a universal one—limiting harm[8] (as a principle that could not be fully realized, of course, but a framework to guide my actions and beliefs). When I spoke to a psychotherapist about my experiences they advised me that this sort of occurrence could happen many times in the span of my lifetime, and that I could be somehow susceptible to losing grasp of reality. The *reality* is that so little is known about psychosis and much of the treatment is not created in partnership with those who understand alternative experiences. I recall ultimately fearing that I would be left alone in this *space*. I was prescribed a range of drugs, from anti-depressants, anti-anxiety and anti-psychotics which rendered me trapped in my own body; I was unable to get out of bed, I

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[7] When utilizing the term *western*, it is important to acknowledge the way settler-colonialism has ideologically dominated conceptions of knowledge. In order to recognize the ways *western* is not just a reference to geography but an expression of settler-colonial for Indigenous communities, Mohanty proposes a "distinction between social minorities and social majorities—categories based on the quality of life led by peoples and communities in both the North and the South" (2003, p. 506). I have italicized *western* throughout to acknowledge this history.

[8] I still hold true to this mantra, though it now feels closer to, 'do no harm, take no shit'.

was robbed of all my creative thought and my personality became subdued. I am still not certain how these chemical compounds helped or hindered my healing, though I do recall the ways I was coerced into accepting them as my only chance at treatment[9].

In the midst of my madness, I started to experience a gradual realization of the ways I understood my personal *law* as I sought to transcend social norms into something that would guide me towards meaning. In a sense, this was the philosophy of my madness, which helped me piece together reality from the unfamiliar terrain of confusion. I was able to piece together a new conceptualization of my perception of reality[10].

I do not mean to illustrate that psychosis is simply a maze that has a way out. I find myself lucky to have had my psychosis ease in its severity over time, and because of this I am able to piece together a string of understanding from this period. During that time, what exponentially intensified my feelings of marginalization was that the possibility of recovery was something that was **never** proposed to me as an option by my encounters with doctors. I once stumbled upon a comment in a discussion thread online that stated a poster's personal experience with recovery from psychosis. From health care professionals, the pathways forward were only positioned as a remission (DeFehr, 2020), which I could only experience with the use of pharmaceuticals. For my dear friend Emma, however, she felt the only way out of psychosis was to take life into her own hands through self-determination.

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[9] Psychiatric drugs can no doubt assist many to heal. However, the unbalanced representation of their efficacy as the only tool towards health has been a very detrimental experience for me. Personally, after stopping all medication I spent some years healing quietly in a basement apartment with the assistance of ODSP. I was lucky enough to be well enough to attend an MA. I identify the most healing component of my journey as being accepted in the community of disability scholars that were studying there.

[10] During this time, I found my first cat companions, Kitty and Ralph, who certainly were the cornerstone of my deep devotion to this principle.

When I reflect on both of our stories, I think about how alternate realities are so entangled with *space;* space as a place to speak and voice[11] experience safely. Most of the voices that are heard are the ones that are considered fluent enough in our societal patterns, and those voices that enable participation in a way that is considered worthy of taking up space.

One of the deepest scars left from this time is the painful difference between what presentation felt natural to me and understanding that emulating *normal* presentation was critical to integrating into society—in fact, all of my energy was focused on finding a way not to be detected (and this is perhaps one of the survival mechanisms that stays with me to this day). Selod's study of Muslim racialization and surveillance notes that "Bodies are visually read and narrated in ways that draw upon an ensemble of symbolic meanings and associations" (2019, p. 553). My fixation on my psychosis and the desire to adhere to social norms is something that I now recognize as being deeply entangled with my racialization, gender presentation and neurodivergence, which further complicates my experience of madness.

During my master's degree in Critical Disability Studies, I focused almost entirely on parsing through these ideas and regarding the ways that conceptions of normalcy actually function as extensions of colonial[12] legacy (I think of eugenics and other scientific racism which has been systematically weaponized to warrant racism). I think of the ways that privilege to afford white cis-men relative safety in a store, for instance, while I have internalized racist

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[11] I am intentionally engaging the multiple iterations of voice here. I think of voices that get space politically. And then voice, as the adjective which describes being able to speak, such as voicing an opinion. And there are *voices* that are said to not exist, pathologized and marginalized in our discussions of ontology/being.

[12] As this research is focused on education in the Canadian context, I am employing colonialism to denote settler-colonialism, "Within the context of race relations, the term refers to the non-indigenous population of a country. Settler colonialism functions through the replacement of indigenous populations with an invasive settler society that, over time, develops a distinctive identity and sovereignty. In Canada and in other countries, the ascendancy of settler culture has resulted in the demotion and displacement of indigenous communities, resulting in benefits that are unearned." (CRRF)

narratives so deeply that it extends itself into a *paranoia*[13]; making me hyper-aware of *looking* like I am stealing when I am simply browsing store shelves. This rejection of definitions of normal/*abnormal,* and its historical racist ideology, fueled my MA project to challenge the requirement for students, specifically BIPOC students, to obtain a diagnostic label before receiving acknowledgement from their post-secondary institution for accommodations (I will discuss this in more detail in chapter one).

Though I most typically find myself falling into the margins within the systems I engage with, in this research I find myself in the middle. There are many academics (including artists, activists and creatives) who have captured my imagination and provided me ways to better understand myself and my experience; i've learned these often painful locations can create the strongest position for *opposition,* and I now have the tools to continue to seek meaning in this way. However, I often think about institutional racism, ableism, sexism, classism, homophobia, transphobia, and the voices that academia is designed to silence, despite its purported interest in truth, justice and knowledge. With all of this balanced, I continue to conceptualize my time in academia as a shared alternate reality where we seek truth and when done well, work to move

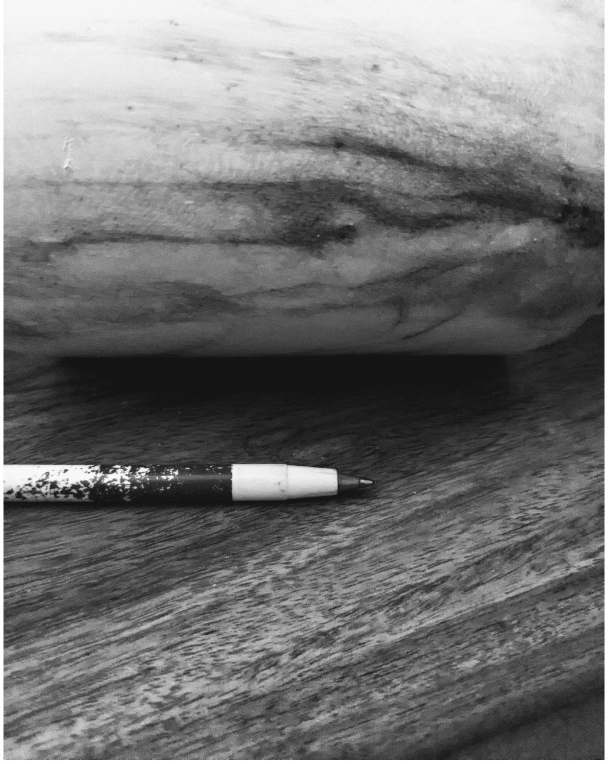

Figure 1: A pen I found to commemorate the projection of my voice; from my first conference presentation

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[13] I am using the word paranoia here to refer to a clinical term that I have been given, but also to reference the ways in which hyper-surveillance is an instrument to force hypervigilance/paranoia from those at the centre.

towards a world with less harm), while also deeply understanding the commitment to the *voices (real or imagined)* that are not heard.

Introduction

Post-Secondary Disability Service Offices (DSOs) have been given particular attention by the Ontario Human Rights Commission through an influx of policy documents released in the past 20 years (OHRC, 2002; OHRC 2003; OHRC, 2004; OHRC 2017; OHRC, 2018). These guidelines have directed the post-secondary sector in the development of policy related to the delivery of accommodations, and the topics of disability as related to education. The focus of many of these documents continues to identify vulnerabilities in DSOs, particularly as evident in mental health related disability accommodation. Beneath service provision is a complicated reality regarding the influential role that Disability Service Offices have in the process of disseminating information about health, treatment and success. Through the DSO registration process in Ontario, documentation requirements legitimize specific types of healthcare[14], require students to exclusively utilize the lens of medical definitions of disability to explicate their experience, and legitimize *western* models of health care, the medical-industrial complex, and treatment by de-legitimizing the credibility of other models of health. Personally, having lived experience as a racialized student who sought service through the DSO who was then impassioned to challenge these requirements using a human rights framework, and who is now employed as an Accessibility Advisor in a post-secondary institution where I meet with students with disabilities, I understand the impact of the DSO both on a personal scale as well as the systemic impacts that I witness my students report.

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[14] Most DSOs in Ontario require students to have a regulated health care professional complete their documentation. In my experience, students are most often going to their General Practitioners, Psychologists and Psychiatrists to have this documentation completed.

Disability Justice[15](*Disability Rights, Studies & Justice*, 2020), created by queer disabled women of color, was brought into fruition in response to the limiting analysis presented in the Disability Rights Movement and Disability Studies; these fields continue to omit an analysis of ableism from perspectives apart from the dominant white cis hetero perspective. The creation of Disability Justice aimed to provide space for this discourse by addressing the experience of racialization and disability.

> disabled people of color, immigrants with disabilities, queers with disabilities, trans and gender non-conforming people with disabilities, people with disabilities who are houseless, people with disabilities who are incarcerated, people with disabilities who have had their ancestral lands stolen, amongst others. *(Disability Rights, Studies & Justice*, 2020)

Patty Berne, notes in *Disability Justice - a working draft* (Berne, 2015) that fundamental to critically dismantling ableism is understanding the ways that ableism is inextricably connected to histories of the racialized body:

> We cannot comprehend ableism without grasping its interrelations with heteropatriarchy, white supremacy, colonialism and capitalism, each system co-creating an ideal body-mind built upon the exclusion and elimination of a subjugated "other" from whom profits and status are extracted. 500+ years of violence against black and brown communities includes 500+ years of bodies and minds deemed dangerous by being non-normative – again, not simply within able-bodied normativity, but within the violence of heteronormativity, white supremacy, gender normativity, within which our various bodies and multiple communities have been deemed "deviant", "unproductive", "invalid". (Berne, 2015)

Similarly, time and again research in education has uncovered the ways in which systemic racism has become embedded in the services delivered through our education systems through the lens of disability; for instance, the disproportionate number of racialized students who are also labeled as having Learning Disabilities, Intellectual Disabilities, Emotional Disturbance, or Behaviour Disorders (Harry and Klingner, 2006; Losen and Orfield, 2002). This data is referred

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[15] Patty Berne, Mia Mingus, and Stacy Milbern, who eventually united with Leroy Moore, Eli Clare, and Sebastian Margaret (*Disability Rights, Studies & Justice*, 2020)

to as the most problematic by researchers because clinicians within the education system are in fact, "(relying) on subjective judgment" as opposed to "biological fact" as the diagnosis may seem to denote (Annamma, Connor, & Ferri, 2013, p. 2). The issue of overrepresentation is "much less likely in dis/ability categories that are sensory or physical in nature" (Annamma, Connor, & Ferri, 2013, p. 3) and is demonstrative of the way in which embedded perceptions of "ability" (Annamma, Connor, & Ferri, 2013, p. 3) are still deeply entangled with issues of racialization in our public sphere of education.

The tipping point for my own experience with education and disability was when my undergraduate DSO directed me to see a psychologist on campus to become eligible for academic accommodations. Before this time, I had never seen a psychologist. After three one-hour visits I was diagnosed with seven potential Diagnostic and Statistical Manual (DSM) diagnoses. In my role now, as an Accessibility Advisor, I understand the importance in engaging in discussions which are critical of the registration process, namely critical analysis of the potential harms and repercussions that could follow from requesting diagnosis/documentation from students. Decisions related to what can be asked of students, and the validity of these requests, is determined by larger governing bodies and is considered outside the scope of the DSO.

Though I have recounted, in my preface, the period of psychosis that I experienced, the majority of the functional impacts I experienced did not interfere with my ability to attend classes, understand material or fulfill the course requirements, and so I did not wish to discuss these symptoms with my DSO and did not require accommodations for most of these experiences; I requested one accommodation, a quiet space to write my tests in order to eliminate any external stimuli which could impact my concentration. The requirement of having a mental health related diagnosis, and at that time disclosing this diagnosis to my DSO, meant that the registration process was heavily reliant on demonstrating that my impacts met the threshold of a diagnosis to qualify as a student with disability who is eligible for accommodations. The parts of my experience which qualified me for accommodations were immediately limiting, and I was acutely aware of this new version of myself that was created by my DSO. Rachel da Silveira Gorman further queries these tensions in disability identity for racialized folks: "In fact, precisely because we have to ask whether and how we identify and dis-identify with disability, we see that 'disability' itself functions ideologically as a cover for other social relations" (da Silveira Gorman, 2016, p. 254).

BIPOC Mad Studies scholars express the shortfalls of diagnostic criteria, like the DSM; the field continually challenges the identity criteria of these diagnostic parameters and the history of disability politics emerging as a largely white middle-class phenomenon (da Silveira Gorman, 2018). As such, the accommodation process can become a violent system that creates an endless loop of categorization and treatment. da Silveira Gorman describes the dialectic of disability and disablement which emerges for the racialized subject, "'the disabled' are those whose formal relationship to the state enables them to claim benefits, while others with similar embodied experiences continue to work through injury and illness, or languish without benefits or status" (da Silveira Gorman, 2016, p. 254). da Silveira Gorman expands that *disablement* references post-colonial entanglements with eurocentric definitions of disability, which operate to expand settler-colonial interests and motivations in defining *disability rights*; namely the mobilization of disability rights expands post-colonial entanglements with oppression: "disabled subjects in disability rights and culture movements have disallowed a focus on disablement caused by war, imperialism, and environmental destruction" (da Silveira Gorman, 2016, p. 256). While discourse in Disability Studies (DS) continues to reproduce oppressive historical discourse, Sona Kazemi instead proposes the Transnational Disability Model to address the *whitewashing* of DS.

> Transnational(izing) DS can create a major shift in our thinking around disability and difference in global contexts by raising class consciousness and setting the stage for people to take a stand against imperialist, capitalist, and nationalist violence. (Kazemi, 2017, p. 50)

Currently, as an Accessibility Advisor[16], I understand the way in which disability categories function to create guidelines for the fulfillment of an institution's duty to accommodate (OHRC, 2016), and the human rights protection which contributes to the creation of these policies. For the DSO, the issue remains regarding the limiting parameters of the definition of 'disability', while also considering that the lived experience for BIPOC students with disabilities is largely omitted from the purview of the DSO. Time and again when working with nursing programs, I would be presented with the interaction of disability and disablement/ racialization and disability from my students' accounts of their lives. In my office, I would see many BIPOC women come to request information about our services, never having had accommodations in the past and unsure about whether the DSO could provide support for them. Many women would be mature students with families, many also would manage child-care after they attended classes during the day. Many of these students managed part-time jobs to support their families while in school, while others managed full-time jobs at night juggling a few hours of sleep between 6-9 am and then attending early morning classes. After hearing multiple women describe grueling circumstances that they endured in order to access higher-ed, I understood these weren't personal circumstances that were occurring by happenstance, these were reactions exposing the issue of disablement in our community; da Silveira Gorman explains this complex relationship of

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[16] I am using the term Accessibility Advisor to refer to the role in a DSO whereby a staff member meets with students, receives their medical documentation and recommends accommodations. This role has various names across the DSO sector, often called Accessibility Consultant, Disability Advisor, or Accessibility Counsellor.

disability and disablement, described as “expos(ing) the ‘horizon of death’ in contemporary disability theory” (2016, p. 257). As I will examine in my research, the DSO has little awareness regarding the experience of disablement for BIPOC students, creating a service which segregates BIPOC students from accessing meaningful accessibility or accommodation, which reflects their nuanced experiences of disablement in education.

The differentiation between disability and *disablement* as it relates to the BIPOC experience is too often overlooked in academic scholarship; fields such as Critical Race Theory and Critical Disability Studies, often omit the intersections of the mad and racialized body (Annamma, Connor, & Ferri, 2013; Erevelles, 2011; Erevelles & Minear, 2010; da Silveira Gorman, 2018; Perkins, 2019). The converse is also true, the concept of intersectional analysis which is used to identify facets of identity like class, gender, racialization, does not often hold space for disability in its analytic framework (Erevelles & Minear, 2010). Though the Ontario Human Rights Tribunal has introduced an intersectional approach to adjudicating complaints, the lack of understanding in terms of what constitutes disability from an intersectional perspective, still acts as barrier to a comprehensive analysis of the impacts of racialization and disability. The emerging scholarship in BIPOC Mad Studies scholarship asks for disability to be analyzed as more than “just a ‘nuance’ to an analysis of difference” (Erevelles & Minear, 2010, p. 128). DisCrit has more recently emerged, which “seeks to understand ways that macrolevel issues of racism and ableism, among other structural discriminatory processes, are enacted in the day-to-day lives of students of color with dis/abilities” (Annamma, Connor, & Ferri, 2013, p. 8).

Disability Justice, and the intersection of disability and racialization, is a tension that I have spent much of my personal work parsing through. During my master’s degree in Critical Disability Studies, I undertook a research project I entitled, *“Systemically Expelled from*

Normal" which examined the ways my experience as a student in post-secondary was being limited by the definitions of disability in the DSO. Following my theoretical examination in my paper, I filed a human rights complaint on the grounds of disability discrimination. Ultimately, after working with a disability focused lawyer, Dianne Wintermute from ARCH Disability Law Centre, the Ontario Human Rights Commission (OHRC) intervened in my application and supported my request for students to refuse to disclose a diagnosis to receive accommodation in the post-secondary sector. The OHRC also formalized these efforts by writing to each public post-secondary institution in Ontario in addition to the Ontario Student Assistance Program (OSAP) and the College of Physicians and Surgeons Ontario (CPSO) to ask them to change their procedures for filling out DSO documentation as well. The OHRC included this decision in their guidelines, *Policy on Preventing Discrimination in Education,* in 2018 (I will expand on this experience in chapter one).

It is at this juncture, between the university, the student and their Accessibility Advisor, that my doctoral research continues to grapple with the internal tension I feel about the BIPOC students that I meet with, that are invited into the DSO and the ways I witness them having to omit critical elements of their story in order to fit within the limit definitions of disability in the DSO. Located at the intersection of critical race theory, critical disability studies and BIPOC Mad Studies, this project seeks to ask the central question—how are definitions of *accessibility* mediating systemic marginalization of students in DSOs? In what ways are the OHRC's guidelines for accessible education being interpreted by DSOs, BIPOC Accessibility Advisors and faculty? "What critical representations of disablement have been promoted or sidelined" (Gorman, 2018, p. 457), in Ontario post-secondary education? How are eligibility requirements for DSOs reifying categories of identity?

In this paper I will examine these questions through Iterative Qualitative Analysis. Following Srivastava's method outlined in *A Practical Iterative Framework for Qualitative Analysis*, I conducted my research by dividing my inquiry into three groups, by asking (a) the *individual* (Srivastava 2009) how their lived experience was impacted by the issues of racialization in education (b) understanding *organizational* (Srivastava, 2009) policies regarding accommodations and how they are impacting the service user as well as how BIPOC front-line workers are experiencing this policy and implementation, and (c) how the *institutional* (Srivasta, 2009) guidelines from the OHRC, and its interpretation in the DSO, are influencing the lived experience of the racialized student.

In chapter one, utilizing a mad epistemological perspective, I will trace the challenges of navigating the DSO by reflecting on my first experience registering for services as an undergraduate student, including personal artifacts, diary entries and reflections from this time. In chapter two, I will explicate the methodology used in this study, including my theoretical framework, research positionality and interview methods. A phenomenological approach is used in chapter three to examine the concept of disability and how this has led to my interest in disablement and BIPOC Mad Studies. Chapter four will use a textual analysis to review the texts which guide the work of Accessibility Advisors in the DSO, in Ontario. My discussion with BIPOC Accessibility Advisors will be discussed in chapter five and my conversations with BIPOC students will be reviewed in chapter six.

Chapter One: A diary; my travels through and back to the DSO[17]

After completing my undergraduate degree, I had space to focus on my art practice[18], improving my mental health and more generally trying to survive my 20s. As my healing expanded, the idea of challenging myself academically began to interest me again. I envisioned returning to classes and having the freedom to focus on my areas of interest (versus degree requirements) and had the hope that eventually I might be able to apply to graduate school. In 2011, shortly after I returned to retake some undergraduate university classes, I started to experience impacts to my ability to concentrate Before I entered the DSO, I was achieving well in my classes but felt that my academic experience was specifically hindered by the testing environment, which was causing an influx of anxiety for me, and was in turn impacting my perception of my environment. After some deliberation, I decided to register with my DSO so I would have the ability to write tests in an environment where I could concentrate[19].

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[17] Portions on this chapter are taken from a paper written as a MA student, before I challenged the documentation guidelines. I chose to include this in my dissertation, as I feel that this is an important standpoint to consider as I had yet to understand the inner mechanics of a DSO as an Accessibility Advisor. Some of the excerpts include my theoretical arguments from this time. I will denote these excerpts in italics.

[18] Singing in bands and experimenting with wardrobe textile art.

[19] As I write this chapter, I find myself struggling with writing to sound deserving, writing to sound objective and qualifying my arguments despite my illness. I am having a hard time keeping track of whether I am oversharing or over qualifying to compensate for my madness. The fact is, I probably am, and it is likely a symptom of all the reasons I am interested in this research.

Anxiety as a diagnostic label, especially in an academic milieu, is cautioned by researchers such as DeFehr, who warn that the category should be used with an understanding of the mechanics beyond individual pathology, "the diagnosis of General Anxiety Disorder, perhaps the most common diagnosis in schools[20], illustrates the word-bound, subjective nature of psychiatric diagnosis" (DeFehr, 2020, p. 14). Similar to DeFehr, I am describing my interactions with the DSO as *anxiety* with some hesitation as to the ways anxiety is *used and defined* in the DSO; anxiety is both an operative word where the acquisition of the term enables access (a label that, once achieved, opens doors) while anxiety also acts as a gatekeeping diagnostic label that represents attaining the status of deserving academic accommodation. Achieving the diagnostic label of anxiety served as a diagnostic *identifier* that assumed a pathology and effectively disregarded all recognition of the various other factors that impacted my mental health. In a sense, by assuming the label of having anxiety, I felt I gained access to DSO accommodation, while also understanding it did not define the entirety of my experience. The DSO privileged this identifier, as it appeared in their medical documents, while I recall understanding that the label effectively subsumed all of

Figure 2: Textile Art I created with vintage textiles in 2011. Shortly after creating this, I decided to return to university. (Created with photographer Ted Belton)

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[20] In my role as an Accessibility Advisor, I can confirm that GAD is one of the most, if not the most common mental health concern I see in medical documentation when students are registering for accommodations.

the other intersectional factors I experienced[21]. The history of diagnostic criteria, such as the DSM, has changed considerably with historical context (Foucault, 1965), and so have those things which society constitutes as demonstrating *mental illness;* ideas regarding what qualifies for accommodations or fulfilling a notion of deservingness is in flux and highly correlated to societal context but was discussed within my experience with the DSO.

In the field of Disability Studies, the Social Model of Disability (SMD) contends that, "it is not individual limitations, of whatever kind, which are the cause of the problem but society's failure to provide appropriate services and adequately ensure the needs of disabled people are taken in to account in its social organization" (Oliver, 1990). Though the SMD does not include an analysis of racialization within it, Michael Oliver, the originator of the Social Model of Disability, argues that this is because more work needs to be done on the intersection of impairment and race (Oliver, 1996). By only including "singular notions of identity" (Annamma & Connor et al., 2013, p. 12), Oliver's model is neglecting the experiences of the "multidimensional identity" (Annamma & Connor et al., 2013, p. 11). In their work on racism, sexism, and heterosexism, Heldke and O'Connor (2003) note that the World Health Organization's (WHO) statement on the intersection of health for racialized communities that are living in poverty. WHO reports that this can cause:

> chronic psychological distress which can lead to ill health, either through biological pathways (for example, by affecting the endocrine or immune system) or through behavioural pathways (for example, by inducing risk taking behaviour). When this stress is experienced over a long period of time it can have detrimental effects on cardiovascular and immune systems increasing a person's vulnerability to infections,

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[21] Even today, as an Accessibility Advisor, I see the ways that a student with a diagnostic label can effectively corroborate their experience that external factors impacted their academics, in good faith, whereas a student without a documented disability is expected to disregard external marginalization because they should be "well" enough to do so. In this assumption, the *status quo* is considered to be manageable where the manageability is based off of a presumed white cis-heteronormative male reality. I consider this an issue of how the DSO *presumes* disability.

> diabetes, high blood pressure, heart attack, stroke, depression and aggression (WHO, as cited in Heldke & O'Connor, 2003).

Following from da Silveira Gorman's distinction of disability and disablement, disability studies historically centres the cis-white experience while seeing BIPOC accounts as outside their scope; this omission is a harmful continuation of racist ideology which has systematically marginalized racialized experience. Achille Mbembe's chapter *Exit from Democracy* elucidates the contradiction in the history of US democracy, and the accepted racist contradictions inherent to its operation between those at the centre and those at the periphery.

> A pro-slavery democracy is therefore characterized by its bifurcation. Two orders coexist within it—a community of fellow creatures governed, at least in principle, by the law of equality, and a category of nonfellows, or even of those without part, that is also established by law. A priori, those without part have no right to have rights. They are governed by the law of inequality. (Mbembe, 2019, p. 17)

This bifurcation of *fellows* and *nonfellows* is central to conceptualizing the ways that understandings of disablement are cemented into our *legal* conceptualizations of protected grounds. Mbembe tactfully traces our contemporary manifestations of those deemed "dominant and subjugated" (2020, p. 17), as a critical element to the operation of our contemporary *post-colony*[22].

> In this context the functions that an imaginary fixation on the stranger, the Muslim, the veiled woman, the refugee, the Jew, or the Negro play are defensive ones. There is a refusal to recognize that, in truth, our ego has always been constituted through opposition to some Other that we have internalized—a Negro, a Jew, an Arab, a foreigner—but in a regressive way; that, at bottom, we are made up of diverse borrowings from foreign subjects and that, consequently, we have always been beings of the border—such is precisely what many refuse to admit today. (Mbembe, 2019, p. 17)

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[22] It is important to note that post-colonial theory has been critiqued and expanded upon by Indigenous scholars. "Postcolonial indigenous (sic) knowledge, on the other hand, is grounded in indigenous (sic) epistemologies and is concerned with developing knowledge based on indigenous (sic) ways of knowing, indigenous (sic) worldviews, and indigenous (sic) research processes (Battiste)… While indigenous (sic) knowledge can (and should) be used to inform postcolonial theories, indigenous (sic) epistemologies represent different intellectual endeavours" (Annette Browne et al., 2005).

Mbembe's analysis of the function of the *other* is an important reflection when thinking through the omission of disablement from Disability Studies and the DSO; the denial of disablement in the DSO is not only a reinforcement of postcolonial ideology but definitions of disability in the DSO are also positioned to gain *credibility* by defining disability strictly apart from those issues pertaining to the active disablement of BIPOC students. Pikens explains in *Black Madness: Mad Blackness* (2019) that academic discourse has turned away from the complexity of the critical intersections of disability and racialization:

> I theorize that madness (broadly defined) and Blackness have a complex constellation of relationships. These relationships between Blackness and madness (and race and disability more generally) are constituted within the fissures, breaks, and gaps in critical and literary texts. Black madness and mad Blackness then are not interchangeable or reciprocal. Rather, they foreground the multiple and, at times, conflicting epistemological and ontological positions at stake when reading the two alongside each other. (Perkins, 2019, p. 3)

The centering of white embodiment in disability studies has been vehemently criticized since its inception, and as Pickens states, the erasure of the Black experience is further demonstrative of the ideological insistence that Black embodiment exists outside the margins. In an open letter to "White disability studies", Miles, Nishida and Forber-Pratt ask higher education to reflect on the exclusionary history of disability justice within these institutions: "Hence, we are advocating for a critical *intersectional* disability studies that centers the needs, perspectives, and interests of marginalized people with disabilities and enables the advancement of disability justice" (Miles et al., 2017). In the same way, countless BIPOC academics have taken up the ways that academic discourses such as disability studies have assumed that issues of racialization are outside their scope. The omission of racialized discourse within disability studies is evidence of the ways systems of oppression, even those towards 'disability justice' are deeply entangled in racist ideology by focusing on ideas of normative disability experience being centred around the white experience and marginalizing those analysis which call for an intersection with disability studies, namely racialization and disability. Furthermore, da Silveira Gorman points out that when racialization *is* taken up in disability studies, it is effectively propping up narratives of white disabled oppression: “In part, this bifurcation echoes and reinforces a preoccupation in white-focused disability studies with proving that disabled people (read as white) are ‘as oppressed as’ racialized people, or colonized people (read as non-disabled)” (da Silveira Gorman, 2013, p. 271). As such, the BIPOC experience is not only diluted through the lens of Disability Studies, but disablement is also viewed as a hostile proposition in the DSO, unless it serves to be exploited by normative disability definitions. Time and again in my work in the DSO, I see this play out. Teachers critique the accommodation process by employing terms like *academic integrity* to interrogate the accommodation process, even for students with formal accommodations. As such, the integrity of the DSO process is heavily reliant on medical documentation, and effectively differentiating itself as being discerning of who it lets in, that keeping out students who do not meet the criteria of deserving (often BIPOC students), props up the *integrity* of the accommodation process, as it relies on these exclusionary definitions to gain credibility as a discerning entity which protects the academic process. In short, the denial of accommodation is an important part of the DSO reputation.

When one BIPOC student reached my office, she was exhausted and upset with the number of times she had been asked to resubmit her documentation due to *incomplete* information. When I looked at her documentation history, I saw there were some portions which could have been explicated but given it was her first time registering with our DSO, the first iteration of information she had submitted could have served as a sufficient starting place for discussing eligibility criteria. BIPOC students reaching my office exhausted, expecting very little from our interaction, and expecting to receive what minimum they can from university staff, is not an anomaly, it is a pattern in my six years in the role.

Racism is not a category that exists independent of society, but a social construct that is perpetuated with systemic discrimination (Annamma & Connor et al., 2013). If neither racism nor ableism should be considered as strictly biological factors (Annamma & Connor et al., 2013), an examination of the social structures that contribute to marginalization is required. In their work outlining Dis/ability Critical Race Studies, or DisCrit, the authors build on Crenshaw's argument that "racism and ableism often work in ways that are unspoken, yet racism validates and reinforces ableism, and ableism validates and reinforces racism. For students of color, race does not exist outside of ability and ability does not exist outside of race; each is being built upon the perception of the other" (Crenshaw, as cited in Annamma & Connor et al., 2013, p. 6). They also draw on Delgado and Stefanic's contention that racism and ableism are "so enmeshed in the fabric of our social order, [that they] appear both normal and natural to people in this culture" (Delgado and Stefanic as cited in Annamma & Connor et al., 2013, p. 6). Hill's explanation is integral to understanding the BIPOC experience. "As a black disabled woman, I cannot compartmentalize or separate aspects of my identity in this way. The collective experience of my race, (dis)ability and gender are what shape and inform my life" (Hill, 1994). Although Oliver, a white cis-male disability theorist, cited this Black disabled scholar back in 1999, it has taken a movement of BIPOC disability theorists to grasp and elaborate the meaning and implications, and decades of activism by BIPOC graduate students and scholars to de-centre whiteness in Disability Studies.

In the Disability Service Office, the term *functional limitation* is often used to represent the impacts that the disability is having on a student, on a scale format in registration documentation (e.g. rate the impact the disability has on the student for attention, memory on a scale of 1-5). Functional impacts are intended to go beyond strict diagnostic criteria to provide information beyond the diagnostic symptomology. However, the overt invitation to explore social barriers that exacerbate the symptoms which are causing the mental health impacts are limited to these gray areas. Introducing a transnational approach (da Silveira Gorman, 2013) to disability studies into the assessment of functional limitations provides a space where the social model and systemic marginalization can be integrated, but not defined. What often isn't measured or asked of from students from their DSO, are the ways in which these processes have impacted them after they complete the process; in my role as an Accessibility Advisor, I am still questioning the **responsibility that a DSO has in disseminating information about health and health care**. As a mixed-race student in university, da Silveira Gorman elucidates the difficulty they had finding support through the Disability Service Office at their university after being subjected to continued violent sexist environments in the classroom and their workplace. Even as a Professor, reflecting back on this time, da Silveira Gorman expressed that they "continue to manage the risk within the narrative itself, sticking to symptoms more commonly acknowledged in popular culture, and highlighting the 'reason' up front" (da Silveira Gorman, 2013, p. 275), when describing their need for support during this time. da Silveira Gorman is concise in their description of the ways they contemplated framing their functional impacts while also being diagnosed with a Learning Disability:

> I decided not to consult disability services. Having already a brush with a diagnostic label regarding these symptoms, I was unwilling to subject myself to this process. I was also sure that the positivist, measurement-based approach to learning disability in higher education (for example, extra exam time, and a spell-checking computer) would not help me. Having read Sylvia Plath's (1966) The Bell Jar, and listened to a lecture by Kate Millett, I must admit I was also more than a little fearful of more severe diagnostic intervention. (da Silveira Gorman, 2013, p. 276)

From my discussions with BIPOC students in chapter six, the intentional crafting around how to present experiences of disability in post-secondary Disability Service Offices is a consideration at the forefront for BIPOC students who are accustomed to having to acquiesce to the institution's demands on them to receive support. What da Silveira Gorman points out is likely an even more common occurrence for BIPOC students who refuse service altogether. The lack of policy and training surrounding how to work with intersectional factors impacting functional impacts can mean that there is considerable subjectivity and difference between the analysis of disablement and disability amongst Accessibility Advisors. da Silveira Gorman further explains the ways that disability, as it is utilized in the Disability Service Office, emerged from definitions of disability which stand as white definitions of inclusion, and therefore, create systemic opposition to those factors determined to be outside of the DSO's purview:

> There is a bifurcation between students who are narrated as being disadvantaged by race and class on one hand, and by disability on the other. In the end, students who are affected by racism, poverty, and violence are the ones against whom the successfully accommodated disabled student is articulated. (Gorman, 2016, p. 279)

While writing this chapter, I spoke with a graduate school colleague about my research and found it difficult to elucidate the critical contradiction that I felt arose from my personal work as an activist, grad student, professional role as an Accessibility Advisor, and the admissions of being a mad person in my dissertation. I feared that objectively, a tension would arise from my admission of experiencing mental health struggles, to the reader, and my criticisms of the DSO for advising me to obtain documentation to support these concerns. In some circumstances, I explained to them, I have seen this referral provide valuable resources to students, assist students to receive academic support they may have been overlooked for, and at its best, with the help of an attuned Accessibility Advisor, potentially bridge support for students who have been hesitant to utilize the services of a DSO based on histories of settler-colonial violence and european medical trauma. While all this may be true, I also understood the harm that years of unwanted medical intervention have caused me; the mad identity, as a BIPOC person, is complex and would it be realistic to advocate for change in this system without replicating harmful systems of exclusion? I imagined DSO colleagues reading these mental health *admissions* and struggling with understanding my madness and my opposition to definitions of disability.

In *Mad Nation*, da Silveira Gorman explains the tension of BIPOC people feeling safe to assume the Mad identity while recognizing the histories of violence that have taken place under the guise of health and health care, and ultimately the applicability of disability studies to speak to these realities; da Silveira Gorman notes that an entirely new school of thought is needed for thinking through the complex relations between disablement, BIPOC experience and mad identity (2013). What is needed, according to da Silveira Gorman and their working group of BIPOC mad people, is a shift away from Disability Studies and an understanding of transnational approaches to disability:

> Transnational theoretical approaches allow us to understand disability as an assemblage of racialized and gendered narratives, national and postcolonial politics, and global capitalism. For Mad Studies, a transnational approach can move us past the deadlock of a simultaneous inattention to race and under-theorization of the global in relation to psychiatric disability and psychiatric surveillance. (Gorman, 2013, p. 273)

From my description of this internalized shame of being read as mad while also being critical of the DSO[23], my colleague was able to point out, “I believe you were seeking informed consent”. I wonder now why I never found myself able to even put words to my right to have consent in the services I was requesting from my DSO. What mechanisms taught me to not ask or question when receiving services, and even further, where did I learn to trust and not question the

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[23] Despite spending so much time thinking about madness and critical analysis, I continuously confront parts of my experience that feel like a never-ending disentanglement from internalized oppression. While editing this paper, my PhD Advisor, Dr. Chris Chapman, shared their thoughts on internalization as being a process that is as “freely out there as the air we breathe” and the care needed as we find these pieces in ourselves.

institution's role in my medical care? DeFehr's "Voluntarily, Knowingly, and Intelligently: Protecting Informed Consent in School-Based Mental Health Referrals" (2020) examines the role of the educational institution in medical referrals for diagnosis. The responsibility of educators to consider issues of informed consent are central to DeFehr's work where she defines the parameters of informed consent as follows:

> To offer consent knowingly means professionals must fully disclose relevant information including information about "implications of diagnosis," "limits of confidentiality," and "potential risks and benefits" (p. 16). To give consent intelligently means that clients can understand descriptions of the expected and potential "treatments and procedures" (p. 15) well enough to make informed decisions. The Standards of Practice guidelines further specify that clients should be permitted to withdraw their consent, and further, "counsellors should not equate silence with consent" (Canadian Counselling and Psychotherapy Association, 2015, p. 16) (DeFehr, 2020, p. 16).

As a researcher, I feel called to examine how the DSO can accurately acknowledge their role as catalysts for students' interactions with the medical sphere and the systemic harm we know it causes, and how the internal mechanics of a DSO can provide transparency to their clients in their role in these processes. Derrick Bell uses 'interest convergence' to denote the way in which oppressed groups have been granted rights based on the benefit that those in power will achieve from the accommodation (as cited in Annamma & Connor et al., 2013). It is precisely the fear that I have when I work in my role as an Accessibility Advisor now, especially with BIPOC students, and what initiated this dissertation.

> Within a conventional mental health rationality, students anxious about life conditions directly resulting from past and present-day colonization and genocide can have their understandable feelings of distress and resistance inappropriately read as individual mental pathology instead of understood as an understandable human response to environmental, social, and economic injustice. (DeFehr, 2020, p. 15)

My research on BIPOC students' interactions with their DSO, as presented in chapter six, found that many students rely on their DSO to disseminate information regarding health and health care, as it is often their first point of contact regarding their functional limitations and understanding themselves through a disability lens. Through sharing my lived experience of navigating the DSO, in the pages that follow, I want to further elucidate the lived experience of the process and impacts it can have on students; I share this in hopes to emphasize the need for a culture of reflexivity in the DSO, in order to mitigate the consequences with services, supports and information for students.

Undergraduate Experience

As I started to struggle in academia, I decided to seek support from the DSO at my undergraduate institution; it had not occurred to me that this would even be a possible avenue for me. The idea that I could acquire a disability was quite difficult for me to conceptualize, especially given my understanding that my academic success negated the difficulty I was experiencing. It wasn't until my grades started to drop that I started to look for resources at my institution. When I recognized the services offered from the DSO could assist me (mainly a private space to test), I began to consider ways that I could qualify myself for services. The DSO at that point was a box that I understood that I would have to fit into, with definitions and understandings of deservingness I didn't identify with. The office held the keys to being able to be successful at school. Thinking back to this time. I can recognize that because of the intersections of my identity as a diasporic-immigrant, South-Asian, queer and femme presenting person in academic spheres, I had become accustomed to trying to blend into the status-quo as opposed as identifying myself as someone who required help (I will further examine the benefits and harm of the model minority trope in chapter six). Without a diagnosis I followed the instructions from my DSO to see a campus psychologist to substantiate my difficulty with a diagnosis; I realize now I was also unknowingly following their direction regarding what health care consisted of without any understanding of the potential consequences I was about to face. The process of referral for a formal diagnosis was so firmly embedded in post-secondary's commitment to mental health support that their efforts to provide support are constituted as entirely benevolent. DeFehr's warns that "informal mental health assessment and referral (are embedded) within the everyday life of the school" (2020, p. 7), which "ensures that mental health assessment can be offered by anyone at any time whether requested or not" (2020, p. 7). Within the school, DeFehr warns that, "mental health promotion materials exclude critical scholarship thereby contributing to an illusion of disciplinary consensus" (DeFehr, 2020, p. 7). As such, "if teachers contribute to mental health assessment and referral processes in schools, it would seem they should know and uphold the informed consent ethics standards outlined by mental health professional codes of ethics" (Defehr, 2020, p. 16). Where DeFehr suggests a professional code of ethics to direct consent in schools, Chris Chapman suggests a culture of reflexivity can provide better direction to practice in education, "one of the things that I think is crucial in education for social transformation, then, is noting the ways that all of us are 'in process'" (Chapman, 2011, p. 726). For Chapman, a code of ethics may exist as background document, which includes integrating a critical reflexivity into professional practice as an integral part of acknowledging the ongoing practice of unpacking the real-life implications of practice for the ones that are served.

Currently, in my role as an Accessibility Advisor, I can understand my experience from a different lens. Informing or inquiring about what a student experiences when they see their doctor is not considered within the purview of an AA. Though students sign a consent and confidentiality form to access services, the concept of consent revolves around the storage of medical documents and privacy regarding their information. The work to inform students of consequences that may arise from seeking a diagnosis, especially for students who come in with no history of diagnosis, is perceived as outside the scope of what is *necessary* practice. From my experiences as a student who has been through this process, I am vigilant about the potential impacts these interactions could have and I try to have conversations with students about the recommendation I am making. In 2014, I reflected on my experience in the DSO, as part of a master's research project,

> *On May 19, 2011, I was scheduled to see a psychiatrist at the psychological service centre offered at my university. During the intake appointment I proceeded to tell the psychiatrist*[24] (sic) *the accommodations I was requesting and my reasoning for doing so based on my functional impacts. In my opinion, I was very candid about my experiences in the classroom and the cause of my anxiety during test taking situations. The psychologist seemed to nod in agreement. As I recall, the psychologist focused on asking me a number of questions regarding my ability to function outside the classroom. I was contacted a few days later by the accessibility department who stated that I would* ***not*** *be granted academic accommodations. I requested to see the documentation that the psychiatrist (sic) provided.* (Dhanota, 2014)

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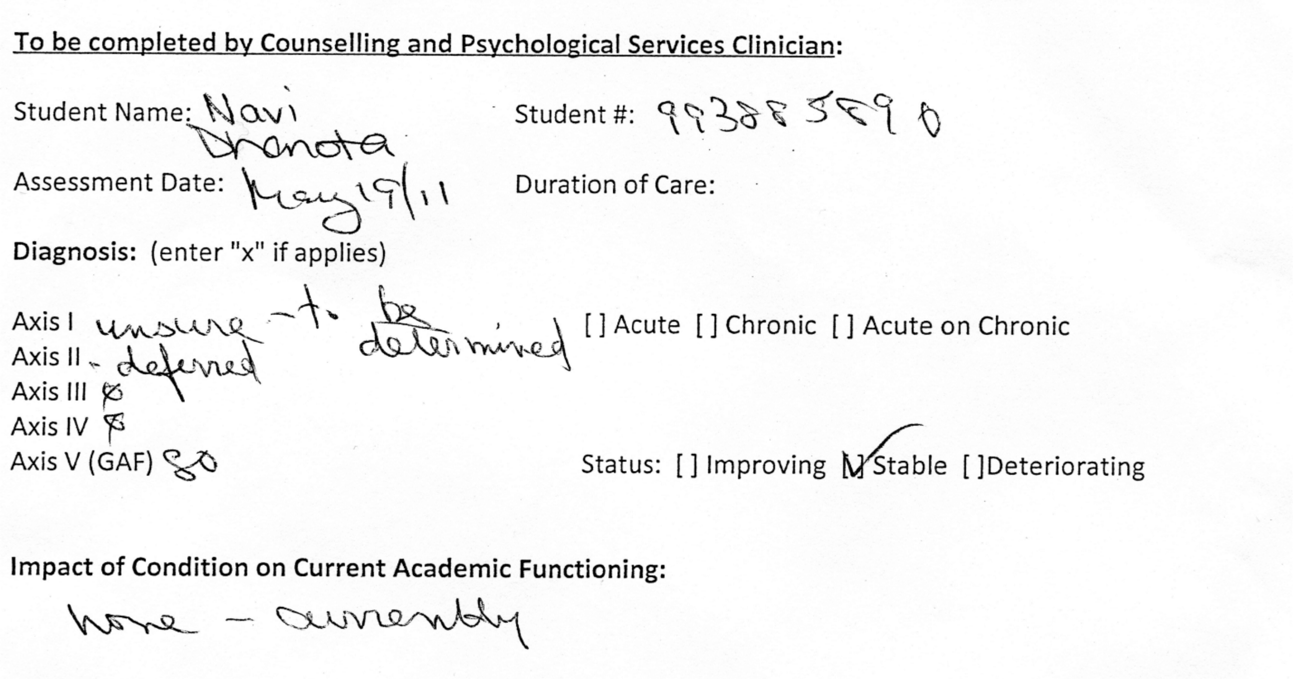
[24] From the time when I received the referral to the campus psychologist, to the time I wrote this paper, I was unclear about whether I was seeing a psychologist or a psychiatrist, and even the difference between the two. As I did not have a diagnosis, my DSO provided a referral to the health clinic on campus. I believed I was there to ascertain permission to access accommodations and was not aware of the doctor's role in my extended health care.



To be completed by Counselling and Psychological Services Clinician:

Student Name: Navi Dhanota

Student #: 99388 5890

Assessment Date: May 19/11

Duration of Care:

Diagnosis: (enter "x" if applies)

Axis I unsure - to be determined [ ] Acute [ ] Chronic [ ] Acute on Chronic

Axis II - deferred

Axis III 0

Axis IV 0

Axis V (GAF) 80

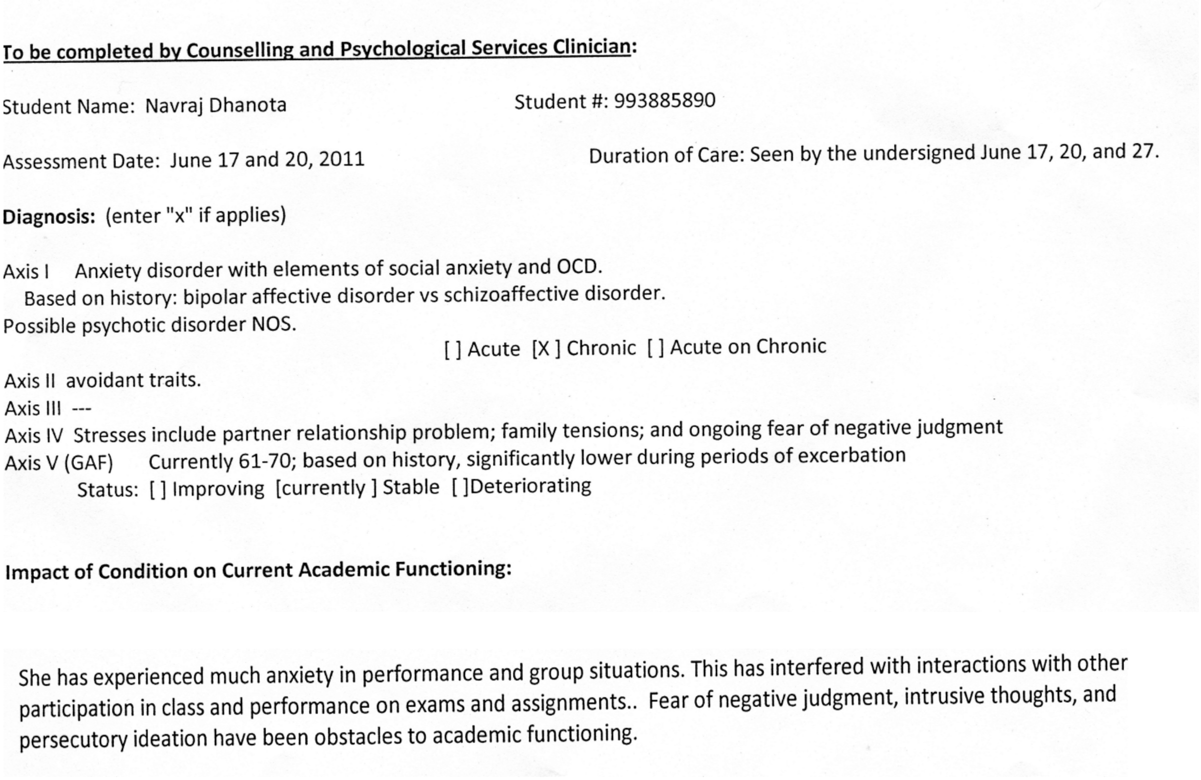
Status: [ ] Improving [✓] Stable [ ]Deteriorating

Impact of Condition on Current Academic Functioning:

none - currently

Figure 3: Documentation following psychological assessment.

The indication from the psychiatrist (sic) demonstrates that I was assessed as having a "slight impairment in [an] area of psychological functioning" and also that he identified that I did exhibit "symptoms"; I do not find this objectionable. However, on the portion which asks, "Impact of Condition on Current Academic Functioning", the psychologist writes, "none—currently". Clearly, this was not a response to the difficulties I expressed to the psychologist to my academic functioning, which I had indicated was the reason why I was attending this appointment…When my DSO made me aware that I would not qualify for accommodations I requested to appeal the decision, as I understood the gravity this decision and the potential impact to my academic performance. I was determined that if I had a second opinion, I would be able to rationalize with a clinician that though I may not have a formal diagnosis, in terms of the DSM-IV, I was *experiencing stress that significantly impacted my test taking capabilities. I thought that given my reasoning, I should be permitted to write tests in an environment which would minimize my anxiety because it would be conducive to my ideal learning/test taking method. On June 17, 20, and 27, 2011, I went to see another psychologist at the psychological service centre at my university. After three sessions the psychologist provided the following documentation to the accessibility department:*



To be completed by Counselling and Psychological Services Clinician:

Student Name: Navraj Dhanota
Student #: 993885890

Assessment Date: June 17 and 20, 2011
Duration of Care: Seen by the undersigned June 17, 20, and 27.

Diagnosis: (enter "x" if applies)

Axis I Anxiety disorder with elements of social anxiety and OCD.
Based on history: bipolar affective disorder vs schizoaffective disorder.
Possible psychotic disorder NOS.
[ ] Acute [X] Chronic [ ] Acute on Chronic

Axis II avoidant traits.
Axis III ---
Axis IV Stresses include partner relationship problem; family tensions; and ongoing fear of negative judgment
Axis V (GAF) Currently 61-70; based on history, significantly lower during periods of excerbation
Status: [ ] Improving [currently] Stable [ ]Deteriorating

Impact of Condition on Current Academic Functioning:

She has experienced much anxiety in performance and group situations. This has interfered with interactions with other participation in class and performance on exams and assignments.. Fear of negative judgment, intrusive thoughts, and persecutory ideation have been obstacles to academic functioning.

Figure 4: Documentation from psychological assessment

What I recollect from my second assessment was that I felt that I had to be very descriptive of the reasons I was distracted by other students in a test environment. Admittedly, some of the thoughts may have been described, by the psychologist, as something that appeared to be "intrusive", "negative judgements" and maybe even "persecutory", but I felt as if I was in a position that I had to reveal all of the distracting thoughts that went through my mind.

> *I agree with Szasz who contends that, "One may accept the reality of an event or a behaviour, but reject its generally accepted explanation and methods of social control" (Szasz, 1970) …. though I expressed the same description of what I was experiencing to both clinicians in my second assessment* ***I learned to express the distress I was experiencing in a way that would elicit a response from the medical assessment****.(emphasis added) (Dhanota, 2014)*

Around the time of writing my paper in 2014, I first came upon the work of Thomas Szasz, and his book *The Manufacture of Madness*. Szasz's work in anti-psychiatry was fundamental for me, as I moved from a place of pathologizing my experience to one where I understood the systems of *health care* that I was embroiled in. Despite the struggles I was experiencing I understood *western* models of health[25] care and the medical-industrial complex as being a system I had to navigate; given the importance attributed to diagnoses, Szasz contends many are forced to assume the identity of a 'mentally ill' person, "Of course, individuals may also define themselves as mentally ill in order to secure the psychiatric assistance they need and want…They assume the role of a mental patient as the price they must pay to obtain the service of an expert whose clients are socially defined in this way" (Szasz, 1970, p. xxvi). Szasz's point aligns with discussions occurring in the consumer/survivor initiatives that emphasize the importance of peer-initiated support programs/information. This movement has arisen from the gap that has emerged from 'formal' medical interventions and the type of assistance that consumers and survivors feel is useful in their healing. At the time of receiving the second assessment, I recall finding the results

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[25] Mohanty proposes the use of *One-Third/Two-Thirds Worlds* as opposed to terms such as first world/third world or global north and global south, as it, "draws attention to the continuities as well as the discontinuities between the haves and have-nots within the boundaries of nations and between nations and indigenous communities" (2003, p.505). *Western* models of health references the medical-industrial complex and the domination of indigenous health knowledge by the one-third world.

somewhat amusing and almost saw it as a caricature of myself through a medical lens. I was conscientious of the ways I was asked to emphasize the symptoms I was experiencing to help the psychologist assist me in garnering the support that I wanted.

> *I found the application process in university accessibility departments to force me through western models of health in order to find a place for myself within it. The totality of my experience may not be accurately represented by simply being designated as having a DSO defined "mental health disability"; Szasz argues in* The Myth of Mental Illness *that, "the physicians task is to treat bodily ills –not economic, moral, racial, religious, or political 'ills'" (1974, p ix)… using a DSM-IV diagnosis offers only a narrow lens to interpret the intersectionality of the oppression that I face. I wonder if the experience of a racialized person could affect the nature of mental experiences? Also, I question if the DSM-IV accurately addresses cultural context in its diagnoses.* (Dhanota, 2014)

Leaving behind my transnational perspective

As I started to process my experiences, I used a MA project in my Critical Disability Studies program to research the post-secondary accommodation process. I began by performing an informal survey of the information that was available on post-secondary DSO websites in Canada. I learned that most Canadian universities requested students to disclose as DSM-IV[26] diagnosis to be considered for accommodation. It was then that I started looking into the larger systemic framework that was upholding this registration process and why I would be required to disclose this to my university. I called the DSO at York University to request to register for their

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[26] In 2014 when I started this process the DSM-IV was the latest addition of the DSM.

services without disclosing a diagnosis and was curtly denied the opportunity to services. It was then that I understood that York University's process represented a larger system of DSO operation that relied exclusively on psychiatric diagnosis for mental health service provision. As part of my project, I chose to file a human rights complaint that would interrogate the Ontario Human Rights Code's protection of rights against discrimination based on disability; it was my hope to experiment with the impact I could in turn have on the system, and if successful, I wondered if I could have a chance to provide avenues for other BIPOC students to have greater access to accommodations in their post-secondary institutions[27].

As I started my research into the potential arguments that could support my complaint with the Ontario Human Rights Commissions (OHRC), I discovered a potential parallel decision where the OHR Tribunal made a judgment[28] to protect an employee from disclosing a diagnosis to their employer. In this judgement, it was clarified that an individual could be requested to disclose their diagnosis only in exceptional circumstances where the accommodation request would require clarification on the disability type (the threshold for requesting this information from an employee is considered to be quite high). Utilizing past cases[29] and published policy, I decided the most direct legal argument would be that as a student, my role is not distinctly different from that of an employee and that the considerations of privacy should be considered similarly.

Though my application argued that I was being discriminated against based on my disability, this felt like a difficult concession to make, as it was only one aspect of the intention

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[27] In my application I asked for a systemic remedy and did not request or receive any monetary compensation for this project.

[28] I was not able to locate the exact decisions I reviewed in 2014.

[29] *Simpson v. Commissionaires (Great Lakes)*, 2009 HRTO 1362 (CanLII), *Cristiano v. Grand National Apparel Inc.*, 2012 HRTO 991 (CanLII) as referenced in OHRC's *Policy on ableism and discrimination based on disability* (2016)

behind my challenge; my personal motivation was to interrogate traditional definitions of disability and the exclusion of understandings of disablement while moving towards an intersectional and transnational analysis of how disability was being employed in a DSO context. Without disclosing a diagnosis, I envisioned space for conversations between doctors and their clients as having the potential to be less rushed and diagnostically centred. I hoped that the *culture of illness* in our universities, specifically as it impacted BIPOC students, could be fractured, if momentarily and theoretically. "If the prevailing cultural beliefs are those of illness, they say, then clients will interpret life experience as evidence of illness, themselves as passive sufferers, and the practitioner's job as treating the illness" (Eriksen & Kress, 2005, p. 73). Though Disability Studies has detached itself from disability identity being defined by the medical model, Kazemi goes further to imagine movements to acknowledge disablement as the pivotal shift towards transformative change, "if we, as DS scholars, want to mount any revolutionary opposition, our political attempts should be class-conscious, anti-racist, anti-colonial, anti-imperialist, and anti-ideological" (Kazemi, 2017, p. 51).

> *The Ontario Human Rights Commission's (OHRC) report*, An Intersectional Approach to Discrimination*, ensures the OHRC and OHR Tribunal will consider multiple grounds of discrimination in the consideration of a decision… If there is an intersectional analysis for claims of discrimination, I wondered why the Disability Service Office within an institution would have only one pathway for registration which required a regulated health professional disclose a DSM diagnosis. What information is the DSO deriving about my accommodation needs from a diagnosis that could be more descriptive than the description of the functional impacts that my physician could describe? Surely not all students who experience anxiety would require the same accommodation; some may*

> *benefit from extra time on tests whereas others may need presentation related accommodations, for instance. If the DSO does not offer pathways for students to register which considered intersectional identity, how is this commensurable with the OHRC's initiative to recognize this position in the complaints it would ultimately receive from this same sector?* (Dhanota, 2014)

Human Rights Complaint: Critical Disability Studies and Law

After filing my complaint and going through the OHRT's mediation process with York University, I contacted ARCH Disability Law Centre to assist me with the legal arguments I would need in a hearing. When I began working with Dianne Wintermute on this case, she pointed out that the respondent would most likely attempt to utilize an argument that will challenge my claim that I was discriminated as a result of a disability; this would include being required to legally confirm the presence of a disability as a part of a solid defense. Though my academic arguments attempt to engage with definitions of disability and more specifically disablement, I was advised that confirming the presence of a disability using the *western* medical model would be the most linear pathway to satisfying the legal foundations of my claim. I understood the legal process directly undermined my motivations for filing my complaint but decided that this was an identity and categorization that I would have to assume in these discussions to impact change in the process. As I continued through this process, knowing that the issues of disablement wouldn't have a place in any judgment in my favour, I felt a deep sense of loss. I felt hope that chipping away at these institutional structures could possibly assist others with getting access to support, while I also was cognizant that many of the main tenets of the system would remain in place.

As a result of missing the opportunity to explicate my intentions in the OHRT process, this thesis expands on these ideas by demonstrating the impacts the DSO has on the BIPOC community at large.

Chapter Two: Methodology

Theoretical Framework and Research Methods

Dorothy Smith's feminist standpoint theory looks to develop a sociological understanding from "local actualities of our everyday lives" (Smith, 2007, p. 173), which is quite different than "traditional objectifying sociologies" (Smith, 2007, p. 173). I was interested in utilizing Sriastava's iterative approach (2009) in my qualitative research, to ensure that I engaged with the data derived from participants' experience and also remained cognizant and reflexive in the process of choosing research methods and the conclusions that I derived. As Srivastava proposes in *A Practical Iterative Framework for Qualitative Analysis* (2009), a researcher should ensure that they practice reflexivity throughout a research process to engage with inter-subjectivities that arise through the researcher's own social location and their relationships to the study participants. In my study I conducted a series of open-ended interviews with 14 BIPOC students who are currently enrolled or have attended post-secondary in Ontario. All participants attempted to access or did access accommodations through their Disability Service Office. I also conducted six open-ended interviews with BIPOC Accessibility Advisors and one post-secondary staff member who worked closely on assisting Indigenous students to access accommodations. I set out to engage with the interview process by asking myself, what knowledge do I bring to this research and where is it from? Where do the participants garner their knowledge base? And what are the ways in which my findings will be read by the audience? (Srivastava, 2009). Following "feminist critiques of standardized interviews" (May, 2002, p. 77), I created the interview guide with the awareness that I was intending to challenge the traditional conceptions of an interviewer as a "distant, neutral interviewer who does not spoil the stimulus-response…by deviating from the script" (May, 2002, p. 77). Instead, Ann Oakley's proposition for *feminist interviewing*, encourages "openness and engagement on the part of the interviewer" and a recognition of "the possibility of developing a relationship between the interviewer and the interviewee" (Reinhart, as cited in May, 2002, p. 77).

As discussed in chapter one, my personal experience as both an Accessibility Advisor and a student shaped the questions I was interested in exploring in my study. At this stage, I had few connections that were BIPOC Accessibility Advisors or BIPOC students with disabilities, and it felt imperative for me to find community and understand my experiences, in relationship to others within similar institutional frameworks. Ultimately, it was most important to me to develop a study that would create a space for discussion between students who were experiencing the isolation of these multiple identities. Brown, in *Research as Resistance*, suggests, "social justice approaches to research, such as participatory action research, have attempted to position those who might have traditionally been the objects or respondents of research as equal collaborators or co-researchers." (Brown & Strega, 2015, p. 7) This was a particularly important entry point to my research methods, "Research from the margins is not research on the marginalized but research by, for, and with them/us" (Brown & Strega, 2015, p. 7).

Research Positionality

In chapter three, I unpack the ways I have encountered disablement in my lived experience utilizing Himani Bannerji's relational/reflexive analysis (1995). Bannerji builds upon Marx's conception of social relations being predicated on the mode of production, to build an understanding of social relations from the standpoint of the BIPOC women, "so we non-white women, who seek not only to express but to end oppression, need reliable knowledge which allows us to be actors in history. This knowledge cannot be produced in the context of ruling but only in conscious resistance to it" (Bannerji, 1995, p. 82). Before beginning my formal study, I had multiple conversations with both colleagues in the DSO and other graduate students who have received accommodations in post-secondary. In the preliminary stages of my project I spoke to the few BIPOC Accessibility Advisors I knew personally, about my ideas for the project. In our conversations, there was always a shared sense of urgency to better serve BIPOC students in the DSO, which was even more so pronounced in our conversations about my research questions. As a community, my BIPOC colleagues often come to each other for advice/case consultation because we share an understanding that BIPOC students face barriers in education that are often not recognized in our office meetings, internal procedures, or institutions at large. As BIPOC colleagues, we shared an understanding that we as the minorities in our office, often had conversations about these barriers in private, knowing the hesitant reception we would receive if we spoke similarly in our larger meetings. These private conversations were not intentionally secretive; we understood our interest in talking about these issues as contributing to the development of department initiatives. However, we also understood that continuing to raise these topics as BIPOC employees put us at risk of looking difficult, overly emotional or taking up too much space. Our work was similarly rooted in developing initiatives to further access for our BIPOC students. These private conversations further emphasized to me the need to have these perspectives elaborated in research. The act of reflexivity, for Bannerji, provides the most reliable sort of knowledge, especially when discussing emancipatory research which can reach those on the margins, "we need a reflexive and relational social analysis which incorporates in it a theory of agency and direct representation based on our experience…we need to go beyond self-referentiality and connect with other in time and space" (Bannerji, 1995, p. 84). Central to

Bannerji is the importance of experience, as the “originating point of knowledge, an interpretation, a relational sense-making, which incorporates social meaning” (1995, p. 86) and is central to understanding the contexts in which they exist. As such, my own experience and that of my participants are “points of departure for inquiry into the universe of social relations” (da Silveira Gorman, p.37). My experience as a BIPOC student was more isolated as I did not know other BIPOC students with disabilities. I was the only racialized person in my PhD cohort and was one of a few racialized students during my MA program. I understood the barriers that my academic colleagues were experiencing and wondered about the parallels I would recognize by talking to other BIPOC students with disabilities. When I started my work as an Accessibility Advisor, I noticed some of the same themes emerge for the students I worked with. This further intensified my interest in being able to speak in-depth with other BIPOC students in more detail about the ways the DSO mediated their academic experience. I am very fortunate to have the ability to conduct research which also functioned as a means for me to connect with a community I wouldn’t otherwise have access to.

Bannerji expands on how her relational/reflexive analysis can work in conjunction with Dorothy Smith’s employment of experience in standpoint method, like da Silveira Gorman I will be employing as a “theoretical framework for the study and as a guide for developing the procedure of my study” (2005, p. 36).

> She [Bannerji] highlights two aspects of Smith’s work that are important for the kind of relational/reflexive method of social analysis that she is proposing. First, Smith argues that the division of labour into mental and manual is an institutional and conceptual practice of power (hence the process of creating the dichotomy between mental and manual is itself a practice of power). Second, and central to Bannerji’s own proposal for an anti-racist, cultural-historical materialist feminism, Smith “establishes the validity of beginning from the local and immediate... in order to explore the larger social organization” (1995, p.87) (da Silveira Gorman, 2005, p.36).

From this juncture, I intended to think about my methodology as turning away from research traditions such as positivism which inherently question non-European epistemological traditions; "framing the discussion about what constitutes knowledge within the discourse of positivism obscures important questions about how the development of knowledge is socially constructed and controlled" (Brown & Strega, 2015). My deep personal understanding of the histories of the limitations of critical inquiry, coupled with my lived experience, drove my intentions in prioritizing a methodology that acknowledged these histories and created participatory research modalities.

Document Analysis

To prepare for my interviews, and to create a strong understanding of the institutional and legal framework which supports DSOs, I conducted a textual analysis (Smith, 2006) to understand the "standardized and mediating role" (Smith, 2006, p. 29) that documents play in the post-secondary DSO sphere; this will be the focus in chapter four. I also examined the institutional and legislative genealogy of text used in the DSO, and influencing the DSO, to understand text and policy which have created changes in the history of education and accommodations and the ruling-relations (Smith, 2006) which mediate the lives of BIPOC students and BIPOC Accessibility Advisors. I initiated my research by completing a survey of existing OHRC policy documents, which have been released to address disability/mental health, education and accommodations in the education sector; this provided me an understanding of the source of the institutional language (Smith, 2006) used in the DSO and more importantly, the ways of thinking and defining key terms such as accessibility, disability, and duty to accommodate, which mediate a student's experience of *access*.

To understand the institutional organization of the Disability Service Office, in chapter four I conduct a document analysis by reviewing some of the key documents that shape the purview of the DSO. I have chosen to first review documents from a global and federal level, regarding the responsibility of governments to protect human rights, including people with disabilities, then provincial human rights documents and educational guidelines from the Ontario Human Rights Commission. Finally, I look at some of the key research that is referred to often in the DSO, particularly those documents that I have encountered as being referenced most in my role as an Accessibility Advisor. These publicly funded research reports and private papers have impacted the development of accommodation service provision and the changes and developments in DSO *thought*. (Bowen, 2009)

I have chosen these particular documents to analyze, to provide context about the beliefs (Bowen, 2009) in the DSO sector, with a focus on what is included in definitions of disability across them. As I am both a researcher in this study, an Accessibility Advisor, and a student with lived experience in the DSO, I found latent content analysis to be closely related to my interest to engage with my research material. It "acknowledges that the researcher is intimately involved in the analytical process and that the researcher's role is to actively use mental schema, theories, and lenses to interpret and understand the data" (Kleinheksel, Rockich-Winston, Tawfik, Wyatt, 2020, p. 129). I also was interested in the ideas proposed in latent projective content analysis (Potter & Levine-Donnerstein, 1999) to understand those issues that I interpret as significant, as related to the BIPOC experience of disablement, to explore what information is covered/omitted from these formative documents.

Fairclough (2018) proposes the use of Critical Discourse Analysis (CDA) as a field that gives attention to the goal of leading research which contributes to developing better practice, as it looks to "(give) prominence to the connection between critique, explanation and action." (p. 39). It aims to "(elucidate) how discourse is related to other social elements (power, ideologies, institutions, etc.) and offering critique of discourse as a way into wider critique of social reality" (p. 35). The aim of CDA is not only to provide a critique of discourse but to offer "change for the better" (p. 35); CDA aims to acknowledge the limitations of academic critique, while recognizing its contributions to understanding of a particular issue (p. 35). I was guided by the central tenets of CDA while looking at documents from the DSO sector, to guide the parameters of reading into their meaning and implications while paying Fairclough (2018) characterizes the approach of Critical Discourse Analysis in four ways:

> "1. Normative critique of discourse.
> 2. Explanation of normatively criticized discourse in terms of features of the existing state of affairs (existing social reality).
> 3. Explanatory critique of the existing state of affairs.
> 4. Advocating action to change the existing state of affairs 'for the better'" (p. 39).

The documents selected for the discourse analysis were selected because of familiarity through their central use in the DSO. First, I was interested to demonstrate the extent to which the responsibility to accommodate is shaped by institutional documentation and demonstrates the change and development (Bowen, 2009) of these ideas in professional practice. Most importantly, as these documents play a key role in my work as an Accessibility Advisor, I was interested to see what their contents reveal about what taken-for-granted ideas shape our work, and what this says about the social contexts in which the DSO exists. I integrated these findings into a section proposing recommendations for best practice in the DSO. All of the documents reviewed were accessed online and are a mix of public documents and private papers. The private papers were available without a paywall.

Interviews

Borrowing from Dorothy Smith's work, I designed my research questions around my knowledge of the experiences of BIPOC Accessibility Advisors and students within the post-secondary system; in chapters five and six, I will discuss my reflections from these interviews in more detail. As Smith defines it, "institutional ethnography takes for its entry point the experiences of specific individuals whose everyday activities are in some way hooked into, shaped by, and constituent of the institutional relations under exploration" (Smith, 2006, p. 18). My interest was in understanding what impacts the current DSO process will have for the individual experience while taking care "not to generalize about the group of people interviewed, but to find and describe social processes that have generalizing effects." (Smith, 2006, p. 18) I included the following examples of questions in my informed consent form, to assist potential participants to envision the scope of the research interview:

1) Before accessing accommodations, what was your experience with disability related accommodations (i.e., at school/work/home/personal life)
2) Could you tell me about your experience accessing accommodations in college/university?
3) Do you recall the process you followed to register for accommodations (i.e., getting documentation etc.)? What was your experience like?
4) In what ways, if any, did your accommodations improve your academic experience? In what ways, if any, did you feel that the accommodation process was not able to address your needs?
5) There are new guidelines from the Ontario Human Rights Commission which state that students no longer need to disclose their diagnosis to their DSO and can be accommodated retroactively. Are you familiar with these new guidelines? Have they impacted your academic experience in a positive/negative way?
6) Do you feel that your experience as BIPOC, racialized, or part of a visible minority contributed to your experience in post-secondary disability accommodations? If so, in what ways did it contribute positively? In what ways did it contribute to your negative experiences?

For Accessibility Advisors, the following questions were provided on the informed consent form to provide them an understanding of the scope of the research:

1) Could you tell me about your experience working with BIPOC/racialized students?

2) In your role as an Accessibility Consultant, could you tell me about any of your decision making, in the process of meeting with students to register, assess and deliver accommodations, that is particular to your work with BIPOC students?
3) In what ways does your DSO acknowledge BIPOC issues, for example, through training, policy, procedure, intake documents, registration documents?
4) If you are familiar with the new Ontario Human Rights Commission Guidelines for accommodations for students in post-secondary, could you tell me about how the new guidelines impact your work? How are they interpreted in your institution? In what ways do they help or hinder students?
5) In what ways does the accommodation process adequately address the needs of BIPOC students? In what ways does the accommodation process not adequately address the needs of BIPOC students?
6) Can you think of any additions to the accommodation process, including in your DSO's internal procedures, that would benefit BIPOC students?

In my interviews I ensured that I shared with students and Accessibility Advisors my positionality with which I was approaching my research. At the beginning of my interviews, I highlighted my entry point to the research as i) a student who is currently accessing accommodations at a post-secondary institution in Ontario ii) a current employee at a post-secondary institution providing and assessing the eligibility of students' accommodations, and iii) as a BIPOC person. I tried to emphasize the core of my research to be centred around the experiences of BIPOC students, as they are at the centre of the impacts of institutional policies that govern their lives. I chose not to disclose to students and Accessibility Advisors my experience with the OHRC unless it was pertinent to the questions which emerged in our interview.

Participant Selection

A snowball method was used for participant recruitment of BIPOC students who had interacted with their DSO in a post-secondary institution in Ontario. I chose to include the term disability in my Call For Participants (CFP) and also included that I was open to speaking with students who had attempted to use their institution's DSO or used their DSO but did not identify as having a disability. I posted my CFP on my personal social media pages, on Facebook and

Instagram, in hopes that my social network would share it with their social following as well. This was quite successful as I had 59 shares from my immediate social network, and their posts also received a good response which I was unable to measure. The CFP requested participation in an approximate 60 to 90-minute interview in person or via an online meeting platform. As a result of the 2020 COVID-19 global pandemic, all interviews after March 2020 were held online. I also offered a raffle for two $50 gift cards as an incentive to my participants. I was later able to offer each participant a $25 gift-card for their time via email. When recruiting Accessibility Advisors for my research I posted a CFP in our professional college and university listserv, College Committee on Disability Issues (CCDI) as well as Inter- University Disability Issues Association (IDIA). I distributed my CFP to various managers from university and college DSOs across Ontario, by using their emails found on their respective DSO websites. There were no financial incentives offered for participation from Accessibility Advisors.

Interview Methodology

Before our scheduled interview a consent form was sent to each participant that outlined the questions that would be asked and their options for anonymity. At the beginning of each interview the consent form was reviewed with each participant, and each decided whether they would like to use their legal name in the research or would like to be referred to utilizing a pseudonym. I also asked participants whether they would like to share their cultural identity/background, their pronouns and educational institution.

I chose to start my research process by conducting interviews with students so that I could engage in more informed discussions with Accessibility Advisors based on student responses. At the beginning of the interview process with students and Accessibility Advisors, I made a point to share my lived experience, as it is inextricably linked to my research questions and the way that I understood the experiences shared by participants. Effectively, I also hoped that this would create a less hierarchical relationship between researcher and subject, as I was identifying myself as a participant in the subject matter as well.

For the purpose of this research, I situate myself as a researcher, and I also present my research project in a way that is transparent in inherently centering my interpretation and experiences. Wing-Chung Ho explains, "ethnographic data be defined as an *actor's explanation in a researcher's explanation*" (2019, p. 8).

> More specifically, this formulation of ethnographic data requires one to account for a three-fold process: (i) the intersubjectivity that both the actor and the researcher mutually experience during fieldwork; (ii) the reflective gazes by both parties of this intersubjectivity within the fieldwork period; and (iii) the way the "experiences" in (i) and (ii) enter the researcher's reflective gaze (in moments when flow of intersubjective experience stops) that results in the writing of ethnographic texts. (Ho, 2019, p. 8)

I agree with Ho who refutes any assumptions that I, as a researcher, represent an "ethnographic authority" (Ho, 2019, p. 7). Instead, I seek to create transparency in my methodology that the presentation of findings are in fact only topics I choose to centre and "*re*-present" (Ho, 2019, p. 5). I am cognizant that these topics are centred in my research because I deeply relate to them and this relationship to self is important to the integrity of my research methodology; in fact, I centre this epistemological position as the prerequisite for interpretation, as Ho explains "a number of scholars have already pinpointed the fundamental nature of experience in understanding the meaning of human life" (Ho, 2019, p. 12).

In my interviews with students, I organized my open-ended questions chronologically, starting with a student's experiences before coming into their post-secondary DSO. I intended to approach these conversations as both a peer and as a graduate student researcher, in that I tried to provide time to hear the participant's stories while also expressing an understanding of the barriers many reported. I did not extensively share my personal experience in detail in the body of the research questions though I did use my lived experience as a point of reference when building on a participant's response, and as a place of reference to ask more questions about their interpretations of their experience. As students were the centre of the research, it felt important to provide space for their lived experiences to be heard in depth. Many of the students entered the space with significant experiences with the DSO and post-secondary system. In each of my interviews I was humbled by the generosity and power of the participants who volunteered their time in an effort to shed light on their stories and experiences; underlying our conversations was a mutual understanding that these particular experiences were largely ignored by their DSO and their larger institution. As I mentioned, I feel greatly indebted to each student who felt so passionately about this research question and believed in the research process.

As I spoke to Accessibility Advisors, I found all to be very passionate about the issue of access to education for BIPOC students. I found myself quite moved by their dedication to make themselves available to talk about these issues as I understood that each one of them believed that this topic needed a voice based on their personal relationship to the work. Many of the Accessibility Advisors seemed to participate in an effort to share the stories of their students, particularly with a hope that speaking about these topics could in turn benefit the DSO process (while others said they felt disheartened by the possibility of any change). As I started to speak to AAs, I felt that some of my questions may have felt limiting to the ways that different Accessibility Advisors conceptualized the issues that were impacting their students. Though I had a list of questions that I thought were most appropriate to ask about their process of meeting with students, assessing and recommending accommodations, as I started embarking on these conversations, there seemed to be an individual professional acuity which conceptualized the problems in personal ways. However, all the conversations had significant reference to the systems from which students were entering the DSO from. During interviews, I proposed more open-ended questions to spark conversation; I approached my conversations with Accessibility Advisors as a space where we shared our experiences and parallels as colleagues and relied more heavily on these experiences than as a student who accessed accommodations.

Participants

Interviews took place over 11 months, between January 2020 and November 2020. I conducted interviews with 14 BIPOC students with one student deciding not to participate following the interview. I interviewed six BIPOC Accessibility Advisors, with one additional BIPOC post-secondary employee who was not directly in the role of an Accessibility Advisor but worked with students in Indigenous Student Services and assisted them in accessing the DSO.

Student Name	**Pronouns**	**Ethnicity/Cultural Identity/Background**	**Program**
Jaiden Zhao	They/Them	East Asian	University of Toronto/Psychology
Taara Persaud	She/Her	South Asian	Ontario Undergraduate and Ontario Law School
Sophia Ali	She/Her	Egyptian and Guyanese	Ontario University
Eila Thevar	She/Her	White/Tamil	York University
Aryan Farooqi	They/Them Trans-Man	Pakistani	University of Toronto/Psychology
Jungmin	She/Her	East Asian	York University MA in Arts
Mia M.	She/Her LGBTQ	Egyptian/Indigenous/British	Seneca College Humber College York University
Shayani	They/Them	Tamil/Sri Lankan	Ontario University
Zahra Brown	She/Her	Jamaican/Canadian	York University
Katherina Yerro	She/Her	Fillipina	George Brown College/Ryerson University/ Health Science/Social Work
Elizabeth	She/Her	Chinese	UIT/University of Toronto/Health Sciences

Cassandra Myers	They/them She/Her	South Asian/Italian	York University/MSW Social Work
Amanda Ramkishun	She/Her	West Indian	McMaster University Sociology MA/Ontario University Social Science Undergrad

Figure 5: Student participants

Accessibility Advisor Name	**Pronouns**	**Ethnicity/Cultural Identity/Background**	**University/College Info**
Aesha Williams	She/Her	Black Caribbean	University in Ontario working with BIPOC students in transition Program
Alisha Hafiz	She/Her	Half Indian/Half White (Muslim)	College in Ontario (variety of programs)
Eli Ababio	He/Him	African/Canadian from diaspora	College in Ontario (variety of programs)
Aponi Bernard	She/Her	Indigenous	College in Ontario
Krystal Jagoo	She/Her	Indo-Trinidadian	University of Toronto/New College
Layla Rehal	She/Her	Middle Eastern/South Asian	Ontario College/Arts and Science
Sean Kinsella	He/him They/Them	Anishinabe	Ontario College

Figure 6: Staff participants

Data Analysis

I used my laptop’s audio recording capabilities to record interviews. Using the voice to text software Otter, I transcribed all audio material. After reviewing transcriptions, I noted parallels and themes that emerged between them. I focused most closely on those themes that felt important to me, given my experience. This pulling out of themes was also an instance where I understood *re*-presentation as related to my own experience in my role and understood that the themes were chosen based on my experiences (another researcher may have noticed different themes and found them to be important).

Limitations

The recruitment method used was potentially limiting in terms of the diversity of students that I was reaching. The majority of the students I spoke to were attending university or college in Southern Ontario. Many of the students I spoke with were experiencing mental health related challenges during their academic pursuits. Diversifying the sites of my sample may have yielded a larger breadth of BIPOC students' experiences related to their disability; for instance, there are specific intersections of audism and racialization that I was not able to look into deeply but deserves attention.

In addition, because of my limited sample size, I was not able to examine the specific barriers that exist for various racialized groups, such as Black or Indigenous students experience in academia in detail. Anti-immigrant sentiment, for instance, elicits very specific sorts of discrimination that cannot be uniformly compared to the experiences of all students who are racialized. A further study into these intersections of experience in the academy is required to further provide attention to the mechanics of this marginalization.

My limited personal budget for providing incentive to student participation is another limitation of this project. I applied for numerous research grants and was not successful in garnering any. At the time of creating my ethics proposal, I was not sure how many students would respond and decided to provide two larger prizes instead of smaller incentive for each person. As a student researcher, I felt somewhat complicit in the structures which ask BIPOC communities to volunteer their experiences with little or no compensation. I am very lucky that those who participated in my research found great value in sharing their experience and valued the research questions, while I also recognize that there may have been students who wanted to share but were not able to volunteer time as a result of the financial and emotional cost of not being compensated. I feel deeply appreciative to this community of disabled activists and students who could support this research to occur. I have tried to do labour exchanges with some of these participants in terms of providing my own time as a participant for their research (or a suggestion to participate in their friend's research), providing advice on entering the field of Accessibility Advisors (one participant was successful in garnering a position at an Ontario university), and offering my opinions on their research. I am deeply grateful to these participants who shared their story and even assisted me in processing my own experiences, as I came to understand the parallel experiences BIPOC students are facing in the academy. This community-based methodology was deeply healing for me, as I recognized my research as offering a recognition of the experiences that BIPOC students all know too well.

Seeing the fishbowl

After I completed my interviews with BIPOC Accessibility Advisors and BIPOC students, I had a meeting with my dissertation supervisor, Professor da Silveira Gorman, to discuss how I would be analyzing my data. I described to them that my findings felt clear, that I had been able to isolate some recommendations and consistent themes had emerged. They asked me about my themes and encouraged me to elaborate on these themes by situating them in theory; they challenged me to think of the consequences of not doing this. Rhetorically they proposed a challenge; how would my recommendations be interpreted if they were not placed in a context, or genealogically? Suddenly, sitting in front my dissertation Supervisor, I felt almost embarrassed to admit that I felt that practical solutions had to move beyond theory; I could instantaneously recall sitting in my office during the first days in my new role, realizing that my master's degree in Critical Disability Studies served as only an ethical framework for my practice. The next months and years as an Accessibility Advisor felt like rigorous study under the supervision of my manager in the DSO. Sitting in front of Professor da Silveira Gorman, who has guided me through many theory classes, I felt embarrassed to tell them that I didn't believe in theory providing answers to problems in the way I once I did; would my dissertation provide pathways for real change in the DSO if I situated it only theory?

After my meeting I couldn't sleep. I spent the entire next day oscillating between the couch and my bed with a horrible migraine. I felt the utility of the years of research in the field wasn't going to find a purpose in academia. Though I was guided by the theory I learned from my Professor, I realized that the field was so far from living up to these conceptions, that bureaucracy was painfully slow and that arguing about getting new ergonomic chairs, for instance, comes down to economic arguments versus theoretical ones. If I wanted to offer solutions for these problems, what angle would be most effective? I also wondered if I had forgotten what theory was or if I just wasn't rigorous enough to engage in a dissertation of this depth. I picked up a book a dear friend gifted me, Toni Morrison's *Playing in the Dark: Whiteness in the Literary Imagination* (1993). In it, Morrison describes the way that Black characters in literature were not a reflection of just the historical context, but rather also a reflexive exercise where white writers were using literature to produce and reproduce their own fears onto the Black body. Toni Morrison explains,

> The fabrication of an Africanist persona is reflexive; an extraordinary meditation on the self; a powerful exploration of the fears and desires that reside in the writerly conscious. It is an astonishing revelation of longing, or terror, of perplexity, of shame, of magnanimity. It requires hard work *not* to see this. (Morrison, 1993, p. 18)

With this, Toni Morrison reflects on the years of literature she was immersed in that reflected back to her the erasure of Blackness, and the use of Blackness as an allegory for something else (mainly something sinister, evil or not-human). With this, she proposes a moment of *ekstasis,* or stepping out, for her reader and it is this exercise which I applied to my research questions. I wondered what hegemonic ideals have been taken for granted in our practice in our delivery of accessibility to students? What does an omission of this recognition of BIPOC policy in the DSO say about our practice? And perhaps most importantly, by not recognizing the diverse needs of our student population, in what ways does our policy imagine the student at the centre of our service? I would argue that the student imagined as being in the centre of DSO service effectively erases BIPOC entry points to the DSO.

> It is as if I had been looking at a fish bowl—the glide and the flick of the golden scales, the green tip, the bolt of white careening back from the gills; the castles at the bottom, surrounded by pebbles and tiny, intricate fronds of green; the barely disturbed water, the flecks of waste and food, the tranquil bubbles traveling to the surface—and suddenly I saw the bowl, the structure that transparently (and invisibly) permits the ordered life it contains to exist in the larger world. (Morrison, 1993, p. 17)

I understood the imperative call of Professor da Silveira Gorman's proposition as an essential step in my ability to situate myself in the history and purpose of my research. After interviewing BIPOC Accessibility Advisors, I found clear themes in their recommendations that I could simply list here. But what would ensure that these recommendations would be employed in a way that would recognize its own transparent nature, similar to Morrison's sudden perception of the shape of the fishbowl[30].

As such, I am writing this dissertation as a reminder and an indictment. I could find no DSO in Ontario or North America that has any policies addressing BIPOC students in relation to DSO service delivery. The DSO urgently needs to recognize that this omission is a failing of our departments to address what is not being said or being given space to be legitimized of systemic marginalization of these students. As I have worked in a DSO for nearly six years, I already know that incredibly genuine and well-meaning work is happening day after day in these spaces. I see my colleagues on our professional listserv, CCAI, diligently fighting for access for students

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[30] Often Professor da Silveira Gorman will propose a question to me, and it will be much later that I fully understand the impact and significance of their proposal. This realization was a full circle moment of one of these thought experiments.

to reach a vision of a more accessible learning environment. It is time the DSO as a sector become well versed in the critical practices which can bring meaningful transformations to the work done for accessibility in post-secondary.

Chapter Three: Disability, Disablement and Phenomenology

Phenomenology: The UDL problem

At the level of negotiating accommodations with faculty, disability theory can become complicated to try to transmit. In department meetings in my DSO, we discuss faculty education as an important facet of our work to address the varying attitudinal barriers which could impact the impressions of an accommodation letter. Pre-emptively creating expectations about the way a course provides access is one of the most important contributions to furthering the creation of accessible climates. Condra's Bona Fide Academic Requirements (2015), ensure that course requirements such as group work, essay writing, standing, and lifting requirements are included in a course syllabus, so students are able to accurately assess the components and functional requirements of a class and program before enrolling. Intervening at the stage of course design and review, creates spaces that are conscientious of the experience of the classroom and accessibility in definitive ways. The recommendation for an accommodation is only a starting place in a student's experience. The most common points of tension between my recommendations and its implementation involve engaging in defining the course learning outcomes (the required learning components of a class), ensuring the academic integrity of the course is maintained (terms to describe that students are meeting the course outcomes in meaningful ways) and more abstract discussions about the purpose and implementation of equity (such as equity vs. equality and evening the playing field). Much of my role as an Accessibility Advisor is defined as operating within the parameters of these terms; the negotiation of what a course outcome would constitute is taken up at the time of a course review and not considered within the purview of my role[31]. Underneath these concerns is a troubling belief that Ontario students should take responsibility of their own inabilities to meet their instructor's requirements, "Under neoliberal policies, inequality is the product of individual choice and should not be remedied by social welfare programs, but by individuals taking more responsibility and striving to become productive members of the workforce" (Hursh p. 155). The request for extra time on a test or more time to complete an assignment can challenge the belief that education is not only to teach, but also challenge the creation of the idea of a successful individual who is worthy of an education accreditation. As Hursh notes, "Neoliberal societies aim to create competitive, instrumentally rational individuals who can compete in the marketplace" (p. 155).

The Ontario Human Rights Commission recognizes course learning outcomes, also called essential requirements, as a limit to the parameters of an accommodation. Bona Fide Academic Requirements (BFAR) as an additional categorical definition of what serves as an exception to a post-secondary's duty to accommodate.

> Section 17 (of the Ontario Human Rights Code) sets out the duty to accommodate people with disabilities. It is not discriminatory to refuse an educational service because the student is incapable of fulfilling the **essential requirements** (emphasis added) However, a student will only be considered incapable if their disability-related needs cannot be accommodated without undue hardship. (OHRC, 2018)

With the introduction of BFARs, the analysis of a curriculum's **essential requirement** has become central to understanding the boundary between a DSO's duty to accommodate and the requirement of the student to be able to demonstrate a program related skill or course outcome. For instance, in a Personal Support Worker program, if a student does not have the acute

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[31] I hope to be able to move on to a role where I am able to contribute to course outline reviews, which often occur every 3-5 in post-secondary institutions. Embedding accessibility into this step of course development is integral to creating environments where faculty and students are provided more structure around the delivery of accommodation. For instance, for faculty, workload is often cited as a barrier to delivering a make-up exam (if departments aren't supporting their faculty to develop this material, the pushback comes at the time of requesting the accommodation).

dexterity to lift a spoon or change a client, this could be argued by the program to be considered an essential requirement[32] of being able to deliver the functions of the role of a Personal Support Worker[33]. However, if a Nursing student who is hard of hearing would need an adaptive medical mask, so that they could better read lips, they would still be able to perform all essential skills with an accommodation, and so the accommodation would be considered a reasonable responsibility of the DSO to provide.

UDL often become the focus of discussions about the future of accessibility in Post Secondary Education (PSE), as a means to provide multiple ways for a student to meet the essential requirements of a program. As I have seen UDL programs being implemented, I have seen an influx of similar accommodation issues come up from faculty, as before their implementation. A common example I have seen begins when a department signs on to a pilot UDL project, providing all students extra time testing in their classes. It is not long before I hear that faculty are feeling over extended when an accommodation request is submitted for time above this *universal* time[34]. As I will discuss in chapter five, complaints interrogating academic integrity are also connected to who is asking for assistance and the faculty's assessment of the student being deserving of these accommodations. For BIPOC students, criticism regarding their

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[32] The length to which a person should be accommodated is a grey area in this policy document. For instance, when I was assisting a student with garnering accommodations in a long-term care home, they asked if they could have access to adaptable gowns which use magnets instead of small ties. Though we were able to arrange for an accommodation for this student, what remains to be seen is if the OHRT would see this sort of accommodation as beyond the responsibility of the long-term care home, to replace their stock of cheaper gowns with more adaptable ones for not only student but essentially making them available on all floors the student is accessing. For now, the ability to tie the gown was described as an essential requirement of the program, due to the prevalence of this technology in the field, and extended time was provided instead of adaptable clothing.

[33] I believe in the future, a modified license or certification could be possible, where a PSW, for instance, could be licensed to perform specific tasks as opposed to be required to be able to perform all of them to be licensed. This is an area that has yet to be interrogated but I can expect a solution such as this to be possible to equitably provide opportunity for people with disabilities in these fields.

[34] The answer here would be that all disabilities aren't accommodated by UDL and a teacher who provides double time for all students may need to provide triple time for a student who uses a scribe, for instance.

ability to meet standardized testing has served as an instrument of marginalization; Au notes, “standardized testing has always been a racial project in the United States” (p.43). For Au, recognizing the ways racialization continues to be employed as a leverage in education denotes neoliberal multiculturalism, “It is critical that we understand that capitalism and the neoliberal project has always been signified, operationalized, and instantiated through the racialization of economic class (Leonardo, 2012), and that standardized testing” (p. 42).

> As a racial project, high-stakes, standardized testing constructs which children (and communities) are identified as “failures” by the tests, how such “failure” is used to justify neoliberal conceptions of individualist educational attainment and the denial of structural inequalities (Meritocracy 2.0), and, subsequently, what policies and practices are to be enacted on those children and communities identified by the tests as “failures.” (Au, p. 43).

In this way, seemingly progressive changes, such as the ways that we define and discuss problems, such as the introduction and implementation of Universal Design for Learning (UDL) principles, should not itself be considered a step in the right direction for inclusive pedagogy; it is simply a *euphemism treadmill*, “for the process whereby words introduced to replace an offensive word, over time become offensive themselves” (Pinker, 2003). An example of this is the past use of terms to refer to persons with disabilities, and the ways in which these terms have been replaced over time, but the negative connotations remain. As an Accessibility Advisor, the contemporary usage of the label of a *mild intellectual disability* (MID*)* in documentation, may appear to be more progressive and respectful than previous terms but lands the student in a particularly precarious situation. OSAP has determined that students who are diagnosed with a Mild Intellectual Disability do not constitute having a disability, therefore these students are not permitted to receive grants for students with disabilities, including the CG-PDSE[35] and funding

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[35] Canada Student Grant for Services and Equipment for Students with Permanent Disabilities

for disability related technology through the Bursary for Students with Disabilities (including tutoring and technology). MID has become a particularly disabling and marginalizing disability **identity** to be labeled with, because of the limited support that is available to these students. In previous years, these students would have been accommodated (and it is conceivable in the future they may again become eligible). Based on contemporary psychometrics, students are considered to have a disability, such as a Learning Disability, when there is a significant proportional discrepancy between scores in various learning categories (such as memory and processing). However, a student who scores statistically in the low categories in all categories does not have a learning disability, as it is defined now, but are seen only to have a lower IQ; the underlying reasoning here is that a person with statistically lower than average scores is not disabled but rather just not as 'intellectually gifted' and this is not inherently a disability but just their natural inaptitude. As an Accessibility Advisor in the Disability Service Office, I often find myself frustrated with my continuous struggle to get accommodations for students as a band-aid solutions for inadequate education systems that are resisting reconceptualizing the programs themselves, which effectively benefit the most students (of course, the amount of support that would be required for these sorts of initiatives is often out of reach).

Shildrick's *Dangerous Discourses* (2009) offers an addition to the Social Model of Disability (SMD). Shildrick argues the SMD should be further scrutinized because of its foundational elements that remain complacent with ideological conditions which exclude persons with disabilities. For Oliver, the founder of the SMD, change can be accomplished by re-conceptualizing how disability has developed historically, politically and socially. From Oliver's perspective, disability is envisioned as being produced, not from the inherent inability of a person, but the imposition of inaccessibility by society that does not recognize varying levels of access in its design. This reconceptualization is intended to disrupt capitalist notions of the productive and normalized body by envisioning alternatives to physical space. Though the SMD continues to be an ambassador for entry-level accessibility discussions, Meekosha and Shuttleworth are critical of the role that the SMD plays in Critical Disability Studies:

> We believe that it is not a question of including the social model as one of a number of separate tools in our analysis, but rather of incorporating a more complex conceptual understanding of disability oppression in our work that nevertheless still employs key ideas about disability that saw the light of day with the ascendance of the social model. (Meekosha & Shuttleworth, 2009, p. 50)

Mladenova offers a potential solution to these limitations in *Critical Theory and Disability: A Phenomenological Approach*, where he points out the foundations of Critical Disability Studies, "Over the 30 years or so of its development, disability studies has refrained from exploring the ontological dimensions of disabled people's situation" (2015, p. 1). It is this proposition, of investigating ways of being and the ontological spaces that persons with disability embody, that is proposed to reconceptualize the limits of institutional barriers (Mladenova, 2015, p. 1). Similar to other CDS theorists, Mladenova is illustrating a theoretical departure from Critical Theorists who have been pivotal to the development of the field of Critical Disability Studies and then a re-emergence in CDS of "thinking about the meaning of being—and of human beings in particular—in its relation to disability. In other words, they have been reluctant to engage with existential ontological questions" (2015, p. 2). Mladenova outlines a shift in the philosophical debates which have dominated the field of CDS. They utilize the example of the cultural category of Deaf persons, and the perception from hearing persons that cochlear implants can help *cure* being deaf. The response from the Deaf community has been that being Deaf does not need cure, but rather the issue is "a clash of ways of being" (Mladenova, 2015, p. 2), which highlights a shift in the ways that CDS thinks and theorizes about embodiment. For the DSO, Mladenova's proposition pushes the limits of solution making by altering the standpoint from which solutions are built. For Deaf students seeking accommodations in our departments, the use of terms related to disability can actually undermine the ontology of being Deaf as a cultural identity[36]. For most, there is an understanding that Deaf persons are a linguistic minority and referring to Deaf persons as having a disability can actually marginalize their efforts for access by de-legitimizing their efforts for access as a niche disability accommodation. Ontology provides a thought experiment where we can understand the issue of lack of access to American Sign Language in education; ASL is a proficiency that the majority of staff and students do not have. The inherent language privilege present in our education systems limits the capacity to become conscious of the nature of human diversity. This capacity to imagine ontology, as a solution driving place, is an imagination that needs urgent attention in the work of the DSO.

Shildrick proposes a framework for thinking through the cyclical nature of inaccessibility, and is reluctant to define the nature of *disability* itself, because it would inherently engage with the constructs of the genealogy of disability. Foucauldian *genealogy* calls for an examination of the foundations of a particular concept, "genealogical analysis show[s] that a given system of…was the result of contingent turns of history, not the outcome of rationally inevitable trends" (Stanford encyclopedia of philosophy, 2003). More specifically, Shildrick engages with the genealogy in her theoretical work by only attempting to define disability when she refers to how it is socially constructed, and what it is **not** defined as, *normative*—"None of this means that the term 'disability' – and its various sub- categories – is beyond use, but only that it must remain always open to question, indeed always pose the question of what would

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[36] In my experience, there are generally resources allocated for Deaf students in the DSO in the form of specific funding for staff to work on arranging interpreters, real-time captioning etc. However, once Deaf students enter the classroom, there are many pedagogical and technical barriers they experience in education. Part of bridging this gap has been an educational component which provides information to faculty regarding teaching for interpretation. Nevertheless, my experience has been that Deaf students often are tasked with doing a lot of advocacy for themselves with teachers in order to access material.

constitute 'non-disabled'" (Shildrick, 2009, p. 3). These arguments can be seen as demonstrative of the evolution of CDS, from the foundations that Oliver proposed, and its extension into the field of phenomenology in order to fracture ideological conditions that limit CDS's imagination. Mitchell and Snyder, in *The Biopolitics of Disability*, state that the philosophical basis of the book's essays align itself with the influential shift in paradigm.

> In concert with Shildrick's work, the central approach of this book regards neoliberal inclusionism as primarily made available to newly visible public identities such as those labeled handicapped, cognitively impaired…Yet, in bestowing these forms of grudging recognition, neoliberal inclusionism tends to reify the value of normative modes of being developed in respect to able-bodiedness, rationality, and hetero-normativity. (Mitchell & Snyder, 2015, p. 2)

As such, the refusal to define disability is an active resistance against the historical imposition of definition on the marginalized bodies and also acts as an attempt to analyze the systems themselves that create bodies through their definitions of what constitutes disablement. Can the DSO learn from these initiatives to better inform practice? Arguments that follow from this school of critical theory, in the field of disability studies, often deconstruct ideas regarding inclusion, integration and normativity. Shildrick asserts, "On the simplest level, what counts as a disabling anomaly varies greatly according to the socio-historical context" (2009).

For Shildrick, the refusal to engage with terms such as disability, seem to be conscientious of the fact that utilizing terms are perpetuating systems of thought that are inherently oppressive, and rather, Shildrick seeks to create a **radical** theoretical framework, which proposes a way of analysis outside the predominate epistemology. Shildrick's refusal to define disability is used in order to engage with the systems that create notions of what constitutes as disablement and is a radical contribution to Critical Disability Studies. Shildrick's proposition is that there are epistemological limitations to theorization that must be acknowledged during analysis, and more so, Shildrick employs a phenomenological shift in her philosophical proposition; to imagine a more suitable examination of what constitutes as embodiment in Critical Disability Studies.

Mitchell and Snyder note that Shildrick's theoretical propositions in particular can serve as a reference point that analyzes "The increased presence (that) results from practices of neoliberal disability tolerance to which we refer throughout this book as inclusionism" (Mitchell & Snyder, 2015). It is Shildrick's argument that by *simply looking at the multiplicity and variations of human embodiment that can highlight the narrow ideological conditions in which we reside*, "The self-evidence of differential form across human morphology as a whole is put aside in favour of a discourse in which some people are taken to inherently exceed the boundaries of what counts as normative embodiment" (2009, p. 5). Rod Michalko elucidates the ontological shift similarly, "disability finds its sensibility within the ways in which a collective conceives of *what it means to be human* and how it makes a place for the individual in what it socially organizes as a human community" (2002, p. 14).

da Silveira Gorman warns that for queers of colour engagement with phenomenology, we risk over simplifying ways of being as a priori, without understanding the confluence of socio-political forces which shape being, "We risk uncritically adopting ideologies of mad identities that parallel diagnostic criteria (2017, p. 310).

> To take the appearance of affect as essential is to theorize madness as a quintessential mode of being, rather than as a name for an assemblage of an individual's engagements with sedimented formations of social/cultural relations". (da Silveira Gorman, 2017, p. 310)

Understanding that these philosophical conceptualizations of being emerge from a euro-centric white embodiment is an important caveat to understandings of phenomenological traditions as well. Shildrick's proposal for a phenomenological examination of the problem of disability largely omits issues pertaining to intersectional analysis and this is an important differentiation to be made in its application to BIPOC Mad Studies. The focus of Disability Studies has historically been "barrier removal and bodily limitations on public participation have been two poles between which disability studies research has primarily shuttled since its founding moments in the 1970s" (Mitchell and Snyder, 2015, p. 1). There is a clear differentiation to be made around the application of phenomenology which sees *disability* as natural human variation and the acknowledgment of characteristics such as racialization, classism and sexism as being products of political oppression, "representations of subjects in disability rights and culture movements have disallowed a focus on disablement caused by war, imperialism, and environmental destruction" (Gorman, 2016, p. 8). Kazemi's work is an important addition to consider regarding the nuances of phenomenology, as she proposes a Marxist approach to Disability Studies, "to explore and understand the concrete material reality that disabled people face in the 'third world'" (Kazemi, 2017, p.37). When Shildrick propositioned that phenomenology, when applied to Disability Studies, can assist to reimagine the apriori nature of natural human variation, in order to imagine solutions to accessibility as both **natural and normal phenomenon**, phenomenology without consideration of the material reality for BIPOC persons can derive oppressive solutions. Anti-oppressive practice, for Chapman is, "scaffolding our reflexive engagement with our own implication in oppression, just as stories of resistance are important in sustaining our sense of possibility" (Chapman, 2011, p. 727). Kazemi's Transnational Disability Model (TDM) is an important consideration when Disability Studies takes up phenomenology, "TDM, partially means that we imagine a world with no borders, but do not try to impose a universal disability identity upon all disabled people" (2017, p.53). Disability without consideration of disablement risks reimagining disability with BIPOC considerations at the margins.

Beyond *Disability*: Including Disablement

> Disability studies, as a field, borrows heavily from the gains of critical race studies and women's studies, race is always already embedded in scholastic discussions of disability. However, the principles of critical race studies tend to have a penumbral presence because disability studies rarely engages whiteness as a social position and often thinks of Blackness as a contribution rather than part of its construction. (Pickens, 2019, p. 7)

Nirmala Erevelles suggests that the use of the term *disability* in the academic context can in fact be a conflation of definitions. For Erevelles, the deployment of the term *disability* without acknowledging the ideological conditions that produced the connotations associated with it, does not permit her to engage with an analysis of the conceptual framework that surrounds the lived experience of disability. Like disablement, disability should be considered as a political category from Erevelles' (1996) conceptual framework,

> The construct of 'disability' or what has otherwise been commonly understood as 'deviant' difference has been historically used as an ideological tool in order to justify as 'natural' the social hierarchies produced and maintained within capitalist societies. In arguing for this thesis I am treating disability as a conceptual category rather than a biological condition…such understandings presume disability to be a biological constant made readily apparent by 'nature' and assumed to be outside of all historical frames of understanding that condition modes of normality. (Erevelles, 1996, p. 521)

Erevelles calls the reader's attention to the way in which disability politics should re-contextualize its approach to answering questions pertaining to disability and what is accepted as constituting disability politics,

> Thus, when even those who espouse radical discourses seem unable to reconceptualise an alternative world without being locked into the political construction of what constitutes appropriate humanness, then it becomes apparent that the disability movement has a task that goes above and beyond merely extending the boundaries of the discourses that celebrate humanism and instead needs to focus energy on re-theorising itself. (Erevelles, 1996, p. 522)

Erevelles' definition of *disability* may offer a means to rethink the way in which definitions of disability have been conflated with capitalist hegemony. The limits of institutional definitions of disability, particularly in the example of post-secondary DSOs, when positioned in a genealogy[37] (Foucault, 1977, p. 142), is a tool which can assist to understand the location of BIPOC students at the center of ideological marginalization. The genealogy of *disability*, as it is employed in the DSO, should be interrogated for its very use as a definition in daily work, without consideration for those understandings it excludes. The employment of disability, as a human rights category, is a cornerstone to the DSOs daily activities, as it is regularly employed as a legal definition. However, the purview of what is included under the disability umbrella is collectively accepted and becomes accepted as, "what we feel is without history" (Foucault, 1977, p. 139). The acknowledgement of the experiences of BIPOC students then, whose histories fit precisely outside the DSO's conceptualization of service provision, is the most critical representation that what constitutes *natural and normal* in the DSO, is a shield from its own genealogy.

da Silveira Gorman, teaching from University of Toronto at Scarborough, performed an informal analysis of the accommodation requests they were receiving in their classroom. In their article, da Silveira Gorman reiterates that Universal Design for Learning (UDL) directives provided a starting place to think about what constitutes accessibility in post-secondary:

> According to a comparison of my teaching practices to a pamphlet circulated by the disability services office of the satellite campus of the university, I apparently employ all of the recommendations of universal instructional design—whereby a professor modifies the course materials and delivery in order to make a course more inclusive, usually by building in a diversity of approaches to accommodate different learning styles. It is therefore significant to look at students who still had to negotiate with me or appeal to their registrar at the end of the course in order to submit course work after departmental and college deadlines for submitting marks. (da Silveira Gorman, 2013, p. 277)

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[37] Foucault explains, "Genealogical analysis shows that the concept of liberty is an "invention of the ruling classes" (1987, p. 13) and not fundamental to man's nature or at the root of his attachment to being and truth. What is found at the historical beginning of things is not the inviolable identity of their origin; it is the dissension of other things. It is disparity

As a student of Professor da Silveira Gorman, I can speak to the radical access I experienced as a learner; there was flexibility about extending deadlines, students were encouraged to submit work and resubmit work until they received the grade they wanted to achieve, and the classroom environment encouraged students to refine academic skills in ways that were conducive to each student's learning. Now as an Accessibility Advisor, I can see this unique pedagogy from a new perspective: da Silveira Gorman's teaching practices not only utilize the tenets of universal design in the delivery of course information, but also provide support beyond traditional notions of UDL as an introduction of *radical UDL*. The classes provided opportunities for students to continue to learn and re-learn material, beyond traditional conceptions of tests and deadlines. As da Silveira Gorman notes, time and again they were encouraged to utilize UDL as a faculty member but noticed there were perpetual limitations to the UDL principles that were suggested. "An analysis of universal design reveals the ways in which the university is organized around time and stress management—equity and access in a university context are limited to expanding the skills of rationality, self-care, and self-management through individualized support" (da Silveira Gorman, 2013, p. 279). My findings were similar from inside the DSO. UDL is often regarded as the pathway to a more accessible future, as it can provide more diversity for learners to demonstrate their understandings, however, as da Silveira Gorman points out, UDL itself is designed to exist within a system which doesn't recognize issues of disablement (da Silveira Gorman).

In *Antiracism and Universal Design for Learning: Building Expressways to Success*, Andratesha Fitzgerald examines this juncture, between UDL and what accessibility to BIPOC students looks like as anti-racist praxis in the classroom. Fitzgerald highlights how empowerment for BIPOC students goes beyond the principles of UDL as they are widely discussed. Fitzgerald proposed an addition, “with anti-racist practices, we have to have protection and affirmation for Black and brown voices, that give them a license to learn” (2020). da Silveira Gorman’s analysis of their own teaching practices for ways in which accommodation requests coming from their DSO were able to address the needs of their BIPOC students:

> As part of my commitment to best practices in universal design, and a social model approach to educational inclusion, I had archived four years of my teaching practice. I analyzed this data source for three trends: the evolution of my overall classroom practices, as I modified my practical understanding of universal design; the hidden labour of student accommodation; and the evolution of specific negotiations with students who presented themselves to me for accommodations… I began with the hypothesis that universal design may be more effective at accommodating white, middle-class disabled students, while further marginalizing students of colour.

In essence, da Silveira Gorman was engaging with a complex set of questions about their students, the institution they existed in, and the discrepancy they witnessed in the ways that BIPOC students were permitted access to accessibility. Their questions relating to the interactions of these processes was an engagement with materialist disability studies, which “describes how disability, both as an ideological and materialist construct, is mutually constitutive of race, gender, and sexual orientation within the exploitative conditions of transnational capitalism” (Erevelles, 2000). The authors of *Unlearning through Mad Studies: Disruptive Pedagogical Praxis*, question the function of the DSO to effectively address students’ accommodation needs:

> While it is important formal accommodation processes exist within the university, the system does not always work well, or work at all, for those who need it. As instructors and professors, engaging a mad positive pedagogy allows us to rethink how we can more effectively support our students. (Snyder, Pitt, Shanouda, Voronka, Reid, & Landry, 2019, p. 494)

The authors warn that traditional conceptions of disability are further complicated by the environment that educational institutions utilize,

> Educational institutions either create disability because other ways of teaching and learning cannot be conceived of in these spaces, or they exacerbate students' existing distress. As instructors, we do not always know who our mad and disabled students are because they do not all have formal accommodations. Accessibility is bureaucratized within the university (Titchkosky, 2011), requiring students prove just how disabled they are. Therefore, not everyone who needs accommodations can easily access accessibility. (Snyder et al., 2019)

Faculty plays the key role in interpreting accommodations and providing support to students, as recommended by the DSO. Behind appointments with students, addressing faculty beliefs regarding the integrity of the accommodation process is the second most time consuming part of my work. Faculty attitudinal barriers are also **the** most challenging barrier I encounter when I am making recommendations for accommodations in the classroom. When faculty approach me with questions about accommodations, it is overwhelmingly resulting from their perception that accommodations are interfering with the *academic integrity* of their course. What the DSO and institutional responsibility has often failed to measure, is precisely the thing that da Silveira Gorman provides attention to: what is happening in a classroom beyond the traditional catch-basin of accommodation delivery a DSO provides? Similar to the questions that Louise Tam asks in her thesis, *Governing through Competency: Race, Pathologization, and the limits of Mental Health Outreach*, I am called to ask questions about those realities of BIPOC students who are not registered with their DSO – "what rationalities shape our understanding of the relationship between race and mental health?" (Tam, 2013, p. viii) Where "Rationalities were styles of thinking, ways of rendering reality thinkable in such a way that it was amenable to calculation and programming… and the consequences of ordering things and persons under certain descriptions or labels, whether these be madness, pauperism, criminality or whatever" (Rose and Miller, 2013, p. 16). Finally, what rationalities in our definitions of disability, in the DSO, mediate our understanding about who deserves service and what rationalities protect these systems in their exclusion for students who fall outside of these definitions?

Normativity, Disablement and Racialization

In Leroy Baker's dissertation, *Normalizing marginality: a critical analysis of Blackness in higher education* (2019), Baker examines the interactions that Black students have with their DSO at the University of Toronto: "The claimed benevolence of Accessibility Services should not be confused with acceptance and inclusion; the aspect that they acquiesce to the legal requirements of the Province and University should not come at the expense of the dignity of those they serve". Baker goes on to explain that post-secondary education privileges normalcy, in such a way that Black embodiment is systemically excluded from considerations of access.

> Education can be perceived as an institution that helps reproduce the status quo – inequality. For Black disabled students, the education system can have a negative influence on their self-worth and identity given the normative structures of education, including accommodation practices and policy, which privileges the expected student – a middle-to-upper class able-bodied white male (Goodley, 2014; Titchkosky; 2003; Garland-Thomson, 1997) … Indeed, as Wotherspoon (2014) notes, educational inclusion for students is frequently contingent upon those students accepting and emulating the standards of physical and social normalcy that are privileged by social institutions (p. 268). The construction of "normal" is a manifestation of social and cultural power that is read and written upon bodies of both able people and those with disabilities by educational systems that sometimes harness medical authorities and other unexamined societal assumptions regarding both Blackness and disability. (Baker, 2019, p. 164)

Baker's attention to how *normalcy* constructs definitions about what is accessible and for *who* also highlights the ways in which DSOs continue to lack significant policy which addresses racialization as a factor in their practice, as it reflects the inherently discriminatory conceptions of normal; Baker notes that the duty to accommodate regardless of sex, race etc. as noted in the Ontario Human Rights Code, is not effective enough as a policy to follow in the DSO, "the participants interviewed for the study…noted an underlying tone of racial discrimination, not in the form of a denial of requisite services, but through softer, covert means of perpetuating the plantation mentality and condescension associated with the power structures involved" (Baker, 2019, p. 190). Subini Annamma's "Challenging the ideology of normal in schools", also identifies the binary in education between what is normal and what is abnormal, as the crux of inequity in education, "Normal is steeped in unexamined, westernised, ideological assumptions…when the ideology of normal exists as unexamined common sense, it creates the inherent binary of abnormal" (Annamma et al., 2013, p. 1279). Annamma suggests that this thinking should be replaced with an epistemological shift, so that "instead of this limiting binary in which all students are expected to fit into one of two categories, there is diversity in human capabilities and therefore there is a need to reconstruct the ideology of normal into a more expansive understanding of human variability" (Annamma et al., 2013). From inside the classroom, da Silveira Gorman's survey of their teaching practices found that the characterization of experience from BIPOC students further exemplified which students had access to support and how:

> students of colour would describe their problems to me as socially contextualized difficulties (or "just life") while white-identified students would describe themselves as having a disorder (anxiety or depression being the one most commonly described to me). My analysis of my hidden labour revealed more about who felt entitled to seek out the support of the professor than it revealed about how marginalized students survive the higher education experience. (Gorman, 2013, p. 277)

Similar to da Silveira Gorman's analysis, I realized that the overwhelming number of white students that the DSO served, and their entry points to the DSO, were never considered a point of inquiry. It was as if the DSO considered its role as providing accommodation in an apolitical, ahistorical context, where the ways in which students were finding the office were none of its concern. The DSO's use of normal is precisely the cornerstone of concern,

> Artiles (2009) suggests that researchers must 'adopt an emic perspective; that is, to understand school and everyday events as mediated by cultural assumptions and artifacts/tools, and as situated in cultural contexts' (26). In other words, the culture of schools – like all cultures – is not a static, monolithic entity but instead manifests itself in

> everyday practices that reveal themselves in commonsense discussions of normal. (Annamma et al., 2013)

When I recognized these perpetual issues in the DSO, I proposed that student satisfaction surveys could collect information regarding the demographics of the students coming to the DSO in order to begin to commit the DSO to the institutions mission to create diversity. The responsibility for creating data and transparency for these issues was eventually determined to be outside the purview of the DSO. It is this reluctance to create dialogue between definitions of disability and the dialectic between disability and disablement, that da Silveira Gorman problematizes, that serves as the crux of this research.

> This bifurcation of disabled subjects into "disabled already" and "disabled because of" leads to an implicit assumption of disability as a fixed ontological state (rather than a social relation) and defines the "deserving" or "innocent" disabled over and against those harmed through violence, poverty, and incarceration. In part, this bifurcation echoes and reinforces a preoccupation in white-focused disability studies with proving that disabled people (read as white) are "as oppressed as" racialized people, or colonized people (read as non-disabled). (Gorman, 2013, p. 271)

da Silveira Gorman proposes, "a transnational approach can move us past the deadlock of a simultaneous inattention to race and under-theorization of the global in relation to psychiatric disability and psychiatric surveillance" (Gorman, 2013, p. 21). Similar concerns are shared from education professionals across the sector, including Colleen Russell-Rawlins, Ontario's Peel District School Boards newly appointed Director of Education (2020), when she spoke at the Decolonizing Mental Health webinar. In her role as Education Director, she noted that for too long students have been taught to navigate systems when the heart of the issue was a more troubling reality.

> For so long, well-meaning educators thought to teach students how to survive discrimination in education and in the community, how to navigate unequal discipline… essentially we were teaching our students, our Black, Indigenous, Trans, Muslim and Jewish students, just as an example, how to navigate a system that promotes white supremacy instead of dismantling the very real barriers that existed individually and

> collectively and were having an impact on their sense of belonging and well-being. Developing resistance was seen as a rite of passage for many equity seeking students. That must end. We will not fix the children. We will end the discrimination. (Russell-Rawlins, 2020)

Dr. Jennifer Mullan, a clinical psychologist, also spoke at the Decolonizing Mental Health webinar (2020) about her work with clinicians to ensure that their practice challenges traditional modes of conceptualizing decolonized care, "**we are taught to treat not to heal** [emphasis added]" (Mullan, 2020). For Mullan, part of a decolonial practice is providing care that references the system in which individuals are experiencing their distress, "reminding people that this isn't just about you". The reliance of clinical systems to address symptoms and illness without recognizing the system is part of a larger mechanism of anti-Black racism that is "accustomed to demonizing, dehumanizing and pathologizing the Black body" (Mullan, 2020). As such, treatment which focuses on the individual is leading clinicians away from the real work that they seek to do. Mullan calls clinicians to recognize that the individual is not inherently requiring treatment in a medical system that does not recognize the specific impacts it has on each person, "I'm tired of it being individualized" (Mullan, 2020).

Chapter Four: Human Rights Contradictions and the DSO

Dorothy Smith (1999) emphasizes the role of text in research to better understand the lived experience of participants. For Smith, texts are activated by the people who handle and use them (Carroll, 2004). Smith's methodology includes mapping relationships by understanding the text-mediated ruling practices that impact the lived experience of the research participant.

> In sum, as the text's proxy, my practices of remembering, noticing, and looking out for passages that bear upon it, that it bears upon, are organized by the theory. Though the input is argumentative, it is the text's theory as organizer of my attention and reflection that structures the intertextual dialogue. The text provides me /the reader with instructions on how to handle instances that 'come to mind' of people who have not felt free. (Smith, 1999, p. 150)

The delivery of accommodations in the Disability Service Office is guided by a human rights framework which supports persons with disabilities to have equal access to both private and public sectors. In this section I review the various levels of human rights guidelines and policies which direct the assessment of disability related requests within the threshold of legal responsibilities of the education provider to deliver. I analyze human rights instruments using a progressively more jurisdictionally focused lens – starting from global initiatives, then federal, and finally, provincial guidelines that govern the work in a post-secondary Disability Service Office.

Human Rights Framework

In *western*-contemporary thought, the Universal Declaration of Human Rights is regarded as a turning point in declaring a global agreement in minimum rights that should be afforded to all people. Similarly, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is often considered a watershed moment for recognizing the rights for those persons with disabilities. The United Nations aims to provide rights-based standards for the global community (Slotte & Halme-Tuomisaari, 2015), while implementation is left to the state to integrate into their existing frameworks; “they (the state) develop practices, policies and case law (for those that have a court system) that put international human rights standards in the context of particular social, historical and political traditions and regional realities” (Slotte & Halme-Tuomisaari, 2015, p. 5). Non-governmental bodies, or NGOs, are also pivotal in ensuring human rights and “are often able to speak out more freely than either governments or intergovernmental organizations.” (Slotte & Halme-Tuomisaari, 2015, p. 4) Halme and Slotte caution that the UDHR offers a problematic narrative about the development of human rights, which they call the big-bang theory, which “highlights a vacuum of rights initiatives in the inter-war period and, by contrast, emphasize the collective abhorrence of Second World War events and the adoption of the UDHR as the decisive moment of birth for the contemporary human rights phenomenon” (Slotte & Halme-Tuomisaari, 2015, p. 2).

The United Nations Convention on the Rights of People with Disabilities (UNCRPD) was initiated in 1981 when the United Nations declared the decade of the disabled person. Because disability rights could be incorporated into other rights-based conventions that specified the rights of able-bodied persons, the inclusion of disability as an independent category was somewhat contentious at that time. Perhaps the most notable aspect of the convention was the shift away from definitions of disability as resulting from individual pathology and instead, the adoption of the SMD. The adoption of this definition of disability has meant that “the Convention is viewed as a landmark in the history of the disability rights movement,” (Meekosha & Soldatic, 2011, p. 13).

UNCRPD in the Global South

Meekosha and Soldatic's *Human Rights and the Global South: the case of disability* (2011), critiques the application of the global North's conception of human rights, particularly as it appears in the United Nations Convention on the Rights of People with Disabilities (UNCRPD), and the application of these *rights* in the global South. Meekosha and Soldatic critique the way in which the UNCRPD is relied upon to initiate change for people with disabilities, universally. However, there are further complications with applying the convention when considering the circumstance of the Global South. In particular, the authors argue that disability movements in the Global South which are attempting to apply the UNCRPD are having their initiatives further complicated by the very definitions of what constitutes a disability and their application in their contexts.

Meekosha and Soldatic take issue with the agreement that human rights represent a universal objective good, "human rights discourse is seen as part of the continuation of colonialism, thereby the hegemonic North determines the constitution of human rights, ignoring the inherent global power imbalances" (Meekosha & Soldatic, 2011, p. 1388). This is not to say that the authors are arguing that there does not exist some measure of what human rights should be. Instead, their arguments seem to take particular issue with a convention like the UNCRPD, and how it purports to benefit persons in the global South given the assumptions made in their text. Meekosha and Soldatic argue that "the language of universalism assumes developing countries will evolve to the 'higher' standards of Western human rights, such as the recognition of individual rights" (Meekosha & Soldatic, 2011, p. 1388). The use of the term *developing countries* in this excerpt is yet another intentional demonstration by the authors to reveal the hierarchical system of belief that is applied to the South, by the North, as intellectually and industrially in a position of *becoming* similar to the West. As described in a footnote above, Mohanty proposes the use of *One-Third/Two-Thirds Worlds* as opposed to terms such as first world/third world or global north and global south*,* as it,*"* draws attention to the continuities as well as the discontinuities between the haves and have-nots within the boundaries of nations and between nations and indigenous communities" (2003, p.505). In this instance, Meekosha and Soldatic draw attention to the way in which seemingly benign philosophical ideas such as what constitutes *human rights* are actually employed as ideological vessels with which to violently impose *western* capitalist conditions of the North, on to the South. Mohanty warns that with this awareness also comes the danger of western feminism to interpret eastern feminism as a monolith, the third world difference, if the "stable ahistorical something, patriarchy, that western feminism believes oppresses most if not all women in the global south" (1988, p. 63). Mohanty stresses that a contextualized understanding of the historical implications of human rights ideology on both the east and west on eastern women is imperative to avoid cultural relativism and to bridge effective pathways between these geographies (1988. 2003).

The example Meekosha and Soldatic raise of individual rights being conceptualized in the UNCRPD as a *universal human good* is further complicated when interpreted through another socio-economic framework. Meekosha and Soldatic's research asserts that, "Indigenous people and residents in the global South contest disability as a concept. Many do not recognize that they have a disability given overwhelming issues of bad health, cultural deprivation, loss of land, inadequate housing and poverty" (Meekosha & Soldatic, 2011, p. 1385). The authors instead point to the understanding of the intersections which contribute to being *disabilized* i.e., the imposition of disability on the individual/community. The authors argue that impairment is also contested because of the "multiple effects of power relations that emerge as social dynamics in bodies that are frequently represented as impairment" (Meekosha & Soldatic, 2011, p. 1392). They argue;

> Impairment is not, in fact, always 'natural', but the outcome of deeply politicised processes of social dynamics in bodies, that then become medicalised and then normalised through a raft of moral discursive and real practices. The use of depleted uranium-tipped bombs in Iraq and their evident implications for women's fertility and reproduction, and the introduction of alcohol in white colonial settler societies used as a deliberate form of social control over 'the native' are clear cases of a broader politics of impairment that needs to be given greater recognition within the disability rights movement. (Meekosha & Soldatic, 2011, p. 1393)

This critique is especially interesting when considering the way in which this definition would challenge the human rights codes in the North. For example, if the Canadian Human Rights Code ensures protection from discrimination based on a disability, the definition of disability is increasingly important. It is here that the authors' reconceptualization of impairment and disability is dissolved by Northern ideological conditions as it challenges the political conditions that contributed to assuming this identity.

Mills and Fernando also critiques the imposition of *western* models of diagnosis and reliance the medical-industrial complex, to define the nature of treatment (Mills & Fernando, 2014, p. 188). The authors criticize the "construction of 'mental disorder' as universal" (Mills & Fernando, 2014, p. 188) and how it is "used to draw attention to inequalities in access to mental health care and treatment globally—the 'treatment gap'" (Mills & Fernando, 2014, p. 188). Mills and Fernando are primarily concerned with the erasure and outlawing of traditional models of treatment (2014, p. 190). The authors suggest some checks and balances with which to evaluate the potential of a policy to perpetuate systems of oppression by, "recognizing not just the production of tools and guidelines for cross-cultural work but the process in making them" (Cockburn and Edwards, cited in Mills and Fernando, 2014, p. 194). The authors emphasize that a fundamental systemic distinction needs to be made in the system, not only in the Global South but also in the Global North, where these systems have been created. More specifically, the systemic discrepancies are not a problem unique to the Global South but rather are reflections of the systemic issues which are spreading globally (Mills & Fernando, 2014). Lee points out "some of the worst 'human rights violations in the mental health field lie in the nature of the [unequal power] relationship of the so-called "helper" and the receiver of this help'" (Lee, cited in Mills and Fernando, 2014, p. 195). The authors note that this relationship is further complicated by settler-colonial histories (Mills & Fernando, 2014, p. 195). The history of this power imbalance is raised in Metzl's *Protest Psychosis* where the history of the use of the diagnosis of schizophrenia during the civil rights movement is examined as an extension of racist ideology by psychiatry, "schizophrenia became associated with the perceived hostility, rebellion, mistrust, and violence of Black men" (Richardson, 2012). The use of diagnosis for political purpose is also relevant in a global context, where the category of disability and madness has historically been employed to oppress political dissidents[38].

The impacts of *western* conceptions of human rights on the Global South are important factors to consider when analyzing global measures of health; with the proliferation of biomedicine globally as a standard for assessing disability, it will undeniably impact the racialized body's experience of health, health care, justice and freedom. As I have reviewed in chapter one, in my own experience, these definitions have had debilitating impacts on my health, some of the impacts being more harmful than the experiences that I sought treatment for.

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[38] During the post-WWII era, the USSR utilized the term sluggish schizophrenia as tool of oppression, as it became, "the diagnosis of choice used to place political dissidents into involuntary psychiatric treatment" (Zajicek, 2018).

Education and Human Rights in Ontario

In Ontario, the Accessibility for Ontarians with Disabilities Act (AODA) provides standards for all provincial organizations in the province towards the inclusion of people with disabilities. Within the AODA, sectors such as customer service, transportation, built environment, employment, and information and communications sectors, are guided specifically in the ways towards providing accessibility. The AODA has set the goal of making Ontario fully accessible by 2025 (OHRC, 2018). The Ontario Human Rights Commission's policy document, *Policy on Accessible Education for Students with Disabilities*, notes that "Education providers also have obligations under the Accessibility for Ontarians with Disabilities Act (2018, p. 6).

> The AODA is an important piece of legislation for improving accessibility in the lives of people with disabilities. It complements the Ontario Human Rights Code, which has primacy over the AODA. The development and implementation of standards under the AODA must have regard for the Code, related human rights principles, and case law.
>
> Compliance with the AODA does not necessarily mean compliance with the Code. Education providers must follow both. For example, even where an education provider meets all of its obligations under the AODA, it will still be responsible for making sure that discrimination and harassment based on disability do not take place in its operations, that it responds to individual accommodation requests, etc. (OHRC, 2018, p. 15)

In Canada, "in the 13 jurisdictions — 10 provinces and 3 territories — departments or ministries of education are responsible for the organization, delivery, and assessment of education at the elementary and secondary levels, for technical and vocational education, and for postsecondary education" (*Responsibility for Education*, n.d.). The Canadian Council of Education Ministers explains that though much of the standards of education across these 13 education jurisdictions are similar, "there are significant differences in curriculum, assessment, and accountability policies among the jurisdictions that express the geography, history, language, culture, and corresponding specialized needs of the populations served" (*Responsibility for Education*, n.d.).

In the Canadian context, any legal challenges to the standards of education are considered under the jurisdiction of the provinces or territories themselves. For human rights complaints, for example, each province's human rights commission is tasked with hearing complaints and setting guidelines for the delivery of its own education system. This also means that though a province's human rights commission may consider parallel provincial decisions to assess their own challenges, it is up to the provinces to independently decide what standards are used to deliver their own systems of education. In terms of decisions related to accessibility and accommodation, this can create periods of uneven application of accommodation between provinces and territories.

The Ontario Human Rights Commission has published several policy documents which aim to "provide guidance on interpreting provisions of the *Code*" (OHRC, 2004, p. 3). The most recent of these documents, as it pertains to accessibility and education, is entitled *Policy on Accessible Education for Students with Disabilities*, which was last published in March of 2018 and replaced the OHRC's 2004 publication, *Guidelines on Accessible Education*. OHRC policies pertaining to DSO delivery is the backbone of the way education, particularly the accessibility sector, creates policy and procedure in the delivery of service. ARCH Disability Law Centre breaks down the duty to accommodate into a procedural component and substantive component as follows,

> Procedural component: Refers to methods and steps taken to develop and implement the accommodations.
>
> Substantive component: Refers to the appropriateness of the accommodation, or whether providing the needed accommodation would cause the education service provider undue hardship. (MacGregor & Lattanzio, 2014)

Undue hardship is a particularly important human rights boundary to the DSO service sector, as it describes a potential and theoretical limit of the responsibility of an education provider to create accommodations for a student.

> *Undue hardship* under the *Human Rights Code* includes a consideration of:
>
> - Whether the cost of the accommodation is prohibitive.
> - Whether any outside sources of funding are available.
> - Whether the accommodation would violate any health or safety requirements or pose a health and safety risk. (MacGregor & Lattanzio, 2014)

In my work in the DSO, the idea of undue hardship is often raised during case consultations when a potential solution is being considered; it acts as a boundary for consideration, mainly when cost is being considered in the delivery of an accommodations. Undue hardship also serves as a reminder in our work of the burden of proof for an accommodation being denied on the grounds of it causing undue hardship to be considered quite high. Ultimately, undue hardship boils down to the same meaning once it is parsed through; it is understood in the DSO that the burden does remain with the institution to deliver reasonable and appropriate accommodations while not being deterred by cost.

In the recent accessible educational guidelines published by the OHRC (2018), the groundwork is laid to support students who may argue that cost of an assessment, for instance, is acting as a barrier to accessing accommodations in their DSO, further challenging the definition of undue hardship. However, in my experience in the DSO, without legal precedent, the implementation of this directive has been slow to come to fruition. The OHRC states that the education provider has the responsibility to, “bear the cost of any required medical information or documentation (for example, the education provider should pay for doctors’ notes, assessments, letters setting out accommodation needs, etc.)” (2018, p. 71). In one institution I have worked in, we agreed that cost should be considered on an as needed basis, due to our duty to accommodate to the point of hardship; for instance, if a student were to identify themselves as having a financial barrier to providing documentation, we would request the cost to be fulfilled by our department. Mainly this would be the cost of a doctor's note ($20-40) whereas covering the cost of a psycho-educational assessment (upwards of $2000) was highly contentious[39]. In another college in Ontario, I raised the OHRC's new directives, and these particular Accessibility Advisors debated the interpretation of the wording. Without legal precedent, the gray areas created by the OHRC'S policy remain largely in the DSO's periphery. Sometimes in my work with students, I explain these issues and suggest if they have the capacity for the emotional labour, that they challenge these definitions; though I recognize that it is a very difficult burden to lay on students to do so. Yet, the fact remains that change in the DSO sector often does not come from sheer innovation, but rather legal precedent/OHRC directives often shape the boundaries of what is considered essential in student service provision in the DSO.

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[39] Mainly because our budget in the DSO was not increased due to the inclusion of this language by the OHRC.

Intersectionality and the OHRC

The intersection of disability with other forms of discrimination is described as a *recognized grounds* for protection by the OHRC. The Ontario Human Rights Commission (OHRC) has published a report entitled, *An Intersectional Approach to Discrimination*, which ensures the OHRC and OHR Tribunal will consider multiple grounds of discrimination in the consideration of a decision (Ontario Human Rights Commission & Policy and Education Branch, 2002). In the Egan v. Canada decision, Justice La Forest states, “More often than not, disadvantage arises from the way in which society treats particular individuals, rather than from any characteristic inherent in those individuals.” (Egan v. Canada, [1995] 2 S.C.R. 513 at 551-2) In the OHRC’s policy document *Policy on Preventing Discrimination based on Mental Health Disabilities and Addictions*, the interaction of discrimination and intersectional analysis is further elaborated.

> Discrimination may be unique or distinct when it occurs based on two or more Code grounds. Such discrimination is said to be “intersectional.” The concept of intersectional discrimination recognizes that students’ lives involve multiple interrelated identities, and that marginalization and exclusion based on the Code grounds may exist because of how these identities intersect. (OHRC, 2015, p. 20)

This OHRC guideline goes on to explain the ways in which discrimination based on a disability must be interpreted with an intersectional lens.

> People with disabilities are also more likely to have low incomes than people without disabilities, and many people live in chronic poverty. A student’s experience with low income may be highly relevant to understanding the impact of discrimination on a student with a disability, and this may result in specific experiences of discrimination. (OHRC, 2015, p. 3)

Though the policy document outlines how intersectional analysis should be considered, in my practice as an Accessibility Advisor I see this is an underutilized and ill-defined section of the policy.

The OHRC outlines some circumstances where an intersectional approach should be used in education service provision and the boundaries for the responsibility of the institution to integrate an intersectional approach is still an emerging area of policy legislation; it is not clear what measures a DSO should take to ensure these factors are considered in the service provision of accommodations. For instance, is asking information about a student's social circumstances enough or are DSOs obliged to consider these factors in their recommendations for accommodations? The OHRC does briefly acknowledge the intersection of disability with racialization in their *Policy on Ableism and Discrimination* B*ased on Disability*:

> Education providers should also take steps to make sure that their faculty and staff members have cultural competency skills. The ability to interact comfortably and effectively with students from diverse cultural backgrounds is an important first step towards recognizing and meeting the human rights-related needs of different populations, including students with disabilities who also identify by other Code grounds. (OHRC, 2016)

Despite the DSO following the OHRC's guidelines, Stokely Carmichael's analysis of institutional racism (1968) elucidates how social structures are entangled with racist ideology and that discrimination does not solely exist on the individual level (Carmichael & Hamilton, 1992). As the OHRC calls for faculty and staff to have training related to 'cultural competency', Roxana Ng, OISE professor, writes that more is needed from our education system in *Decolonizing Teaching and Learning Through Embodied Learning*. For Ng, education needs to first recognize its continued participation in settler-colonial legacy, "As part of the institutional structure created historically to preserve the privilege of certain classes of men, the academy is no exception to the entrenchment of white male privilege, values, and knowledge based on men's experience of the world" (Ng, p. 35).

As an Accessibility Advisor, I have found a sudden influx in the use of the term *intersectionality* after the Black Lives Matter movement (BLM) in 2020. Prior to the movement, the DSO's responsibility to consider an intersectional perspective was often raised mostly by BIPOC staff who would be dismissed, but after BLM, it became *socially-responsible*[40] for the DSO to ensure that all staff understood what intersectionality and systems of oppression were. In the DSO where I worked during this time, and from the interviews I held with other BIPOC Accessibility Advisors, I learned that DSOs across the province were responding to BLM by trying to expand staff proficiency in these ideas by providing educational and professional training; almost unanimously I have heard that these trainings caused a lot of harm to BIPOC staff who often had to sit through racist commentary from colleagues/management and grimaced through oversimplified training on systems of oppression. In the DSO I found that there was an increase of racist comments from my colleagues who felt personally attacked by the introduction and *sudden* influx of training to provide equity; some of these conversations happened directly with me, while others I heard through the grapevine. In my experience, intersectionality in the DSO is a novel concept, where staff are still learning about their personal responsibilities to consider these issues and therefore few students are receiving service which has considered these barriers in their service delivery. The institution now understands its responsibility to say that training has been provided to their staff but the quality of these trainings and measuring the impacts to professional practice are still out of sight.

Institutional Racism

While the Ontario Human Rights Code has distinguished undue hardship as a categorical threshold for determining the boundary for a service provider's duty to provide accommodations,

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[40] Or socially embarrassing. During a 2020 talk by Desmond Cole, he raised the issue that a disturbing trend had emerged where post-secondary institutions were issuing public statements in support of BLM but only one, OCAD had contributed budget to hire more BIPOC faculty. Without action, Cole had suggested that these letters were simply lip service in a racist educational climate.

there remains a gap in the institution's responsibility to recognize settler-colonial ideology and the ways that BIPOC students experience racialization as a contributing factor in their experience of disablement. The field of psychiatry, for instance, is an important example of the ways in which the idea of health has been portrayed as an objective science and has been relied upon as a gate keeper to accommodations. From my conversations with students, it is common knowledge in BIPOC communities that *western medicine*, and the medical-industrial complex was not a safe place for their bodies and is deeply entangled with systematic oppression. In January of 2021, the American Psychiatric Association (APA) released a public statement regarding their responsibility in the "direct and indirect acts of racism in psychiatry… for Black, Indigenous and People of Colour" (*APA's Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry*, 2021).

> Since the APA's inception, practitioners have at times subjected persons of African descent and Indigenous people who suffered from mental illness to abusive treatment, experimentation, victimization in the name of "scientific evidence," along with racialized theories that attempted to confirm their deficit status. Similar race-based discrepancies in care also exist in medical practice today as evidenced by the variations in schizophrenia diagnosis between white and BIPOC patients, for instance. (*APA's Apology to Black, Indigenous and People of Color for Its Support of Structural Racism in Psychiatry*, 2021)

Child, Adolescent and Adult Psychiatrist, Racquel Reid, wrote a *Medium* article a few days following the APA apology, in January 2021, to speak of her membership with the APA and her reception of the apology as both a Black person and as a psychiatrist. Reid describes the apology as "too little, too late" (Reid, 2021) in an overwhelmingly white field that has little interest in recognizing its faults or funding its correction. Reid notes a number of issues with the organization, including that, "only 2% of psychiatrists identify as Black," (Reid, 2021), the APA has only had one Black president (2018-2019) and the first Asian American president served in 2012 (Reid, 2021), and that there has been little acknowledgement of the years of advocacy from

BIPOC psychiatrists who, “have been fighting for decades for recognition and leadership capable of protecting themselves and their patients” (Reid, 2021).

For the implications in the DSO, the APA’s apology is not far-reaching enough, as it maintains their insistence that persons that were abused, ‘suffered from mental illness’, as opposed to recognizing the ways that their field has utilized conceptions of illness as an instrument to oppress and harm BIPOC populations. Without these details, no action or direction has been taken in the DSO to provide services to students which recognize these harmful histories. Though the APA offer an admission of sorts, regarding race-based discrepancies in diagnosis, there is very little acknowledgment of how they will address the systemic issues present in psychiatry as an overwhelmingly white field with little investment in BIPOC health. In the DSO, the admission by the APA has had very little impact in the importance given to psychiatry in our work; any system that relies on BIPOC populations to continue to access systems like psychiatry, and also continues to acknowledge psychiatry as an *objective* instrument of assessment, should be criticized as utilizing the same instruments of oppression.

Education and Accessibility

The documents included in this section represent some of the key reports, guidelines and papers that have been referred to often in my role in the DSO; the ideas from these documents have changed not only the legal parameters of the duty to accommodate but have also shaped the beliefs and understandings around accommodation in what is considered professional practice for Accessibility Advisors in Ontario. These documents do not include an intersectional analysis in their definitions, including racialization, gender, class, as a significant contributing factor of analysis. Largely, disability and accommodation provisions are considered as an objective and agreed-upon concept in the DSO sector, and the intersection between disablement and the experiences of BIPOC students is not considered under its purview.

CAS and Data collection

AHEAD, the Association for Higher Education and Disability, serves as a global professional community for the Disability Service Office[41]. AHEAD offers professional resources to DSOs, including frameworks for data collection; the Council for Advancement of Standards in Higher Education (CAS), has been the “pre-eminent force for promoting standards in student affairs, student services, and student development programs since its inception in 1979” (CAS, n.d.). CAS has developed standards and guidelines, specifically related to the DSO, including a section addressing equity, diversity, and inclusion (p.13). In this section, CAS offers a statement which reiterates a human rights framework in the DSO, which protects students from discrimination on the grounds of sex, disability, age, cultural identity, etc. In their section entitled, *Advocating for Access, Equity and Diversity*, the CAS standards advise that the DSO must, “enact culturally responsive, inclusive, respectful, and equitable practices in the provision of services”, and “must develop plans for ongoing professional development on cultural competence and workplace inclusion” (p. 14). Under their *Implementing Access, Equity, Diversity, and Inclusion* sections, CAS states that “DRS must address the characteristics and needs of diverse constituents when establishing and implementing culturally relevant and inclusive programs, services, policies, procedures and practices” (p. 14).

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[41] Much of AHEAD’s resources focus on the United States and their relevant legislation, however, they offer international resources and membership access to those outside of the USA.

The CAS standards provide important benchmarks for assessing comprehensive service provision in the DSO but miss the mark when addressing historical discrimination of racialized populations; the DSO has a responsibility to not only create an inclusive environment but to also deconstruct legacies retroactively in DSO policies and procedures, which have been built around historically discriminatory definitions of disability and marginalizing definitions of access for BIPOC communities.

The Condra Report

In the DSO sector, the project recommendations in *Developing Documentation Standards and Guidelines for Academic Accommodations for Students with Mental Health Disabilities Attending Post-Secondary Institutions in Ontario*, also called '*The Condra Report',* provides the most recent recommendations for documentation standards and guidelines for post-secondary students with mental health related accommodation requests[42]. The project was funded by the Ontario Ministry of Training Colleges and Universities and the Mental Health Initiative fund. This document provides a contemporary report on ways to standardize post-secondary accommodation policy and guidelines. The Condra report has also been included in the OHRC's *Guidelines for Accessible Education* (OHRC, 2018).

> A major barrier for students is that province-wide documentation standards do not exist in the area of mental health. Institutions typically employ institution-specific forms which must be completed by a regulated health care professional on behalf of a student seeking academic and access accommodations. (Condra, 2015, p. 1)

Though considered progressive in the Ontario DSO sector, Condra's report maintains many of the traditional standards for utilizing medical documentation for registration and does not address

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[42] As of the editing of this dissertation in October 2022, the Condra Report continues to be utilized as the most recent research referred to regarding documentation standards in Ontario.

issues related to the limitations of documentation, especially as it pertains to BIPOC students. In the OHRC's *Policy on Accessible Education*, an interesting addition was added to the 2018 edition under the responsibilities of the education provider to, "accept a student's request for accommodation in good faith (even when the request does not use any specific formal language), unless there are legitimate reasons for acting otherwise" (p.71). After speaking with a colleague, we commented on the way the specific inclusion of *good faith* could expand the requirement of the DSO to accept an accommodation request without documentation at all. Where some colleges have provided alternative pathways for Indigenous students, for instance, who may have support for accommodations from a community health practitioner, these alternative standards for accessing the DSO are not mentioned or proposed in this key document.

The Association of Higher Education and Disability (AHEAD) is the largest professional organization of DSO professionals on earth. They have published a *Guidance on Documentation Practices* (2012) which has pushed back on the historical reliance on documentation in the work done with students in the DSO. It names that the primary source of documentation should be a student's self-report or narrative to inform the impacts to their education. The Accessibility Advisor is named as the secondary source of documentation, where their professional observation and questions can inform the functional impacts included in accommodation recommendations. The third type of documentation is named as third-party documentation, such as medical documents and assessments, while AHEAD notes,

> It is often possible to evaluate whether a requested accommodation is reasonable or not with minimal reliance on external documentation. This is true even if the student has never received formal accommodations or recently acquired a disability and is seeking guidance to determine accommodations that might be effective. (2012)

The Condra report identifies the University of Manitoba as a best practice site for their accommodation practices. The report also examines faculty attitudes and understandings of the accommodations process, to best identify places of need in delivering accessibility in the post-secondary sector. The research asked faculty, students, and administration staff if they were aware of the accommodation procedure in their post-secondary institution by means of a survey which asked faculty to answer whether they were familiar with their institutional accessibility processes, “My institute [college or university] has a written policy or formal practice where any student can submit a written request for a deadline extension if an appropriate reason is provided” (Condra, 2015, p. 14). The research found that faculty and administration were not aware of accommodation practices at their own institution.

Respondents	**Yes**	**No**	**Don’t Know**
Disability Advisors (n=97)	37%	33%	30%
Faculty (n=986)	42%	14%	45%
Administration (n=125)	44%	24%	32%
Physicians (n=28)	34%	16%	50%
Students (n=914)	39%	6%	55%

Figure 7: Responses from various stakeholders regarding their awareness of accommodation practices at their institution (Condra, 2015)

“Part-time faculty members often miss out on training and educational opportunities provided to their full-time colleagues; as a result, their awareness and understanding of responsibilities” (Condra, 2015, p. 18). The researchers recommend three areas of facilitated mental health education for faculty, namely, general mental health awareness, information on interacting with students who appears to have a mental health related issue that is interfering with their studies and behaviours of concern and understanding their role in the academic accommodation process, including their responsibilities under the Human Rights Code including an understanding of the different types of accommodation, mainly, interim, temporary, retroactive. The Condra Report identifies faculty as a particularly important facet of the accommodation delivery process; I have come to see faculty as having so much power in the accommodations process that they can also become the biggest barrier to delivery of accommodations. Though these areas of training could inform the way accommodations are delivered in the classroom, I have found that faculty and the DSO often rely on arguments regarding academic integrity and course outcomes to deny accommodations without a clear understanding of why or how these *standards* have come to define their class. Though training on the accommodation process could provide some better-informed information about DSO process, the use of terms such as these function to standardize the ways that certain students can be pushed out of conversations regarding access to education because of their perceived inability to meet *standards*.

The Condra report notes that Universal Design Instruction (UDI/UDL) will be a foundational principle with which to approach training of staff for accessibility principles as it relates to institution standards and legal responsibility. UDI "is a learner-centered approach to teaching which recognizes that "one size does not fit all" and minimizes barriers and maximizes learning opportunities for all students. It takes into consideration that students have a variety of different learning styles" (Condra, 2015, p. 17). As I will review further in this chapter, UDL largely omits an intersectional perspective in its delivery and the addition of an anti-racist praxis is integral to achieving equitable access to UDL.

One of the most important contributions from *The Condra Report* is the proposal of the use of Bona Fide Academic Requirements (BFARs) as a mean to communicate a program's components to students before entry, or very early, into the program or class. The University of Manitoba has made the development of BFARs one of its top priorities in order to promote transparency in course outlines which would describe course components to prospective students before enrollment. The University of Manitoba's senate has mandated that BFARs will be implemented for all existing graduate and undergraduate programs. "Determining the BFARs for programs are important because they clearly define program expectations, ensure academic integrity is preserved, and to increase transparency for students prior to beginning a program of study, ensure students have attained essential knowledge and skills upon graduation" (University of Manitoba, 2016). However, without an awareness regarding the ways BFARs could operate to continue to exclude certain populations for accessing classes, BFARs could continue to *standardize* exclusion using racist/sexist/homophobic ideology by maintaining archaic ideals regarding academic integrity. More research is needed to understand how BFARs could best address the needs of BIPOC students.

Duty to Accommodate vs. Academic Integrity

Barbara Roberts' dissertation, *A Lifeline for Disability Accommodation Planning: How Models of Disability and Human Rights Principles Inform Accommodation and Accessibility Planning*, has been regarded in the Ontario DSO as an integral analysis of the boundaries between the duty to accommodate and maintaining the academic integrity of a program.

> As a licensed health care professional, experienced service provider and consultant, I am often asked by educators and fellow service providers to review medical documentation of disability, because educators and service providers focus on documenting and quantifying the severity of the impairment to justify accommodation. Focusing on quantifying the student's impairment neglects issues in the environment over which educators have legitimate influence, in determining curriculum, tasks, and how assessment will be addressed. (Roberts, 2014, p. 28)

Roberts' dissertation utilizes the Ontario Human Rights Code and the post-secondary institution's duty to accommodate students with disabilities until the point of **undue hardship.** Roberts is concerned with the gray area for the actual assessment for refusals of accommodation, as any refusal should be approached with extreme caution by the institution, as the threshold for undue hardship is quite high. The student's ability to complete the course requirements if the accommodation were to be provided is proposed as a means to assess the difference between comprising course content with modification and the duty to provide accommodation. Roberts integrates the various strands of legal, educational and social contexts which are considered in the creation of an accommodation plan to parse through this issue (Roberts, 2014).

> The University may refuse accommodations in order to preserve the academic integrity (i.e., the essential requirements) of a course/program.... However, a person cannot be presumed incapable of performing the essential requirements of a course/program unless an effort has been made to canvass all reasonable options for accommodation…
>
> The notion of academic integrity in relation to academic accommodation is tied to the idea of essential requirements. There can be no claim that "academic integrity" would be breached by requested accommodations unless it can be shown that to provide such accommodations would compromise the "essential requirements" of a degree program. (Rose & Council of Ontario Universities, 2010, p. 5)

Roberts proposes a decision tree with which to assess the requirement of an institution to assess whether an accommodation request would be considered their responsibility to provide, until undue hardship, or whether the integrity of the program is being compromised.

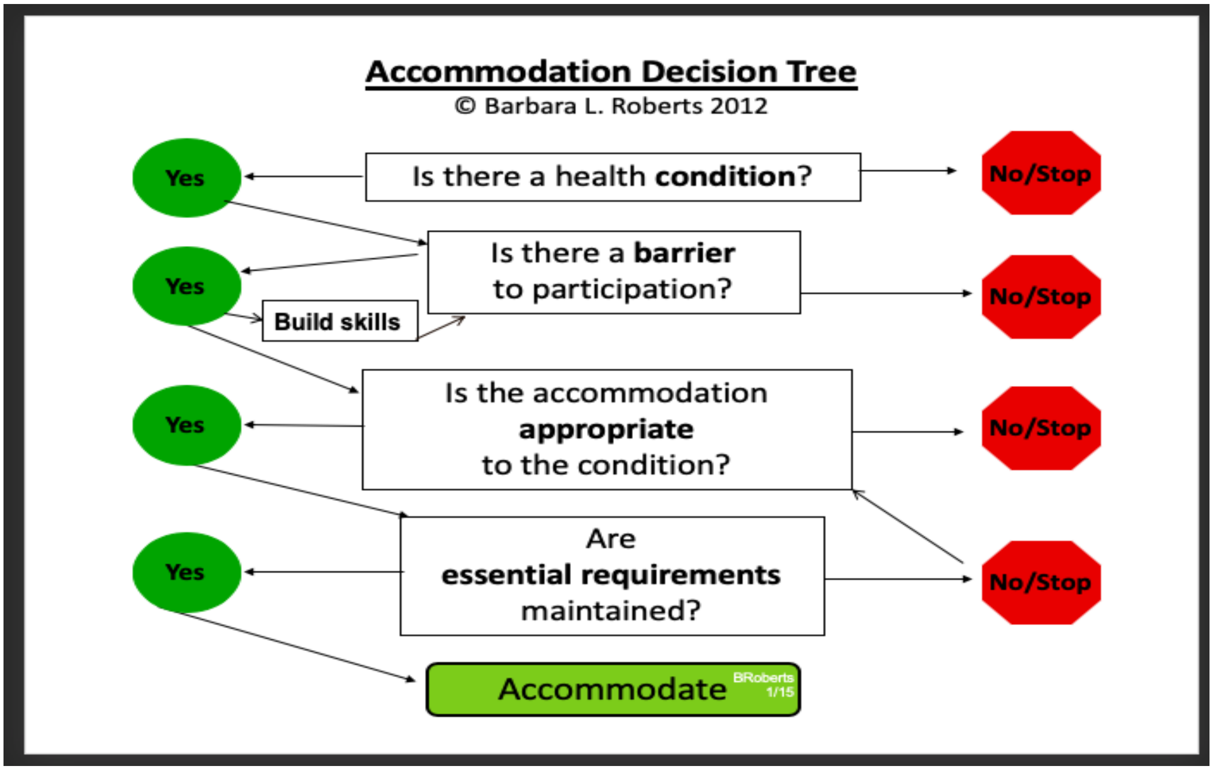

Figure 8: Brenda Roberts' decision tree for accommodations

Roberts was invited to present her dissertation at the CCDI annual meeting, attended by Ontario Accessibility Consultants in 2017 and since this time, Roberts' decision tree is largely accepted in DSOs as a contemporary method of analyzing the duty and limits/requirement of the institution to accommodate students.

The decision tree offered in Roberts' dissertation has been adopted by the DSO in which I was working, as a means to assess the duty to accommodate of the DSO when receiving accommodation requests. However, as it stands, what is determined to be a course requirement is mostly left up to the faculty/department to determine. Though the DSO may have a role in questioning the determination of a department, as to what constitutes a course outcome when requesting an accommodation, the department is also considered the content experts on what should be considered an essential requirement. In my own experience in the health sciences, where essential requirements are considered quantifiable due to the college delivering education modules to ensure patient safety, there was still room for challenging the determination of an essential requirement yet little room for recourse in this process. For instance, in one class students were not permitted to record the lecture in a certain nursing course due to other students sharing their personal experiences during class discussion. Where some classes would require the sharing of patient information as part of the learning experience, this particular class used confidential storytelling as means to create a safe learning environment for students to share. Faculty informally considered this sharing to be fundamental to creating a beneficial learning environment. However, when looking at the course syllabus, the class did not include an essential requirement for students to share their experiences to demonstrate their understanding, rather, it was a pedagogical decision to include. As an Accessibility Advisor, I requested consideration of the accommodation due to the request not altering the course requirements. Changing the culture in a Nursing program because of a disabled student's accommodation was unfathomable for the faculty. In the end, faculty suggested providing alternate office hours for the student where they could ask any questions they may have, as they were not able to record and re-listen to the lecture. After consulting with a senior AA, I was advised to propose this solution to the student, who reluctantly accepted, though I was prepared to also support them to make a formal complaint with our human rights office if they had wished to. In another instance of considering course outcomes, I was able to work with the Chair in one of our programs to examine the deliverables of a class and imagine alternatives to these, for a student who had a chronic illness who was unable to attend the intense requirement for groupwork. The willingness of the Chair to be critical of their own program's analysis of a course outcome led to an avenue being created for students with disabilities to complete the program, despite having sudden exacerbations of their disability. Here, I was able to show the faculty that the student could in fact demonstrate their understanding in an alternate way, even though the program was not designed to provide these opportunities.

For the DSO, time and again I have found that beyond determining the essential requirement, maintaining a good relationship with faculty and providing some version of an alternative (despite its efficacy) can become more important than forcing the departments to make changes to their long-standing traditions which inherently exclude students with disabilities. As post-secondary institutions review and update their programs during periodic course reviews, I would advocate to have an Accessibility Advisor sit in on these meetings in order to assist in advising on the impacts for students with disabilities in these classes; though I saw this as a central juncture for course design, I was never able to be involved in any of these meetings. Where the DSO can propose alternatives for accommodation pushback, the force behind creating these changes is left with human rights offices that determine if discrimination has taken place in these decisions. These complaints are most often initiated by students who choose to appeal a department decision, though few students choose to oppose their faculty from fear of reprisal.

What is also difficult to measure are the ways that racial bias plays a role in the willingness of faculty to provide access to demonstrating accommodations in different ways (I will examine this in more detail when I speak to Accessibility Advisors in chapter five). Nursing, a predominately white field in terms of faculty, had a predominately BIPOC student base. Between Accessibility Advisors, we could see the bias emerge when some students would receive more leniency with their accommodations whereas others would have standards and course outcomes utilized as a means to keep students out. It is difficult to prove bias in these circumstances, where course outcomes are utilized as a standardized weapon with which to silence requests for assistance outside of *scope*.

Chapter Five: Disablement and Institutionalized Racism in the DSO

BIPOC Accessibility Consultants: Beyond the Social/Medical Dichotomy

> To educate as the practice of freedom is a way of teaching that anyone can learn. That learning process comes easiest to those of us who teach who also believe that there is an aspect of our vocation that is sacred; who believe that our work is not merely to share information but to share in the intellectual and spiritual growth of our students… Throughout my years as student and professor, I have been most inspired by those teachers who have had the courage to transgress those boundaries that would confine each pupil to a rote, assembly-line approach to learning. - bell hooks (1994, p 13)

During the planning stages of my research, my supervisor, Professor Rachel da Silveira Gorman, and I discussed conducting interviews with BIPOC Accessibility Advisors; we discussed my intention to engage with the nuances of racialized lived experience that racialized staff would be particularly aware of from their experience as both a BIPOC person and as a service provider. It was a transformative experience to have added this component to my project because as I completed the seven interviews, I began to understand exactly how racialized Accessibility Advisors were having similar experiences across the sector. Underlying all of my interviews I understood the ways that AAs conscientiously navigated the current DSO system to provide *access*[43] to their BIPOC clients, even if they felt limited by the framework, policies, and guidelines of their higher-ed institution. Liasidou explains that this phenomenon of parallel experience is not happenstance, but rather evidence of the neo-liberal educational paradigm which sees students with disabilities as non-normative.

> The ascendancy of neoliberal policy imperatives have created, according to Ball (2008; 187), “local economies of student worth” whereby schools compete to “recruit ‘value adding’ students” and exclude, “those students who add ‘negative value’, those with special needs, those for whom English is a second language, or those with social or

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[43] BIPOC Accessibility Advisor’s understanding of what constitutes access is particularly important and will be unpacked in more detail in this chapter.

> emotional difficulties are avoided where possible in this economy". (Liasidou, 2014, p. 174)

Underlying my research questions has been an analysis of the ways in which intersectional identities are accommodated/not accommodated, and the contributing intersectional factors that are considered by DSOs in the delivery of services. After completing my research interviews, I was aware of the parallel innovation occurring in Disability Service Offices, where Accessibility Advisors were having similar discussions with students about how to utilize their accommodations, how to speak to their physicians about their needs and teaching students how to navigate accommodation needs with faculty. I became acutely aware of the ways that the DSO has a responsibility to create language around our day-to-day practices, including those which challenge us. Though Accessibility Advisors are not required to be registered with a regulatory body like other *helping*[44] professions, social work practices have a lot to offer to the DSO in the way of creating language and standards of practice in the ways that the work is practiced, and reflexivity regarding how power imbalances influence the work and relationships within our work (Chapman, Hoque & Utting, 2013). In social work, "invitational and Narrative Practices politicize the helping relationship by asking helping professionals to take responsibility for their own violence, control, and domination" (Chapman, Hoque & Utting, 2013, p. 26).

As an Accessibility Advisor, my training in thinking through institutional barriers was a challenge to commensurate with the process in the DSO. In my Disability Studies coursework, I was trained to critically engage with the SMD, where environmental factors are seen as causing the most disruption to students and the medical model is largely considered a site of structural violence (Chapman, Hoque & Utting, 2013, p. 27). In my role in the DSO, documentation is

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[44] I italicize helpful to draw reference to the wok of Chapman, Hoque and Utting who write about social workers who consider themselves engaging in helpful work however often refuse to locate this work within harmful histories which inform their practices and their judgment (2013).

pivotal to much of our registration and interview techniques (I will speak about holistic interview techniques later on) as an informational piece which informs our understanding of functional impacts. I am often thinking critically about ways that my profession *should* help when tasked with asking for updated docs for a mental health condition that a doctor said would be temporary. Alternatively, when I find myself writing notes which indicate that documentation wasn't requested due to a student's report, and an extension of the accommodations were granted in *good faith,* I tend to use this language in particular to indicate the legal reasoning behind my decision in case I was ever asked by management to defend my decision making.

Documentation and the process of assessing what is *reasonable and appropriate* can ultimately work to slow down the number of students who come in, the degree to which one feels entitled to ask for things (based on the information their physician can speak to) and can discourage some from registering with our services all together. There is so much that is not measured by documentation, particularly for those students who do not already have access to a physician who will support their request, those who don't have access to comprehensive healthcare due to moving for school, or those who feel that appealing to a doctor for assistance is reenacting violence; "Primary care physicians serve two roles: They are healers and gatekeepers. The gatekeeper role is particularly important in welfare states, where physicians often decide who is to be granted publicly financed benefits such as paid sick leave" (Carlsen, Lind and Nyborg, 2020).

Similarly, Joseph writes of his attention to eurocentrism and settler-colonial technologies in his work in the mental health field, and reflects on his role within these systems as a person with racialized embodiment:

> As a visible, racialized minority who has experienced the effects of colonization and imperialism in my personal family and political history, these matters have profound

> meaning for me. As a professional, who has worked in the mental health field for many years, I also realize and have been troubled by my own complicity with technologies of differences and human hierarchy in a world dominated by biomedical psychiatry. (Joseph, 2015, p. 1022)

These tensions are not easily parsed through either, as I have been both a consumer, survivor and mad activist who has felt marginalized for much of my life from within these systems. Though I have a hard time working through my personal politics and the part of my role as an extension of the institution, as a gatekeeper who protects arbitrary tenets of the institution like academic integrity and course outcomes. In this sense, I think about the medical model similarly to a foundational step in the emergence of access for persons with disabilities, "[t]he identification of disability as a medical condition has afforded many people with disabilities significant comforts and health. Simi Linton, an original framer of Disability Studies (Loutzenheiser & Erevelles, 2018) notes that the transition to medicalization, from earlier beliefs about disability as being supernatural (Linton, Foucault), has also meant that, "medical, education, and social service personnel have wielded enormous power over people with disabilities using the tools of diagnosis, labeling, treatment, and institutionalization" (Linton, 1995). However, along with those benefits there has been a loss of freedom and rights" (Linton, 1995) While also recognizing that my work in the DSO is highly problematic in the ways it reinforces many of the oppressive forces which reinforce marginalization of the same clients we intend to help, "However accurate this may be, critical social work, disability studies, mad studies, and anti-racist and anti-colonial critique regularly cite the helping professions as a primary site of systemic oppression" (Chapman, Hoque, Utting, 2013, p.26).

Kimberlé Crenshaw's concept of intersectionality proposes that, "the problem with identity politics is not that it fails to transcend difference, as some critics charge, but rather the opposite – that it frequently conflates or ignores intra group differences" (Crenshaw, 1991, p. 1).

Crenshaw explains that analysis of an issue such as violence against women is, "often shaped by other dimensions of their identities, such as race and class" (1991, p. 1). Crenshaw suggests that research and analysis should not focus on her proposition for intersectionality as a new framework for looking at identity, or as a totalizing theory of identity, but rather, her "focus on the intersections of race and gender only highlights the need to account for multiple grounds of identity when considering how the social world is constructed" (1991, p. 2). Intersectional analysis has gone on to be recognized by law making bodies; the Ontario Human Rights Tribunal, for example, has recognized that an intersectional analysis should be utilized in their analysis of human rights issues and in decisions.

Predominantly, the DSO has largely been using a medical model to determine students' eligibility for service, as students are required to get medical documentation signed by a GP, or other regulated health care professional, which supports that a diagnosis has been made. In addition, many of these DSO disability verification forms, including the one for OSAP, ask that the functional impacts a student is experiencing are documented in support of their need for accommodations. Though functional impacts are not inherently medical model in their intent, the contemporary documentation is structured to build upon the impacts of a *student's already diagnosed disability*. The framework for registration in the DSO relies on the assumption that the individual is at the center of disability, with an underlying insinuation that medical intervention is the solution to improve functional impacts. The post-secondary institution then becomes instrumental in disseminating information in its registration process; determining what sorts of medical conditions are deserving of support from a DSO, and also what sort of health care is considered objectively scientific enough to be considered official. As such, ideas about what healthcare is considered most legitimate often ignores the social model. Social workers and psychotherapists account for less than 1 % of the documentation that crosses my desk and I have never seen cultural health care workers such as Chinese medicine or Indigenous community healers included, as these practitioners are not recognized as registered health care professionals.

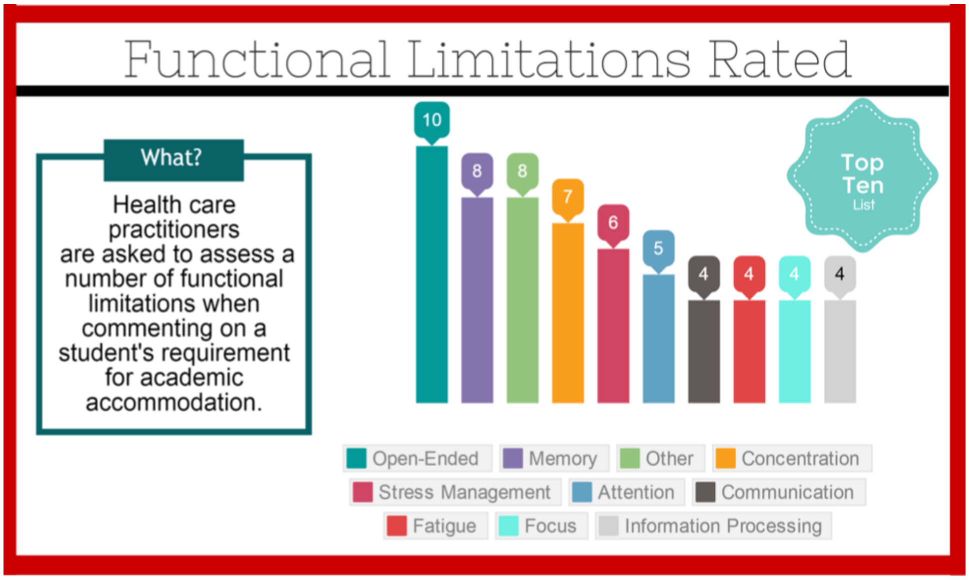

Figure 9: Most common categories in DSO registration documentation (Condra, 2015)

One Accessibility Advisor noted that there was a partnership between their DSO and the Indigenous student department in order to permit more documentation of this sort. When I spoke with Sean Kinsella, Director of Indigenous Student Services, they noted that they were instrumental in maintaining this partnership with their institution's DSO by presenting potential referrals on a case-by-case basis; unfortunately, the registration barrier continued to exist for most students. In these scientific milieus, such as the DSO, Crenshaw's proposal for considering racialization, class and gender is inherently omitted from registration forms and a student's eligibility for accommodation is not explicitly reflected in the DSO process.

Commonality Between BIPOC Accessibility Advisors and BIPOC Students

Time and time again I heard from BIPOC Accessibility Advisors that their training and their lived experience provided them an acuity in understanding the standpoint from which students were entering the office. This awareness produced a more nuanced service provision which understood the lived experience of BIPOC students in their experience of disability. The act of using commonality between the Accessibility Advisor's academic experience and that which their client/student was enduring was a critical juncture in the development of practice for the BIPOC Accessibility Advisors in the DSO. Eli Ababio, an Accessibility Advisor who works with students from a variety of college programs, was passionate when we spoke of the ways students enter his office and his awareness of what supports, beyond traditional conceptions of the AA role, are necessitated to appropriately accommodate BIPOC students:

> It's explaining to people what they are entitled to… that you are entitled to get the services, they are entitled to ask for help or get a diagnosis or this or that. And like you said, it's almost like, 'I shouldn't even be here. So, whatever I get, I'm going to take'. 'I don't want to push too hard.' That type of stuff. And I get that kind of language. It comes up often. (Eli Ababio, Accessibility Advisor)

Aesha Williams, echoed Ababio's reflections about teaching students about how to access resources in the institution. Aesha, who works with many BIPOC students in a university transition program, explained how she understands her role in the DSO as being a fundamental relationship for students who may otherwise have very little meaningful connection in the institution as a BIPOC student,

> I don't view myself as the frilly kind and I think, in many ways, that can be really relieving for students to be like, 'Oh, she's real'… that I'll actually lean in and be like, 'right, I agree with you.' You know, I'm using vernacular that they're familiar with, you know, talking about music for the purpose of building relationship. And I've got a 20-year-old daughter, so I'm sort of cool and sort of not cool and sort of straddling both of those worlds. And by the time they walk out, they're like, 'Whoa, man, am I glad I came here', you know? So, I think that that the larger overarching term that I would utilize is relief. (Aesha William, Accessibility Advisor)

Aesha's description of herself as *leaning in,* to her conversations with students, was quite significant to me in that her communication with students was intentionally transcending and transgressing boundaries about power hierarchies in the DSO and *western* ideals regarding professional expectation. Aesha described her work as trying to come across as 'real' to her students, which was a very significant way of referencing the institutional expectation of Accessibility Advisors to equate professionalism with euro-centric ideals dominated by white presentation, such as ideas of what is considered acceptable conversation to maintain the illusion of a power differential in the DSO, where talking about popular culture with students can be seen as being unnecessarily friendly with students. Using music, and her knowledge of popular culture, Aesha indicated that her primary role was to build relationship. I also recognized the way that this language and awareness was also offering students an experience in the institution they don't likely have elsewhere, by using vernacular to indicate her awareness of the ways the institution demands Black students and staff to develop a double consciousness[45] (W.E.B DuBois, 1903), and her commitment to creating opportunities for students themselves to show up as themselves in the university/college.

I noticed that the type of connection that these two BIPOC Accessibility Advisors spoke of got to the heart of what they understand as fundamental to their own experience as Black staff in the post-secondary institution. In June 2020, Shardé Davis and Joy Melody Wood first used the hashtag #BlackInTheIvory, where they shared the racism they regularly experienced in their workplace (Subbaraman, 2020). Davis shared that she was inspired to create the hashtag to highlight the ways that 'Black-ademics' are generally a minority in post-secondary which puts them at a significant disadvantage to name the systemic racism and micro-aggressions that are taking place. Davis explains that it is critical to be able to name it, "when you share your experience, you're able to see that other people have gone through the exact same things. So that means it's not an 'us' problem, it's a system problem. Folks are angry right now" (Davis qtd in

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[45] "A world which yields him no true self-consciousness, but only lets him see himself through the revelation of the other world. It is a peculiar sensation, this double-consciousness, this sense of always looking at oneself through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity" (DuBois, 1903).

Subbaraman, 2020). The isolation of the experience across the globe found a place of community on Twitter, where the hashtag gained traction (*Black in the Ivory Tower*, 2022), as Black academics echoed the oppressive treatment they endured in post-secondary, as faculty, students and staff. "One person described a colleague remarking that 'Blacks have lower IQs than whites,' another reported being told that they were 'not really Black because [they] are good.' Scholars were told that they were just 'diversity hire[s]'" (*Black in the Ivory Tower*, 2022). As Black-ademics, I noticed that both Eli and Aesha shared a particular attunement to their responsibility to convey this message to their students, who may not have the experience to name what is occurring around them (though coming from post-secondary institutions across the province). Aesha Williams aptly explains, "I think in many ways…I walk through the world, and it's never not part of the conversation [racialization as a Black person]. So why would I sort of compartmentalize that in my work?" (Aesha Williams, Accessibility Advisor). Both Accessibility Advisors stressed the importance of recognizing the obvious pain of being in an institution, and the potential grief in arriving at a DSO for their students as Black persons in a predominately white space; it is a painful reminder that both Eli and Aesha understood the urgency to share this understanding with their students as a result of their lived experience as Black staff in their institutions[46]. When I spoke with Eli Ababio, he stressed the importance of being cognizant of the reality for Black students that come into the DSO. Eli explains:

> I know that I'm not… I don't feel like I blend [in]. When I was at school it was kind of the same thing. So, I feel…maybe on edge. So, to be in like that small remote [place], maybe if they're with me, maybe if they're Black, they identify in a certain way and maybe if they're not, they just know like, 'Okay, this guy knows what it's like to live here and not always fit in.' So even when I mean…like sometimes I see students in the hallways, and we're doing outreach and stuff like that, and it's not excessively specific. I find some of those students gravitate or will have exchanges [with me]. I don't see students… I don't

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[46] For some post-secondary institutions in Ontario, Accessibility Advisors are recognized as faculty, whereas other institutions categorize the role as support staff.

> see those same students have [that relationship] with my peers. (Eli Ababio, Accessibility Advisor)

For students who are Black and have disabilities, their experience in the DSO is further complicated. In Leroy Baker's dissertation, he explains that the DSO is not a neutral or objective service for Black students and in fact, these systems extend much of the oppressive attitudes and policies that Black students experience in the institution at large. In Baker's words:

> When Blackness and disability are present in the same body, as this study explores, university accommodations become increasingly difficult to obtain, and agents of the university, such as staff and faculty, create barriers to accommodation by either ignoring the needs of students or using microaggression in such a way that students are discouraged from seeking the accommodations they require in order to be productive in the classroom. I explore how when Blackness and disability are both present in the same body, it appears to look like weakness and an opportunity to obtain access to services fraudulently. The findings of this research support this proposition in that faculty appear to work quite diligently to require greater proof of their disability from Black disabled students. (Baker, 2019, p. 8)

As part of the reflexive process in social work, Chapman, Hoque and Utting call for an awareness for helping professions to understand their role in an interlocking analysis of oppression, "we can all find some aspect of our lives in which we are complicit in others' oppression" (2013, p. 29).

Over my time in my position, I have started to see a pattern in the assessments of BIPOC students where there was a diagnosis of Mild Intellectual Disability or severe Learning Disabilities, where they came in with a belief that they were not capable and were told they were not smart, and essentially overlooked in their academic careers. From meeting with these students, I started to understand that harm that quantitative tools have on BIPOC students, setting their beliefs about their capacity and my role to speak to my students about the possibilities outside of these narratives (I spoke in some depth about DisCrit and the ways disablement is enacted against BIPOC students in a previous chapter). Alyssa Uher notes that the debate overrepresentation or underrepresentation of racialized students in special education, is in fact a demonstration of the ongoing tension to dismantle oppressive systems of research, especially for students who are multiply marginalized. In 2015, Morgan et al. published research utilizing quantitative data to demonstrate that racialized children are now under-represented in special education and therefore, the course correction for over-representation had been successful (Morgan et al., 2015). Uher explains that the reliance on quantitative data to derive these conclusions demonstrates the issue of white-centered research bias, and has had irreparable damage on racialized students in special education, as the US Secretary of Education utilized these findings to "suspend federal support for research on overrepresentation" (Uher, 2022) Uher explains that quantitative data, and positivist bias, creates research baselines which look to match the representation of racialized students with the enrollment of white students which ignores the wealth of quantitative research which considers the issues which impact multiply marginalized students, like "race and social class" which are not conveyed in enrollment numbers (2022). Uher points to fields like DisCrit and QuantCrit, which questions "white logic" (Gilborn et. al) as standard practice in the eugenicist origins of statistics, as fields which seek to measure issues which would provide an equitable perspective on access to education for BIPOC students.

I can recognize in my intake meetings with many BIPOC students that they have sadly gained an understanding that their place is not considered as part of the academy; rarely do my BIPOC students come into our intake meetings with the same sense of comfort as my white students who generally come in with an understanding of their place in the meeting as a recipient of service. I have come to recognize that this is a pivotal time for me to demonstrate to my student that I can listen to their concerns, that I **believe them** when they explain their experience and that I am genuine in my efforts to problem solve for them. I have developed this practice to move slowly and with no expectation, as not all students will choose to use the DSO as a place to be vulnerable. However, I have also noticed that this practice of believing students brings us to develop a relationship where I am able to provide them services in a more meaningful way due to the trust that develops.

Aponi Bernard, an Indigenous Accessibility Advisor in an Ontario college, also stressed the importance of communicating her lived experience and Indigeneity in the environment she creates in her office, stating: “I have a picture of corn, Indian corn to the Americas. I have books, a bookshelf with a lot of Indigenous literature and writers”. Aponi’s approach to getting to know a student is the means by which she communicates her willingness to meet with the whole person, and step outside the role of student and Accessibility Advisor as a power difference. She elaborates:

> And I feel like students know that I'm coming from a holistic, Indigenous way of knowing people. That's what I would say in trying to get to meet them. It's different…to me, it's different. I'm not looking for a... I don't know hierarchy or I just want to get to know you and get to really get to talk about… the whole person. We can work together and make them comfortable. (Aponi Bernard, Accessibility Advisor)

Aponi’s identified her method as being a cultural communication of the ways of knowing someone beyond the clinical approach that was be considered reasonable in the role. George Dei similarly points to the need for an “Indigenist anti-colonial lens” (Dei, 2015) to improve education. Dei[47] explains that included in an Indigenist perspective is the principle that:

> [t]here is a shared understanding in these communities that people come to know through the simultaneous, dialogical and trialectic engagement of body, mind and spirit/soul, reinforcing the power of Land and Earth teachings; a need to understand the learner and the learning space; the nexus of society, nature, and culture; bringing an embodied connection to education; the importance of ethics, consciousness and responsibility; and engaging the coloniality of power. (Dei, 2015, p. 4)

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[47] Dei writes about a pan-Indigenous perspective to education, not specifically focused on Indigenous Canadian perspectives.

Dei’s directives echo Aponi’s interview technique where the inter-dependent nature of the intake interview is built upon an understanding of being a part of a shared community where there are inter-dependent relationships vs. hierarchical dynamics; Dei explains this is the Indigenist principle of “Communal/Community Living, as based on mutual trust and respect pursued through non-confrontational and non-competitive relations” (Dei, 2015, p. 11). As an Anishinaabe person, Jaqueline Ottman stresses that access in post-secondary for Indigenous people requires programming that is specific to developing pathways to education specific to the Indigenous experience, “it is important to help students feel that they belong in the school, and one way of doing this is to embed Aboriginal knowledges and cultures within university programming and curricula” (Ottman, 2017, p. 105). Aponi noted that her presence within the DSO was a key factor for the Indigenous community to feel they had a point of contact within the university.

> I am very connected with the community here in [redacted city]. So, the community knows that there is an Indigenous person in accessibility services and the parents will call and ask to see their child to see specifically work with me to access those services. So that's been really helpful, so they feel welcome.

Through interviewing Aponi, I recognized that her responses always circled back to the fundamental tension that is present between the structure of the DSO and Indigenous ways of knowing someone through community. Among other things, I asked Aponi about the intake process and noticed that before speaking about her own questions, she spoke about her positionality as a participant in a collaborative conversation about a student’s experience in the world and as a member of community, as opposed to the common interview technique which invites students to speak about the barriers they are experiencing, as a way of understanding. This resonated with me quite deeply as distinct way of knowing someone, where caseload numbers and the limitations of appointment times exist, yet these issues are not brought into the interpersonal relationship building which Aponi notes is central to decolonizing the space of the DSO.

Representation in the DSO: Stories of Shared Lived Experience

‘Why does representation matter’ in the Disability Service Office? As an Accessibility Advisor, I have heard students in my office express the comfort they feel being able to share the intersections of their experiences with me. Representation in teaching, for instance, has largely been agreed upon to be a benefit to BIPOC students who are able to see themselves in the role models around them; the status quo has the DSO as a predominately white space, “I think one of the things that one of the points that I would say is we need more representation on our team…the majority of consultants right now that we have at our office are white” (Layla Rahal, Accessibility Advisor). In my own experience, I recall attending our professional organization’s annual meeting and being able to visually survey the diversity at the various post-secondary tables in the room. It was no secret that DSOs have been staffed predominantly by white women and white men with BIPOC AAs as a minority in the informal survey of staff at the meeting.

I’ve found myself coming back to sharing the same stories when I meet with students in my office. Utilizing stories as part of my practice as an Accessibility Advisor enables me to convey my lived experience and empathy, but also a guiding hand when students are struggling to make a decision in their academics. When students are struggling with their course load, for instance, and contemplating the shame and guilt of extending the length of their study period, I often ask them to pause for a moment to tell them my own story about receiving a reduced course load and to share that I too was a student with a disability.

Like me, I found that the Accessibility Advisors I spoke to also utilized the act of storytelling to share their experience to help students navigate accommodations; some used storytelling to convey an understanding of racism experienced in post-secondary, or to share a cultural understanding of their difficulties. The research on strategies used by Accessibility Advisors in the DSO demonstrates that the act of building relationship with students where they feel encouraged and supported to return their DSO benefitted their academic success, “SWD [Students with Disabilities] who met with a consultant at least four times had significantly higher GPAs in the fall semester than those who met with a consultant less often” (Button et al., 2019). However, this research included participation from students with disabilities who were predominantly “Caucasian (84.8%), with 9.1% of the sample identifying as Black/ African-American, and 6.1% identifying as Hispanic/ Latino”. Button et al. found that among the components reported by Accessibility Advisors taking up their time, including self-advocacy and stress management, that rapport building comprised, “an important activity that is used in consultation sessions to foster a relationship that encourages use of services” (Button et al., 2019).

I have found that BIPOC Accessibility Advisors have an acute understanding of the ways in which meaningful relationships are built with their BIPOC students. Sharing stories of lived experience provided a critical recognition between BIPOC Accessibility Advisors and their BIPOC students to build rapport. The Accessibility Advisors that I spoke with all spoke of this shared cognizance as building a critical trust and understanding in their working relationship, towards encouraging students to sustain themselves and survive the institutional shortcomings of addressing the BIPOC student experience. The *use of metaphor* to help conceptualize shared conceptions of adversity faced in the academy were intentionally shared to create a sense of closeness to bridge power dynamics between student and staff member,

> So, when you come in and I say like, ‘how are you?’ It's almost like it's an unwritten thing. And almost like a look on the face. It's to put it into words. It's a check-in. It's an acknowledgement of those things. (Eli Ababio, Accessibility Advisor)

In contrast, for other Accessibility Advisors the use of concise and unfettered language around this lived experience was critical to elucidating and clarifying the persistent experience of Anti-Black racism shared by both Accessibility Advisor and student on campus,

> You know, I find that with my Black students, you know, we're pretty… pretty blatant, you know, in terms of the conversations around the persistent anti-Blackness on campus and even trying to be a human about the work that I'm doing. I mean, I don't approach my work as sort of an us and them. And so, saying, ‘You know what, I hear ya, and I walk with you from the other side of it as a staff’, right. And so, you know, just lending space for validity. (Aesha William, Accessibility Advisor)

Aesha Williams stressed the importance her presence has had for Black students in her post-secondary community, as an invitation for students to feel the confidence to seek the support that they need, “for the students that I've actually seen…it hasn't been a great deal of Black students. But the Black students that do come up to me…they're actually starting to spread the word going, ‘Oh, there's this cool advisor’” (Aesha Williams, Accessibility Advisor). The presence of Aesha, then, serves as a safe place for Black students to signal to other students that there is a trusted ally in the office and more importantly points to the lack of effort of the DSO to bridge these histories of harm that keeps Black students out of the DSO. However, from my survey of DSO websites, very few offer any indication of the types of representation they offer in their DSO, including descriptions, pictures or specializations of their AAs. Aesha notes that the community of Black students on campus, would share with other members of this community that Aesha was in the DSO, thus indicated a type of trauma informed student service provision what other students could trust, in direct opposition to the reality of the DSO that they would have assumed without Aesha there. Where the DSO views itself as offering an objective service to its students, Black students require networks of communication regarding their experiences in post-secondary department to pave pathways for access. Without the DSO recognizing these pathways into the DSO, many Black students are likely not even to attempt to enter the DSO, knowing these are sites of harm to their community. Eli Ababio reflected this same sentiment of the Black experience in post-secondary,

> I know what it's like to be a Black student. Navigating space and feeling like you are… you constantly have to overachieve. And that is kind of… that is empirical that like, oftentimes, my students have to have higher achievement to see the same outcomes as other students. (Eli Ababio, Accessibility Advisor)

Aponi Bernard has noted the shift in the hiring practices in her DSO, "this last few years…our staffing primarily was not representative of the BIPOC population. Primarily, we'll see white female or male staff…so that's changed in the last two years. So, we have more representation that way of our staff and our counseling staff" (Aponi Bernard, Accessibility Advisor). I have seen a recent shift in hiring in my DSO as well, though this has come with significant discomfort with the BIPOC staff who have come aboard who have overwhelmingly been buzzed about as diversity hires by white staff.

In contrast, the ability for students to request BIPOC staff in their DSO was raised multiple times in my interviews. Alisha Hafiz reflected on the ways that BIPOC students were not supported in their requests for access to a BIPOC counsellor:

> When I have racialized students, they say, like, 'Oh, I'd really like to have a racialized mental health counselor.' And then when I go try to make that connection, if that's not an option, then like, it's clear that that's a preference that's come up for some of my students. So, I'm just thinking as a student, if I had a strong preference for that, I probably wouldn't feel super comfortable asking for it just because it's not… It's not built in. (Alisha Hafiz, Accessibility Advisor)

Similar to Alisha's experience, I have had students request a BIPOC counsellor in our office. When I requested more information about how to handle these types of requests from the counselling management, I was told that it could be viewed as discriminatory for the department to request employees to identify themselves this way, for the purposes of a referral. Yet, when one student came into the DSO and noted they prefer to work with an Accessibility Advisor who was a woman, due to a sexual assault, my manager felt comfortable approaching me to take this student, based on their perception of me as a feminine presenting person. While also, for LGBTQIA+ students, we had a counselor who volunteered themselves to work with students who identified this way and was approved by management to do so. However, when requesting information about ways to optimize connections for students to wanted to work with a BIPOC Counselor or Accessibility Advisor, the request was deemed presumptuous, without any actual work to see which staff members were volunteering themselves to work with this student group. Again, attempts to bridge gaps with the BIPOC community are too often considered too strenuous and difficult by the DSO, while cis-hetero and white students are regarded as the baseline for determining definitions of disability and the DSO's conception of interpreting the dynamics of disability accommodation. These ideas about BIPOC groups being difficult have long histories in their perception of asking for too much, when they aren't afforded the minimum. Similar to the way that staff have an opportunity to self-identify during a HR hiring process, there are existing pathways for these conversations to take place. However, from a departmental level, the benefits of thinking through ways to formalize these processes can seem too complicated and arduous and the benefits are easily outweighed.

An Exercise in Stepping Out

> A criticism that needs to insist that literature is not only "universal" but also "race-free" risks lobotomizing that literature, and diminishes both art and the artist.
>
> - Toni Morrison (1993, p. 12)

There is no universal student who is served by the DSO; in fact, the near infinite permutations of accommodations that can be recommended is a required starting place for thinking about the duty to accommodate. I find myself thinking about what happens to students once they leave my office and enter the larger environment of the institution. After the duty to accommodate is considered from the DSO and the student takes their accommodations into the classroom, it is important to consider the institutional environment created for accommodations. What expectations are there for how the institution creates environments for the attitudes and beliefs in the delivery of accommodations? In many ways faculty are present for the majority of the time that a student experiences accommodation on campus.

I have had countless conversations with my colleagues about the ways course content and course delivery are in themselves inaccessible and are difficult to reach with accommodations. These elements are considered somewhat outside of our role, or at least above our pay grades to have the power to resolve; though we can encourage faculty to provide more time for a task or to alter the method of testing course content, influencing change in the design of courses is a process that takes years to achieve. Though most of my time is spent in meetings with students, examining medical documentation and assessing accommodation needs, one of the most challenging parts of my role is encountering faculty and Chair responses to these recommendations. Some of the most common accommodations such as extra time on a test can take anywhere from an email to a phone call or even a scheduled in person meeting, in order to effectively convey the main tenants of accessibility. During the COVID-19 pandemic our college, like many across the globe, was forced to confront many of these ideas about academic integrity. In 2021, during the pandemic, our college computer infrastructure was hacked, and our DSO had no access to our DSO organization software. Due to all staff working remotely coupled with the lack of encryption, we could not accept health related documentation and had no way of advising faculty of what accommodations a student would have. In a meeting with my manager, she noted that she wanted to keep the office open. It was as if the opportunity to enter the most radical accessibility framework came knocking on my door; I suggested to her that we accept all requests in *good faith* and instruct faculty to ask students what they require and deliver those accommodations in good faith as well. I proposed that for students who could not write their tests without access to technology or accommodations offered through our office, they could postpone their test writing. I noted that the majority of accommodations are extra time on tests and extensions on assignments anyways, and this could be delivered quite easily by faculty. I paused, wondering how my manager would consider my proposal to open the figurative floodgates to accessibility. My manager liked the idea of accepting requests in good faith because it kept our office open, and effectively the college could stay running, and accepted my proposal. All college campuses adopted this in the summer 2021 semester and this radical accessibility was rebranded as a means of keeping the college open for business. There was no push back from faculty during this time and **no faculty** raised challenges to students regarding taking advantage of their accommodations. The period in which this occurred, as well as the pandemic, serves as an important reference point in my work with faculty. When imagining possible accommodations, I reference the pandemic and ask what worked and did not work during that time. The period in which the pandemic takes place marks a radical readjustment to online delivery of classes and testing, in a way that was previously thought to pose insurmountable to academic integrity. I worry about this time moving farther away from our memory and frame of reference in the DSO.

From my survey of research performed in the DSO sector, time and again there is a focus on providing more education to faculty about the purpose and function of accommodations as a way to combat ableism that students may experience in their environment. It seems that despite geography, Accessibility Advisors are similarly experienced in discussions with faculty about the nature of extra time, and the difference between accommodations and inequity in testing a disabled student’s comprehension. I am often having conversations with faculty regarding the academic integrity of their course and the discretion used when proposing accommodations; I often reference that a student’s medical documentation supports that processing takes longer and assert that the threshold for this recommendation is quite high. I am often noting to faculty that if timed testing isn’t an essential skill being tested, then providing extra time should not be a concern to the integrity of the course (or perceived advantages a student may have). A few times a year a faculty member may have read research about how too much extra time can actually provide an advantage to students, when not recommended accurately. I may agree with said statement, in some circumstances, but avoid engaging in a long soliloquy about how education standards should actually be more intensely interrogated instead of an individual’s functional impacts—for most programs, tests should be designed in such a way that timing doesn’t impact a student’s ability to demonstrate what they know. In fact, if a teacher is designing for learning, permitting students to continue to work on tests until they are able to understand their errors is the best way for students to continue to engage with the material in a meaningful way.

In one instance, I witnessed a Program Coordinator send an email to a BIPOC student which included all of her faculty and suggest that the student may not be a good fit for a program if she requires certain accommodations (specifically for presentations) and that she should find another program. All Accessibility Advisors have had similar stories about the friction they have encountered between faculty who demonstrate gross misinterpretation of the work done in the DSO, and the damage it does to students. This is not to say that there are not also incredibly thoughtful faculty doing the work of accommodations, as my day in day out energy is mostly focused on addressing resistance to the recommendations in our office and encouraging faculty to comply and/or understand the work done in the DSO before it escalates into a human rights complaint. In some sense, I explain my work as protecting the institution from liability for this reason: the faculty, not the student, are often the liability.

Omission of an Intersectional Approach

When I spoke to BIPOC Accessibility Advisors it was unanimous that their respective DSOs omitted the issue of intersectionality in policy and there was no process in place which were BIPOC sensitive or specific. A number of Accessibility Advisors I spoke to noted that their DSO was working in some capacity with an Indigenous students' department, but the connections between the departments were limited and mostly informal. Layla Rahal notes,

> We have an Indigenous Office and then we also have a Black Academic Student Office. That's like their support spaces, and they offer like special kind of extracurricular programs at night, but we don't have anything specific of our own office in terms of like, programs, workshops, or even like what pages on our, you know, website to, to address that intersection. (Layla Rahal, Accessibility Advisor)

This was a reflection that I found at most post-secondary institutions, where student services for Black and Indigenous students, in particular, are focused on extra-curricular support but has not been integrated into the fabric of the entire institution's functioning, such as the DSO. For a student accessing these services, I can only imagine that this experience would be further marginalizing to understand their place in a specific office or group away from the main post-secondary system. Accessibility Advisors also mentioned that the intersections of a student's identity, when it comes to accommodation negotiations, is often omitted from case consults within the DSO, with the exception of one Accessibility Advisor whose manager was racialized. When I asked Eli if his DSO was specifically addressing the experiences of BIPOC students in policy or process, he notes the use of language such as 'inequality' and 'inclusive education',

> We’re doing things to take positive action to address inequalities related to BIPOC students’, like I haven’t heard that language used… I’m sure, it has been said that, you know, for ‘inclusive’ and to ‘be more inclusive’ and things like that. I mean, that…that means a bunch of different things to a bunch of different people. (Eli Ababio, Accessibility Advisor)

Like Eli, I found that post-secondary institutions have been using terms like inclusion and inequality as means to convey their commitments to diversity, equity and inclusion measures, while Eli notes that these terms are being employed in a way that brushes over specific discussions about BIPOC students in the DSO. This whitewashing of equity and inclusion is incredibly detrimental to BIPOC students in the DSO, who firmly remain outside the scope of concern. In the DSO where I worked, we attended an anti-Black racism training that included teaching staff what settler-colonialism was and terms like micro-aggressions; many of the BIPOC staff spoke out openly about the lack of scope in the presentation and though acknowledged, there was little commitment to creating meaningful material for staff training. Later, we had a training related to what gender diversity was which asked staff to think of ways to incorporate more inclusive practices in the office, with little commitment from management to follow through on these changes. Krystal Jagoo noted that she found the DSO to be quite adept at participating in this lip service, where administration would utilize equity language as virtue signaling.

> I think once a year when the director stands up in front of the department and uses the new word he learned ‘intersectional’, apparently BIPOC matters. But when you wonder why I'm behind on documentation… and this is what I said. It's like I need leadership to move beyond an abstract understanding of things right. Understand what that looks like in practice. (Krystal Jagoo, Accessibility Advisor)

Similarly, Aesha noted that the training in her DSO opened flood gates the DSO had no intention of supporting their BIPOC staff with:

> Our former director was, you know, she was really… as they say, ‘the road to hell is paved with good intention’. Right? She had good intention in terms of trying to incorporate this equity, you know, workshop for us and it basically caused a frenzy in the

> in the department, you know, white folks running around asking racialized people if they've ever been racist before it was just like… There was no content or trigger warnings for the materials were read prior… I've read the word nigger 330 different times in one reading, I basically tore a strip off my teeth and going, What the fuck is this?? (Aesha Williams, Accessibility Advisor)

Overwhelmingly, Accessibility Advisors conveyed their intersectional practice as a personal facet of their work. The processes of the DSO were also discussed as being an obstacle to providing meaningful accommodation support to students.

> I'm constantly number one, even letting students know that, you know, the document is only one small piece of what we'll do here. And what I actually rely on is for you to let me know what's up. So yeah, you can sort of deal with the nuances as they come in. You know, and so if a student comes in and says, I had…a sort of racist or sexist or homophobic experience with someone, whether it be on campus or beyond, you know, I'm not looking for verification of illness for to validate how that impact might look, you know, I'm gonna say, 'Okay, what do we need to do', you know what I mean? So, you know, 'I guess that meant that you couldn't get that paper done. Okay, let's, let's look at it'. (Aesha Williams, Accessibility Advisor)

Dei notes that initiatives like Universal Design for Learning, which has been touted as the DEI solution for accessibility in the DSO, can also perpetuate the marginalization of BIPOC students, as it can inherently whitewash the envisioned student, "in fact, a disembodied neoliberal logics have framed educational reforms treating all students as universal learners without identities of race, class, gender, sexuality, [dis]ability, etc." (Dei, 2015, p. 5). Like Stephen Pinker's euphemism treadmill (Pinker, 2003), Dei goes on to explain that the language of equity has come to represent the very systems which they were poised to challenge, "here is also a shameful appropriation of the equity discourse that traditionally highlighted issues of social responsibility, power, accountability, quality and access, and ensuring educational excellence through an emphasis on social justice considerations" (Dei, 2015, p. 6).

Interim Accommodation

The omission of intersectionality in DSO policy was a pronounced deficit in the professional activities of BIPOC Accessibility Advisors, who have utilized interim accommodations as a way to address the needs of their students. In the OHRC's 2018 guidelines, *Policy on accessible education*, DSOs were directed to consider accommodations on an interim and retroactive basis. The direction to utilize interim accommodations by the OHRC also signified a shift away from the reliance on completed medical documentation in order to meet with an Accessibility Advisor. Interim accommodations represent the DSOs responsibility to provide an assessment for what accommodations would be reasonable in *good faith* by a DSO, without the presence of documentation. The time frame of an interim accommodation has not been specified by the OHRC but is an area that may be later be further clarified through legal precedent or Commission recommendation. In my personal practice, if I see a student who describes symptoms of mental health issues and I can determine that these issues are impacting their academic work, I would likely grant them interim accommodations; however, I also explain to students that the period of time they can continue without documentation is limited, often for a semester, or until a doctor can provide more information to the DSO.

The Accessibility Advisors that I spoke to saw interim accommodations as an important juncture where they could provide accommodations to students who were BIPOC as a temporary measure to bridge the gap in documentation. Since BIPOC students often come into a DSO without any previous documentation, getting this documentation can be a lengthy process and a barrier to accessing accommodations when they are needed. Multiple Accessibility Advisors stated that interim accommodations provided a critical opportunity for them to intervene and provide much needed assistance to students that would not otherwise have support from the academy.

> And I try to work with the student, because there's also no funding for those types of assessments and documentation for the Indigenous group. And I think that's probably the case for other BIPOC. So yeah, I try to work really hard to, to use the *in good faith* with the human rights. (Aponi Bernard, Accessibility Advisor)

In *Developing Documentation Standards and Guidelines for Academic Accommodations for Students with Mental Health Disabilities Attending Post-Secondary Institutions in Ontario*, Condra et al. (2015) identify accommodations for students without documentation as a particularly important area of service provision for a DSO, "as service providers they observe the obvious difficulties that the student is experiencing; at the same time, they appropriately want to maintain the integrity of the accommodation process in which professional documentation is central" (Condra, 2015). Condra's research found that "Seventy percent of student survey respondents reported that they had received a mental health diagnosis before they began post-secondary education. The remainder (30%) indicated that the diagnosis had been made after they started their studies" (Condra, 2015). From my interviews with BIPOC students, I found that 85% of BIPOC students are accessing accommodations for the first time, and many of the students I talked to had not received a diagnosis prior to accessing their DSO (I will talk about this in more detail in chapter 6). From these findings, I understand that there is a need for a particular attunement, by DSOs, to BIPOC students' needs when coming into their office.

OHRC's Senior Policy Analysts presented on the OHRC's policy on mental health and addictions to Inter-university Disability Issues Association (IDIA) and the Ontario Committee on Student Affairs (OCSA) in May, 2015 (Condra, 2015). The OHRC used the following example to elucidate the recommendations from the OHRC regarding the application of interim accommodations in the DSO,

> A student approaches the disability office, saying that he feels depressed, and is unable to eat or sleep, which is having a negative effect on his ability to concentrate in class. The disability office refers him to a medical professional to assess him for a disability and any accommodation needs. In the meantime, the disability office explores accommodation solutions with the student because there is a perception that the student may have a disability. These interim accommodations may change, depending on the assessment the student receives. (Condra, p.9, 2015)

BIPOC Accessibility Advisors that I spoke to were also attuned to the function of interim accommodations as bridging the gap between BIPOC students and their qualification for services through the DSO. For many, interim accommodations as recommended by the Ontario Human Rights Commission provides the Accessibility Advisor with discretion to address systemic barriers that a BIPOC student may experience before arriving to the DSO. Eli Ababio explains, "within the OHRC, you are allowed to, like, infer things based off meeting people and other good faith and documentation. And yeah, sometimes you might have to lean heavier on that understanding that they're coming from a place, which isn't the same as everyone else." As such, BIPOC Accessibility Advisors were able to understand the importance of integrating their understanding of a student's experience of disablement into their professional discretion; most importantly their professional capabilities to understand disablement contributed to their ability to understand the gray areas in human rights legal requirements to consider what is in *good faith*, what is *interim* and what is the *duty to accommodate*. This provided a much-needed opportunity for BIPOC Accessibility Advisors to adapt the structural barriers in their DSO by applying their understandings of disablement in the assessment of what is *reasonable and appropriate*[48].

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[48] The italicized terms in this paragraph are indicating wording which is used in legal contexts, including OHRC directives. The DSO often refers to this language when considering what is required from the institution to accommodate.

Safe Space and Support for BIPOC Students

Mental health barriers for BIPOC students were a particularly complicated juncture for Alisha Hafiz in her work in the DSO. She explained the ways she utilized her professional judgment when considering a BIPOC student's identity in relation to the systemic barriers they experience, and the ways that students enter the DSO.

> We have students who maybe wouldn't necessarily identify as a person who has depression, but they're saying, 'I'm struggling, and I need help', right? And that's kind of where that interim support is really useful. Because we can find support for students and sometimes that's what they need, and then off they go, and they're doing okay, or maybe we are looking at longer term support. So, I mean, it's interesting because when I'm thinking like disability specific, often, like it's hard to kind of say 'disability', 'not a disability', especially when you're thinking of that mental health lens is the fact that people are going to struggle at points in their life and maybe they wouldn't identify as a person with a disability but they are still landing in my office and asking for help. (Alisha Hafiz, Accessibility Advisor)

As one Accessibility Advisor who I interviewed noted, an instance during a case consult where a PhD Nursing student was meeting disproportionate impediment from their faculty, and the BIPOC Accessibility Advisor's worst suspicions came true when the Advisor confirmed that the impacted student was Black, "It's like they failed to sort of acknowledge their duty to accommodate and made it all about, you know, the student's inability to fulfill the requirements of the program" (Aesha Williams, Accessibility Advisor). Aesha goes on to explain,

> And I just felt like [something at] the back of my head not going away, you know. And so, I actually didn't bring it up in that meeting, because sometimes what happens is you find that, 'Oh, here we go.' Right? Like, you know, 'chip on the shoulder'. You have to be calculated about how you bring stuff up. So, I actually pulled the staff aside, and I said, 'Can I ask you a question?' And she said, 'Yes'. I said, 'is the student Black?' And she said, 'Yeah'. I said, 'I'm really curious to find out why it didn't occur to you that that might actually be really important to mention here. That it might in fact be anti-Blackness that this student is experiencing over and above her functional impacts and navigating this particular administration'. (Aesha Williams, Accessibility Advisor)

Anti-Black racism, first defined by Dr. Akua Benjamin, is defined as “policies and practices rooted in Canadian institutions such as, education, health care, and justice that mirror and reinforce beliefs, attitudes, prejudice, stereotyping and/or discrimination towards people of Black-African descent” (*Anti-Black Racism Definition and History*, n.d.). Aesha, who identifies as a Black Accessibility Advisor, pointed out a critical element of my daily practice in the DSO, which is not often discussed outwardly. From my experience, accessibility and accommodations are often thought of as without colour and the issue of student experiences of racism is often thought to only be under the purview of the Human Rights Office. But Aesha points out the need for a critical development in the practice of Accessibility Advising which truly understands the inextricable connection of the lived experience of students who leave our office with accommodation recommendations and the barriers they may or may not report back to the DSO about its delivery. This space that Aesha identified is the crux of the issue for student experience and the trajectory of recommendation (which often occurs in an hour intake meeting) and the delivery of accommodations (which can last a few years, or the duration of a program). I will reference this gap as the *accommodation differential,* which is intended to bring attention to the measurable difference between the racialized student’s experience of their disablement and the differential loss that they experience from the institution’s processes, including the recommendation of accommodations. An accommodation differential also references a chain of circumstances, which can be seen to occur again when a student receives their accommodations and then has to rely on the reception and interpretation of these accommodations by various faculty, some of which will deliver these accommodations appropriately whereas others will receive requests and deliver accommodation in an alternate way (for instance, providing two-day extensions to all students and denying extensions beyond this for students with disabilities, or having microaggression influence their reception of the request). Students experience this differential throughout the accommodation process, including when they are translating their functional impacts into the parameters of the medical sphere, when a doctor may lose some nuance of the student's report due to meeting criteria for a diagnosis or even could minimize the impact of their client/patient's report of some systemic symptoms due to DSO registration form lacking the inclusion of these experiences. In conjunction with this process, it is important to also acknowledge the difference in which some students feel entitled to access services, and know about the ways they can access the DSO and the rights they have to do so; my Advisor Professor Chris Chapman proposed the term *differential of entitlement* to denote the ways that marginalized students, of all orientations, are disproportionately disadvantaged from having access to resources in the post-secondary institution and thus the repercussive loss from systemic barriers to the marginalized student to access resources. This includes the student having to minimize the social and political factors which are contributing to an exacerbation of their health, in order to qualify for medical support from their doctor. This could also include a physician hearing the socio-political factors and choosing to support a student by describing their impacts as a diagnostic label, in order to afford them access to accommodations. In the second stage, an Accessibility Advisor's interpretation of the medical documentation and the student's own account may also lose some facets of the student's disability and its impact on academics. For example, when a student describes the socio-political factors that are impacting their ability to attend classes, due to being a primary financial contributor to their family, but their medical documentation is limited in the description of functional limitation, it is up to the individual Accessibility Advisor to discern these factors as either contributing to the disability the student came in to have accommodated, or outside the scope of the DSO to consider. If a student reports to me that they experience anxious symptoms during testing, I may also go on to inquire about the impacts to notetaking and attending classes, whereas in other cases these secondary and tertiary impacts may be missed. Finally, a faculty's reception and attitude when receiving an accommodation letter further impact the loss in accommodation integrity in the student's experience. The range of loss can be seen as ranging from neutral, as some experience would naturally be lost in communication, to biased (i.e. our subjective experiences can limit our ability to hear another's communication and can also extend to prejudice, where racism, classism or ableism impact a student's experience of their accommodations being delivered).

The experience a student has when they leave the DSO and enter the institution as a BIPOC student experiencing disablement, is particularly important when gauging the efficacy of the accommodations process. Accessibility Advisors commented that BIPOC students report disproportionately that they are being policed by the testing centre, and that they were aware that there was a peer to peer understanding that these spaces were not safe.

> I think what bugs me is that the experience that a student will get with me may not necessarily be the same experience they'll get with another person. Example, you know, a test and exam incident, you know, we've got a sort of partner agency or sorry, partner department on campus who invigilates tests with accreditations. And so, you know, the ways in which racialized bodies are surveilled and policed in those spaces that can lend to you know, mental health exacerbations and poor test performance. You know, if they come to me, or they come to John Doe over there, are they going to have the same response? And so, I can't, at this point, say that it's institutional and institutional understanding this place needs help. But there are some of us that, you know, we won't let it go. (Aesha Williams, Accessibility Advisor)

The recognition of these compounding factors to a student's experience, for Aesha, was an essential component to her practice in her DSO. The issue of the disproportionate surveillance of BIPOC students writing in an assessment department is a reality which Aesha understood to be true without institutional policy or support.

As I was writing this chapter, a racialized colleague of mine called me about a student case. My colleague provided a summary of the student's background; they were struggling in their classes and that they were an Indigenous student who was lacking community support in the city and on campus. My colleague connected with me particularly, so I knew the student's positionality when they came in to see me. I mentioned to my colleague that I was in the midst of writing this chapter and how important I had heard that warm referrals are from BIPOC Accessibility Advisors across Ontario. We chatted for some time about how the lived experience of feeling outside systems, even education systems, can leave students without a place of belonging in their communities. The quick call between two racialized staff about this student was a way to convey the deep hurt and vulnerable position a student was in, which could be remedied with some warm conversation and relationship building when I finally met with the student. My colleague that day wasn't requesting special treatment but rather was providing me more detailed information about the intersectional nature of the student's disability experience so I would be better able to provide support. The accommodations are the same, the recommendations for support are the same, but the acute understanding of this marginalization was an important factor in our practice between colleagues. When I spoke to Krystal Jagoo, warm referrals were an integral part of the way she navigated her role in a post-secondary environment to not only provide accommodations but also to intentionally create safe community and space for student to avoid harm,

> Yes, like if you are a trans student and you tell me that you had to drop out because you were docked by Jordan Peterson supporters, right? I know that I'm not going to subject you to more harm. So, when I tell you, I think it's a good idea for you to meet with a learning strategist, and you express apprehension, and you've cried tears of relief that I'm not transphobic, I can make the judgment call that you might be apprehensive because you don't want to see a transphobic learning strategist. So, I say to you, I don't know this new Learning Strategist at this (redacted) college but, you know, I do know that new guy at the other (redacted) college. I used to work with him. I'm going to call him up and tell

> him, he needs to break some rules to see you because I'm not subjecting you to anymore… And so, when I talk to students, I am never going to prioritize the reputation of the institution over limiting the harm that can be done in terms of the students, especially if they're marginalized. (Krystal Jagoo, Accessibility Advisor)

Krystal's use of warm referrals seems to be related to her development of a relationship with a staff member at another college, where there was a shared understanding of another staff member's political perspective on key issues, such as access to education for trans students. Often, these connections between staff members are informal, as they are based on an understanding of another's lived experience. The term *experts by experience* has been used to reference research which has shown that people who have lived experience in "mental health education have demonstrated positive outcomes and attitudinal change in students" (Happel et al., 2022). However, despite research which has demonstrated these positive outcomes, "academic positions for Experts by Experience remain limited in number and scope, and the implementation of positions has primarily been driven by supportive mental health academics (known as allies)" (Happel et. al., 2022). Despite lived experience being proven to be advantageous to student service provision, departments all but too often exclude students with intersectional identities in their consideration of sector development as existing on the fringe of service.

Often when students come into my office, they are in a state of distress. This could be because they have been struggling for a long time and are finally asking for help, or that they have been trying to manage their accommodations and academic workload on their own and then come in to see me when they realize they are feeling overwhelmed. Since college and university systems are so large, many students are navigating these spaces for the first time. In high school where a main office exists for general questions and referrals, a post-secondary system has divided these tasks into various offices often located in different buildings, floors or campuses.

This division of offices in a large institution can be even more confusing if a student is struggling with a disability. As an Accessibility Advisor I often tell my students to send me an email with their concern and I will do my best to point them in the right direction; this referral process has been integral to my building of relationships and trust with my students, as well as a means to reduce the impact of inaccessible information to my clients. The Department of Disability and Aging Services in San Francisco conducted a number of listening sessions with BIPOC communities, in 2021, and found that "lack of awareness of available resources and how to access them was one of the most significant barriers to service connection that they experienced" (SFHSA, 2021, p. 7).

> For many communities of color, the consequences of these information gaps go beyond the lack of needed service connections. As one Black/African American faith leader explained, these information gaps may contribute to a community's feeling that they don't belong or that their needs don't matter as much as those of other communities. (SFHSA, 2021, p.7)

The Accessibility Advisors that I spoke with identified the racialized communities as potentially needing more directions or care when giving referrals to other post-secondary offices. Accessibility Advisors let me know that they would often explain post-secondary systems to their students, would provide warm referrals to ensure students are reducing incidents of microaggressions/transphobia etc., or give information about counselling with anti-racist competency.

In my practice, I do my best to recognize that students are coming in with various feelings of immersion in the post-secondary environment. Quite often, I see that my BIPOC students feel hesitant to go into new spaces where they do not know anyone. I do have students describe to me various levels of microaggressions from their faculty and program coordinators and field supervisors, and a reluctance to report or address these issues, with a desire to remain anonymous, because they fear the repercussions of saying anything. It is also more difficult to report microaggressions because of the nature of how students experience them. When I can, I try to do some of the legwork to connect students to the referral I am making. Layla Rahal notes that she sometimes fills in the gaps for services provided to BIPOC students when they may have a challenging experience with other staff,

> I would say, like, 'would you be open if I send an email to your program coordinator to kind of connect you for this meeting for reduced course load advising?' And, you know, some students may say, 'No, I'm not comfortable, you know, that person is over… is really difficult to approach like, I went to their office and they didn't even offer me a seat, you know… (they were) very quick, in and out of like, 'what do you want? Here's the answer. Leave my office,'…So when I approach my students like in that friendly way, I've noticed this a lot of like my BIPOC students actually saying, you know, 'I appreciate the respect that you're showing me, I appreciate it'. Like, 'I appreciate that. That you're open to listen to me.' That 'this other person made me feel pretty dismissed in our conversation, because I didn't feel welcome in their office'. (Layla Rehal, Accessibility Advisor)

Sean Kinsella, Director of Indigenous Student Services at an Ontario post-secondary college notes the unique entry points to the students they see,

> I think Indigenous students are more likely, in my experience, in college to be mature students, they're more likely to be, you know, often single parents, they're more likely to, I think, often be folks to [register] because of intergenerational trauma. And I think the way that the colonial model views disability to identify, perhaps not formally as requiring an accommodation, but certainly I think, you know, would potentially have the opportunity to present requiring accessibility needs for a variety of reasons. And so one of the challenges I find is, I think that those models are very much based in like accessibility, and accommodations are often based on a Western model, which places sort of like, not only the impetus of identifying and seeking accommodations on the student who, you know, especially if they're indigenous, or already marginalized, right, and depending on their identity may be further marginalized, because perhaps they're also like Black-Native or Afro-Indigenous. (Sean Kinsella, Director Indigenous Student Services)

From the registration processes in DSOs, students with documentation such as a psycho-educational assessment, which has already been completed, have the easiest access to accommodations, whereas a student who does not have knowledge of a diagnosis that is associated with the functional limitations they are experiencing would have a more laborious registration process as they would need to meet with a doctor to begin the diagnostic process.

The Ontario Human Rights Commission has created guidelines that ensure that students can be granted interim accommodations, in the spirit of 'good faith', to ensure they are receiving support as they move through the often-lengthy process of receiving a diagnosis, though the application for BIPOC students remains to be determined. *Good faith* represents a critical human rights parameter in assessing the responsibilities of an education provider to deliver accommodations. For instance, if a student comes into the office with no documentation but describes impacts resulting from a disability that is not yet assessed, it is the responsibility of the DSO to provide interim accommodations, until the student can acquire documentation. The exact time that is considered reasonable, and is in *good faith*, is not described in law; DSOs use a case-by-case basis to provide students the opportunity to acquire this documentation. Though it is also considered reasonable to stop providing accommodations if documentation is not provided at a certain point.

However, as Sean notes, a student's experience of intergenerational trauma may never be reflected in these diagnostic modalities, neither would a student who has not engaged with euro-centric medical spheres feel that the DSO provides services for their understandings (this is despite experiencing functional limitations that are akin to those that would qualify students with *western* diagnostic criteria). Even with a diagnosis, I have seen students who cannot apply for OSAP's Permanent Disability status because their parents see this on their application. If a DSO were cognizant that students are entering from communities who have histories of abuse from the medical field, I can imagine an intake process which could reduce harm to these students with a more nuanced understanding of how *good faith* can benefit these communities.

In my research with Accessibility Advisors, I found that there are no intake practices which formally accept these entry points as valid. For Aponi Bernard, the recognition of the way in which the DSO requires students to leave cultural recognition at the door continues to drive her practice to reintroduce these understandings in her practice, for BIPOC and Indigenous student success,

> I'm not sure in our culture, whether we even use those labels. And that that's a really, I didn't think about that before. And then someone said, 'Well, we don't have students' or 'kids don't have disabilities' they have, you know, they're they have different gifts and different strengths and different and maybe that is one of the things that stops or prevents…again it's a different way of thinking about things. (Aponi Bernard, Accessibility Advisor)

Much like Donna Haraway, who is critical of the use of scientific quantification as a means to erase experience in a capitalist society (I will go into more detail about this in the next section), the DSO's adherence to clinical interview methods as a framework for student interviews provides the appearance of objectivity in Student Services provision. However, the strict adherence to legal guidelines about what constitutes a disability, creates a shield for the DSO from legal criticisms regarding the ways these definitions inherently ignore Indigenous ways of being. It seems that there is no incentive for the DSO to expand their understandings about disability as it pertains to disablement, particularly because the exclusion on Indigenous students is considered so normal that the erasure of Indigenous students from the DSO is also considered standard practice. Providing alternative documentation pathways is a step in the right direction, but a drop in the bucket when considering the history of genocide and erasure Indigenous community has faced in Canada. DSOs that do not have policy and practice which addresses the integration of Indigenous students are inherently racist, by default. In my interviews BIPOC Accessibility Advisors noted that there were few, if any, policies which addressed BIPOC integration in the DSO.

Medical Model in the DSO: Surviving Pathologization

Most post-secondary DSOs have a reliance on pathology, represented in the utilization of intake documentation which includes both a section that requests a statement of the type of disability (as requesting a diagnosis is no longer permissible) and also invites health care practitioners to complete a chart which reports on the specific functional impacts that the student is experiencing. Depending on the program, the list of functional impacts could vary, but often includes the categories of concentration, processing, memory, attendance, group work and lifting or standing. The functional impact category creates an opportunity for the Accessibility Advisor to inquire more into the experiences of the student related to these items in an academic setting. In my experience, the connections between the diagnosis, for instance, mental health, and the functional impacts that a doctor reports may not be linear. For instance, a student may not have issues with concentration but have issues with anxiety which may require extra time on a test, to ameliorate the impacts of a ticking clock; and this may have been reflected in the intake documentation as falling under processing. For another student, processing may address a visual-spatial learning disability that requires a screen reader. Another example could be that a student could be diagnosed with mental health related functional limitations that impact their concentration and processing, and when I speak to the student, I understand that their stress levels from working outside of school and being a caregiver mean that they are experiencing a large issue with concentration in their classes. This impact may result in recommending students are able to record their lectures.

When I consider Crenshaw's suggestion to craft resolutions from the perspective of the most disadvantaged, I wonder what intake documentation would look like from this perspective. Layla Rahal similarly notes that the definitions of disability in the DSO complicate her ability to advocate for students that she sees,

> So, let's say if that is poverty, if that is an issue going on at home. Like any other element and again, this can affect all students especially like students who are new to an understanding what is a *disability*. I think that sometimes it can dismiss again, the student's real learning challenges, or real lived experience because especially like in disability services are very quick to say like, 'what is disability'? 'What is not disability'? What can I advocate for, what can I not?...And that's been something that's been kind of shared with us repeatedly that, you know, 'if this is not disability related, really, you're not in a position?; Yes, of course, the school has to consider it. But you are not in a position… to advocate for it. (Layla Rahal, Accessibility Advisor)

The DSO's reliance on the medical sphere to legitimize and define what constitutes disability and what is within their purview, is based on a belief that science offers the most important method for assessing eligibility for measuring need in an educational institution. Donna Haraway's *Situated Knowledges* (1988) problematizes the *objectivity* offered by science. Haraway explains that the quest for objective knowledge is problematized from the social constructionist perspective because, "all drawings of inside-outside boundaries in knowledge are theorized as power moves, not moves towards truth" (Haraway, 1988. P. 576). Thus, Haraway explains that caution must be used when interpreting science and its findings because the act of being a scientist and practicing science in the socio-economic framework has capital motivations (Haraway, 1988). Haraway explains,

> In any case, social constructionists might maintain that the ideological doctrine of scientific method and all the philosophical verbiage about epistemology were cooked up to distract our attention from getting to know the world effectively by practicing the sciences. From this point of view, science-the real game in town- is rhetoric, a series of efforts to persuade relevant social actors that one's manufactured knowledge is a route to a desired form of very objective power. (Haraway, 1988, p. 577)

Haraway describes the intricate factors that scientific stakeholders employ in the performance of legitimizing scientific truth. Facts and artifacts are employed to create scientific rhetoric which is practiced (Haraway, 1988). The act of repeating scientific methods brings legitimacy to the **practice** which is of paramount importance to Haraway. "All knowledge is a condensed node in an agnostic power field," states Haraway, who seems to be establishing that the appearance of *organization* of scientific methods appears this way because practice has established scientific rationality as representing objectivity. Thus, methods of scientific inquiry that permeate a society relies on science as the ultimate beacon of truth. The content of science is inextricably linked to rhetoric which persuades with facts and artifact which are utilized in practice to create knowledge (Haraway, 1988, p. 577).

Alisha Hafiz reminded me that the scientific method of assessing for accommodations, inherently misses students by omitting a class perspective in our practice, “I'm trying to think about memory aids…has that person undergone a $2,000 second assessment? Would they ever have a hope to be able to do that? Or the time?” (Alisha Hafiz, Accessibility Advisor). Though students may have access to have an assessment completed through OSAP’s Bursary for Students with Disabilities (BSWD), by the time we see a student in our office their requests are often due to intersecting experiences of disablement (i.e., they may have a mental health diagnosis on file but report chronic pain which has gone undiagnosed due to medical gaslighting). Assessments in terms of time commitment for single parents, for instance, can often be a sacrifice they are not able to make. When I spoke to Aponi Bernard, she was concerned about the level of documentation that is required for BIPOC students, and spoke specifically to some of the disadvantages Indigenous students face with documentation being considered the repository of truth for registration,

> I know we need documentation…And maybe we have that from the government or human rights…But is there another way? Can we change that process a little bit?... I think it can be a little bit more welcoming. Not so clinical, not so formal. And there's nothing wrong with that. It just does turn people off. (Aponi Bernard, Accessibility Advisor)

As I spoke about in chapter four, I believe that the Ontario Human rights Commission’s guidelines set the stage for a challenge to the reliance of disability in the DSO. In addition, AHEAD’s *Guidance on Documentation Practices* (2012) has clearly stated that a student’s self-report should inform the accommodations recommended with the Accessibility Advisor's discretion as the secondary source. The third being medical documentation. During an AHEAD conference entitled, Practical Application of the AHEAD Guidance on Disability Documentation Practices: A Presentation and Panel Discussion, I asked about the role of subjectivity in this process if the AA's recommendation would be held in higher regard than documentation. Though there was no easy answer, a suggestion was made by the facilitator, Adam Meyer from the University of Central Florida, regarding the ways his own office tries to address subjectivity. Meyer noted that in his DSO, any denials of accommodation are first brought to a team meeting where all members weigh in on the feasibility of the accommodation request before providing a final decision to the student. Meyers noted that his team has very few accommodation rejections by this method, and it seemed the issue of subjectivity was somewhat lessened. Even so, Meyers noted that the issue of bias will always exist in the field and that there should be an ongoing process to address this on a team.

> While it is important formal accommodation processes exist within the university, the system does not always work well, or work at all, for those who need it. As instructors and professors, engaging a mad positive pedagogy allows us to rethink how we can more effectively support our students. This can take multiple forms. We can begin from a place of trusting our students; acknowledge how difficult it is for some students to ask for an accommodation; be flexible when students have not adhered to policies on our syllabi; negotiate informal accommodations; acknowledge students are the experts on what they need in order to thrive and succeed; and refuse to make assumptions about our students based on accommodation requests and/or accessibility needs. (Snyder et al., 2019, p. 17)

The reliance on documentation which is focused on pathologizing the experiences of the student was a theme which emerged for the majority of Accessibility Advisors that I interviewed; many pointed to the reality that this documentation was not inherently including the multiple experiences, and the intersectional barriers, that BIPOC students were experiencing when they entered the DSO. When I asked Alisha Hafiz what could be done to improve access to the DSO for BIPOC students, she noted,

> Just trying to recognize the barriers (to)…access, that people would have before they land in your office. Because we are so documentation focused. And getting that documentation is not the same. Like before they come to us or even once they're with us, and we're asking for documentation, like that is not the same request for one student as it might be for another. So, I think that trying to appreciate that a little more in terms of our policies and approaches would be helpful. (Alisha Hafiz, Accessibility Advisor)

The recognition of the disproportional burden that documentation can place on BIPOC students led me to examine the purpose that the DSO fulfills inside the institution; which experiences are legitimized by the DSO, and which are disqualified from legitimately contributing to a person's experiences of disability? When students come into the DSO with issues that are considered to be outside of the functional limitations of a diagnosis, these barriers are often considered to be requests for accommodation on compassionate grounds (to be delivered by the program). In my experience, BIPOC students would not typically categorize their experiences as arising from a disability, but would describe their experience as outside of disability, though these factors would ultimately impact their mental health, for instance. Sarah Ahmed describes, "racism as an ongoing and unfinished history, which orientates bodies in specific directions, affecting how they 'take up' space" (2006. p. 111). Ahmed's exploration of the ongoing process of racialization elucidates, "how whiteness is reproduced in domestic and public spaces" (2006, p. 112), and the impact this has on the racialized body as being forced into an *othered* reality, which depends on the "ways in which we inherit the proximities that allow white bodies to extend their reach, and then considering how such inheritances shape those who do not or cannot 'possess' such whiteness" (2006, p.112). The ways in which BIPOC students describe their experiences, and the ways the DSO relegates these narratives as outside the realm of the DSO, and 'compassionate grounds', is related to a history of systemic racism which delegitimizes these experiences. As such, without being white themselves, BIPOC students are forced to accept that the post-secondary institution is oriented around their ability to engage with the white imagination/definitions of those who deserve to access support, in order to be worthy of recognition of their disablement.

The Accessibility Advisor is paramount in the interpretation of what constitutes an issue which can be addressed as part of the DSO and those which should be relegated to other parts of the institution. For Westhues, the front-line worker is paramount to policy implementation, as a result of the proximity of the service user to the individual given the power to interpret social policy directly (2012). Westhues proposes that this interpretation is particularly important as the individual frontline worker's discretion to implement or recommend ways to navigate policy is a particularly pivotal facet of social policy as a working model, and the way it is actually experienced. Westhues provides an example of two situations in which frontline workers redefine social policy as a working model, to translate policy as a document. The frontline worker exists in the crux of social policy, as an agent who is permitted to translate social policy from its essence, as a theory, to its specific application. The social policy takes the form of a document, which is translated for the specific service user, who may require the agency of the frontline worker to subvert certain aspects of the written document to again capture the essence of social policy, which in its hardcopy form can be conceived of as a theory.

> A social assistance worker may choose to accept fewer contacts with employers as acceptable job search activity because a person receiving benefits has been ill, or not. Or a worker determining the eligibility for a childcare subsidy may choose to advise an applicant who is ineligible because of savings to reduce those savings. How the worker chooses to act in these two instances gives a very different message to service users about the social policies affecting them. (Westhues, 2012, p. 7)

The frontline worker exists at the hinge point of social policy, as an agent who is permitted to translate social policy from its essence, as a theory, to its specific application. The social policy takes the form of a document, which is translated for the specific service user, who may require the agency of the frontline worker to subvert certain aspects of the written document to again capture the essence of social policy, which in its hardcopy form can be conceived of as a theory. Flynn utilizes “small scale policy systems” (qtd. in Westhues, 2012, p. 7) “like social service organization and professional associations” (Westhues, 2012, p. 7) to similarly determine the experience of the client or service user of social policy implementation, in relation to the two-dimensional, paper version of a social policy. Flynn specifies that the larger theories or methods become animate at this juncture. These animated methods could include, “minimum intervention” into the lives of families with children, “normalization” for people who have disabilities, or a commitment to equity for marginalized groups (Flynn qtd. in Westhues, 2012, p. 7). What happens, then, when the ways in which Accessibility Advisors utilize their professional leverage in ways that disadvantage BIPOC students instead of providing more access? In my experience, the DSO sector has developed a sense of itself as providing an objective service in order to protect itself from being reflexive about individual bias and how it impacts students. What histories shape our perceptions that science offers an objectively superior vantage point to assess a student’s eligibility for accommodations, that is free from subjective reflexivity?

In *Rerouting the Weeds: the move from criminalizing to pathologizing “troubled youth”,* Jijian Voronka describes Ontario governmental initiatives to address the decriminalization of youth. The most troubled of youth are identified in a 2007 governmental report to address violence, as those impacted by the conjunctive factors of racism and poverty. Voronka warns of governmental systems that function, ad hoc, as having their services and perspective “framed as a benevolent white settler space, paternally concerned with its ‘disadvantaged’ children”

(Voronka, 2013, p. 310). It leads me to question, similarly, the standpoint of DSO service provision in our post-secondary institutions.

If our approach to service delivery dissolves responsibilities and accountability related to the genealogy of racism and mental health services, can the DSO sector responsibly say they are providing services to students by taking an approach which "disappears the history of white settler colonial violence" (Voronka, 2013, p. 310)? Simply believing the DSO sector's work is based on impartial scientific medical assessment is not a sufficient way of addressing service provision for racialized students and, due to its orientation towards defining itself using whiteness as a barometer of who can take up space (Ahmed, 2006, p. 112). Similarly, simply teaching cultural competency can perpetuate racist ideological aggression. From my conversations with BIPOC students and Accessibility Advisors, they are acutely aware of these realities in the DSO, while the DSO sector continues to disregard these standpoints due to the DSO being created around excluding the racialized body from taking up space, unless it orients itself around white conceptions of disability (Ahmed, 2006, p. 112).

In fact, for racialized students, avoiding the mental health system also functions as a means of survival (da Silveira Gorman, 2013). Voronka explains that in an effort to address the criminalization of youth, the Ontario government released recommendations which suggested that more mental health supports would mitigate the damage of early criminalization; Voronka cautions that the impact of this recommendation,

> in recognizing the structural issues inherent in the criminal justice system, is being solved through the shifting of systems of governance from the power of criminalization onto the powers of pathologization. It is a system shift from the structural powers of criminalization (that are understood as problematic in race relations) onto the individualizing powers of pathologization (which are understood to be benevolent and problem-free). (Voronka, 2013, p. 317)

Mental health services have largely been seen by our systems, particularly governmental and educational, as benevolent services with which to address individual issues. However, for BIPOC students, this reliance on the benevolence of mental health services also "i*ndividualizes* this structural violence as personal pathology" (Voronka, 2013, p. 318).

> This "tactic of pathologizing these individuals, studying their condition, and offering 'therapy' to them and their communities must be seen as another rhetorical maneuver designed to obscure ... the moral and financial accountability of Euro-Canadian society in a continuing record of Crimes Against Humanity". (Chrisjohn et al., cited in Voronka)

I was reminded of Kimberly Crenshaw's suggestion for a standpoint with which to think through solutions, "if efforts instead began with addressing the needs and problems of those who are most disadvantaged and with restructuring and remaking the world where necessary, then others who are singularly disadvantaged would also benefit" (Crenshaw, 1989, p. 167). When I spoke with Eli Ababio, he stressed his awareness of the ways that the DSO process can be particularly harmful to BIPOC students due to the continuing histories of fields like medicine being weaponized to abuse Black people in the west,

> Most institutions, like large institutions, they're mostly white to begin with…the Tuskegee studies, as far as like using Black people to test medical test science and things like that… people have additional thinking they might be abused in those spaces. But going into space, often where you don't… see people that look like you; often, it's just enough to not always want to do that (go into a DSO, medical office, etc.). (Eli Ababio, Accessibility Advisor)

When I spoke to Eli Ababio about what barriers exist for BIPOC students to come into a DSO he reflected on familial, cultural and institutional factors which contribute, "Culturally often, like my people, our people, don't... There's a lot of stigma associated with specifically mental health and getting diagnoses. And sometimes it just has to stem from distrust of different medical institutions, which is totally valid." (Eli Ababio, Accessibility Advisor). Eli noted that distrust exists with BIPOC communities due to abusive mistreatment of BIPOC communities. Eli also notes that there is a need for some level of recognition and deconstructing beliefs about mental health issues being a legitimate difficulty from BIPOC communities, which I understood is not to say that BIPOC communities should adopt *western* ideas about diagnosis and reliance on medical-industrial complex for health; rather, I heard Eli identifying the ways that BIPOC communities are not afforded the ability to speak or think about mental health as health care.

When thinking through subjectivities in the DSO, and the impacts that this has for BIPOC students, it may seem that training regarding cultural competency would provide more diligence to staff and accountability to practices. Tam warns that practices such as cultural competencies referred to as "a range of practices that employ studies of ethnocultural communities to sensitize mental health workers towards the challenges of ethnic minorities" (Tam, 2012, p. ix), has been used to address gaps such as the ones that Eli raises, to address apparent inequities in the delivery of services for racialized populations. However, Tam warns that she sees cultural competency as a mechanism with which to address the appearance of inequities while also acting to surveil the racialized body. Rather, Tam's theoretical framework examines how ideas of "cultural competency [acts as] as a form of racial governance" (Tam, 2012, p.1) and it in fact is "'psy' practices [which] produce and organize race" (Tam, 2012, p.12), rather than arguments that contend that, "racial oppression psychologically causes madness" (Tam, 2012, p. 1). Here, psy-practices refer to "processes of psychiatric and psychological assessment, diagnosis, and treatment both within and outside of the mental hospital, including sites such as school, prisons, settlement agencies, and international aid organizations" (Tam, 2012, p. 1). Krystal Jagoo, an Accessibility Advisor warns of the ways psy-practices are perpetuated in the DSO and the importance of reflecting on the omission of these considerations in DSO policy,

> I don't think that there is enough of an understanding of the barriers faced by BIPOC students in the medical industrial complex that undoubtedly impacts their ability to register with our office. (Krystal Jagoo, Accessibility Advisor)

Language of Access

Starting in my role as an Accessibility Advisor at a public college in downtown Toronto in the summer of 2017, I found that one of the first shocks I experienced was a sense of overwhelm with the shift in power dynamics that came with my role. I understood quickly, from the population of students that I was assisting, that DSOs function as much more than a place where students with disabilities come for accommodations. I noticed that there was a specific subset of students that I would meet with who would come into the office and share, often to the point of tears, the immense mental health impacts they were experiencing in school and outside of it. Many of these students were in demanding health science programs, particularly Nursing, which is known to be quite quantified and rigorous in their expectations of students. Many of these students were racialized people, many women, many immigrants, some primary caregivers, many with external jobs in roles such as PSWs to make ends meet while in school. I saw a number of students do the unimaginable – they worked night shifts as a PSW and would come straight to classes afterwards. I also saw the students come in to try to gain access to their programs through accommodations, due to the rigid expectations that Nursing would convey they were expected to meet.

The Nursing program in our college did not have a part-time enrolment option, so five days of long classes was an expected standard of delivery; however, students with disabilities were afforded a reduced course load and through the student grape-vine, students would come to see if they would qualify. All too often I would see some permutation of the following issue show up in my office: a student would come into the office and describe that the nursing program's 12-hour clinical placements shifts, in combination with a full course load, is causing them increased stress as they also work a part-time job, are the sole support for their children and have recently moved to Canada. I would estimate that roughly 95% of these students are women. Though the student is certainly facing a difficult situation, they would not qualify for accommodations on the basis of a disability. A DSO would expect that part of the program's purview is to extend assistance to students on compassionate grounds. Even so, many of the Nursing program's classes are considered co-requisites and even if the student were permitted to drop courses on compassionate grounds, their OSAP funding would be largely revoked if they dropped below 60%. However, if the same student comes back to their Accessibility Consultant in six months, once she has suffered an emotional breakdown due to the amount of stress they are experiencing due to this situation, perhaps she has now been diagnosed with depression by her GP, the Accessibility Advisor would be deemed to have sufficient documentation to support the student's need for academic support with disability accommodations.

Though this may sound like a very particular social context, I found this to be a very common intersection for my racialized students. It led me to become carefully attuned to teaching, what I call, *language of access conversations*, in which I would talk to students about how to talk to their doctors about the symptoms they were experiencing and describe to them how they can frame these as functional impacts to their academics. Language of access conversations also covered conversations with students about the shame they were experiencing from requesting services from our office; I believe this was largely because of the high standards that were described to students in the Nursing programs, which in turn impacted a student's measure of self-worth. From this understanding of students in the health sciences feeling fundamentally less qualified to practice health care due to their own health conditions, I have developed conversations about how students may use our services but may not define themselves as having a disability. This includes discussing how a student could consider themselves to be *using* the DSO and deserving to take what they require in order to complete their program. I also find myself offering students alternate ideas related to academic achievement which aren't related to high levels of academic production under unmanageable conditions. Time and time again I hear similar stories about barriers that post-secondary education is posing to these students and I understand that if students were able to have an understanding about how to talk to their GPs, they would be able to garner access to accommodations that would monumentally impact their ability to not only finish their program but excel. When I spoke to Krystal Jagoo, she elucidated the need for providing *language of access* conversations to the students that she sees,

> It really means understanding the barriers that students face. And giving them the benefit of the doubt. It means offering to advocate on their behalf with faculty, because I understand but ableism is a real pain. It seems like, you know, understanding that not every student is going to have the language to articulate their needs. But that does not negate that the need is there. (Krystal Jagoo, Accessibility Advisor)

At the same time, Krystal felt passionately that the assumption that language could provide the access needed should be critically examined as well,

> I think I would have to believe that if that language were used by students, there would be an appropriate response… I believe that faculty are trash Navi… I cannot tell you that enough. So, it is why I will be the one emailing on behalf of students, because I know that the reason that trash faculty are agreeing, is because the email is coming for me. (Krystal Jagoo, Accessibility Advisor)

Krystal's reflections on the inefficacy of making changes to the understanding of the accommodation process, due to faculty being an immovable force who are committed to inaccessibility, are an important caveat in discussions about best practices in the DSO. I find myself hitting a similar wall when I receive ongoing push back about simple accommodations from faculty, who vehemently defend academic integrity by positioning requests for assignment extensions as being a fundamental challenge to this framework. I heard from Krystal that she took her role in the DSO very seriously, as a point of intervention in a system that can otherwise make self-advocacy almost impossible for students. Anthony Giddens uses the term "double involvement" to describe the ways "we create society at the same time as we are created by it… Social systems are like buildings that are at every moment constantly being reconstructed by the very bricks that compose them" (Giddens. 1984, p.12). In this way, I saw Krystal expressing the ways she was attempting to build new avenues for students, while having her efforts trumped by the ivory tower that accepted that her recommendation for accommodation could be denied due to almost religious adherence to ill-defined constructs like academic integrity. For Critical Theory, this is where the work happens, when conceptions of truth are challenged and disrupted. Dant explains that Critical Theory seeks to encourage persons to be reflexive in order to "assist society's members towards realizing their own emancipation by showing them that their world-picture is false and that they have only accepted it under conditions of coercion" (Dant, 2003, p.161). Krystal's ongoing criticism of the ways faculty respond to accommodations is perhaps the most important part of transforming the academy for students with disabilities.

An Accessibility Advisor will often meet with a student at the beginning of their academic journey and have follow-ups when the student initiates the need for some support; this includes the need for assistance with negotiating their accommodations with their teachers. Though a DSO is required to recommend the accommodations, a student often has the responsibility to request when they need to use one of these accommodations. As such, the Accessibility Advisors I spoke to prioritized preparing the students they saw to communicate about their accommodations, as this communication is the crux of having their accommodations delivered. (The OHRC's Guidelines for Accessible Education does require DSOs to assist students with this communication when needed or requested. However, the majority of students will be booking their own tests, requesting extensions on their own or advising about a disability related absence, on their own.) The initiative to teach students about communication was not limited to BIPOC students, though Accessibility Advisors were aware that teaching this skill was further complicated by the ways that BIPOC students experienced post-secondary institutional space.

> I think what I tend to do is I tend to offer this silly metaphor, (the) institution being likened to a small society that will have several barriers…and you know, hurdles. And in order to sort of get it, get what it is that we are requiring or wanting or feel we could benefit from, we might have to, for lack of better words, *play the game*, right? And so, you know, how are we playing this game? To sort of further advance where it is we need to get to. So, you know, I think I tend to sort of approach it in that manner, depending on, you know, if the sort of racialized piece comes up, and we can blatantly comment on that and say, yeah, totally, and possibly even give a little bit about my own experience and how to how to do that. (Aesha William, Accessibility Advisor)

A few of the Accessibility Advisors I spoke reported that their DSO had template emails that students had access to, which provided some examples of the way to request accommodations. Eli Ababio notes, "As part of our guidelines, we also have student documents as well, that we produce, that have templates for how they can communicate (with faculty) … That has been super useful". I have also found in my practice that requesting extensions from faculty, for instance, or notifying them of a disability related absence, can bring up a lot of feelings of inadequacy for the students with disabilities. How much to say or is needed to share in order to maintain a positive image of a student is paramount to student concerns when drafting emails. It has been critical to some students to have templates or to create a template in order to use their accommodations in a way that is meaningful to their academic experience. Alisha Hafiz explained that assisting students to draft email requests for accommodations was also an opportunity to provide students with an understanding of the boundaries they are able to exercise with faculty,

> Sometimes I think I take it for granted because, now that I've worked with students this long, drafting an email about how to ask for an extension feels very easy. But for students, it can feel like they're asking for the world. So just sitting with them and like, 'okay, let's just type this up together'…for me, it feels like the easiest thing I've ever done as part of my job, but for them, they're like, 'Oh, my gosh, thank you like this is the biggest relief', because they just want to make sure that they're asking it in a way that makes sense or, or feels okay. (Alisha Hafiz, Accessibility Advisor)

Similarly, I hear from students that they are unsure how much information they should divulge to their faculty member when requesting an extension. Many err on the side of caution and decide that providing too much information will convey that the student is genuinely struggling and deserving of the extension, for instance. When I speak to students, I describe the role of the DSO within the institution, as representing the student's earnest effort to provide all their qualification for accommodations, in the form of medical documentation. I hear relief from students when they understand that simply stating some iteration of "as part of the accommodations I am recommended, I receive extensions on assignments. Would you consider providing two extra days for completing this work?"

Zach Richter uses "ableliberalism" to explain how neoliberalism functions to appear as if it is supportive for initiatives to assist persons with disabilities but actually supports its own interests; "neoliberal disability couches its rhetoric of assistance in terms that mask the institutional interests it serves" (Mitchell and Snyder, 2015, p. 37).

> When access is put into action in disability policy, its function is not actually to support disabled people but often either to make money from disabled people (and fuel the social services and healthcare industries), to make it look like the government is supporting disabled people or to normalize disabled people. (Richter, 2014)

As such, the DSO functions to continue to syphon students through the medical-industrial complex, by requiring those who adhere to these parameters access to accommodations, while having little concern for providing services to other students who do not fit within these confines. In this way BIPOC Accessibility Advisors have demonstrated a commitment to providing pathways for students to access accommodation services in meaningful ways by navigating the barriers that the DSO presents.

Chapter Six: BIPOC Student Experiences in the DSO

> In effect, DSE (Disability Studies in Education) researchers view research as an emancipatory tool that affords those who do not hold power in our society to achieve more equality, more inclusion, and ultimately more of the dignity they deserve. (Mercer, cited in Baglieri, 2002, p. 273)

I intended to first build an understanding for the reader of the policy, systemic and institutional factors that may impact a student's experience, before presenting my findings in this chapter. My hope is that this contextual understanding will help the reader appreciate the very personal conversations that I had with BIPOC students and the stories that they shared with me. An understanding of the delicate nuances which impact a student's experience is intended to serve as the focus of this institutional ethnography. When analyzing the qualitative data from my research interviews, I became aware that the themes and parallels between interviews were deeply impactful and almost uncanny in their resemblance to each other. Similar to Baglieri's research which looks at critical pedagogy considering a Disability Studies perspective, lived experience provides clear sites of improvement in an education setting, "Another approach for educational practice suggested by DSE relates to centering the stories and desires of disabled persons to understand disability experiences and in considering instructional practices for students labeled as having disabilities" (Baglieri et al., 2011, p. 273).

What was most prevalent in my interviews with students was the similar tone which lay an underlying current to my conversations, one of an extremely strenuous reality of navigating post-secondary. This shared perception of barrier is not one that was surprising to me, as a BIPOC student, as this backdrop is generally accepted between students who talk to each other about their interactions with the institution, though it may not be explicitly said. It is from similar recognitions of the arduous reality of BIPOC peoples that that many social media campaigns have popped up which emphasize the importance of rest. Instagram pages like the Nap Ministry, with nearly half a million followers, explains that their purpose is to reclaim rest as a powerful tool in BIPOC recovery, "we examine the liberating power of naps. We believe rest is a form of resistance and reparations." Tricia Hersey, dubbed the Nap Bishop by the New York Times, notes that the Nap Ministry was a counter movement against America's productivity obsession (McAfee, 2022), "having sold her car to afford graduate school, commuting on three buses and a train was just another time suck. Any free minutes were devoted to study, but in her exhaustion, she often had to reread passages to fully absorb their meaning" (McAfee, 2022). Where institutions may lack an understanding about how to address the lived experience of their BIPOC students in their institutions, social media has become a place of community building to address these realities in a concise and loving manner. Platforms like Instagram and TikTok are being utilized by BIPOC communities to challenge these exclusionary and exhaustive paradigms. Liasiduo emphasizes the need for critical pedagogy and inclusive education to develop themselves in relation to "exclusion and marginalization", to truly move toward an emancipatory educational model,

> The processes of "assessment" and "identification" of students' needs deflect attention from wider systemic and social factors that preserve existing social relations (Tomlinson 1982) and undermine attempts to challenge power inequities and interlacing forms of social disadvantage. (Slee, 2001, p. 171)

The continuous struggle to be BIPOC in the institution acted as an accepted and unsaid reality to my conversations with students, and as I examined in chapter five, was echoed in my conversations with BIPOC Accessibility Advisors. The lack of accountability for this experience in educational policy development is a reflection of trying to fit 'non-normative' students, as Liasiduo explains, into a limited definition of responsibility and change:

> what occasionally underpins current inclusive educational policies is the idea that disabled students can be included insofar as this is compatible with school efficiency. In

> this way the notion of social justice is reconceptualised and redefined in terms of a mediocre perspective. (Liasidou, 2014, p. 175)

Such is my experience in the DSO. Within the five years that I have practiced as an Accessibility Advisor, and as reflected in the conversations I had with other AAs, there are very few university/college departments that have policies that consider the needs of BIPOC students. More specifically, there are few, if any, policies that address BIPOC students' needs, including providing informed service to BIPOC students that address disablement (with the exception of a few institutions' partnerships between Indigenous student services and the DSO). Given this omission in policy and process, it leaves a gaping recognition of the DSO's imagination as to the student that is imagined as at the centre of DSO service provision. The answer seems to be that the student imagined at the centre of service provision is not Black, Indigenous or a people of colour.

A few years ago (2021), a previous manager asked that I sit on a committee regarding creating a survey to measure student success in our DSO. My manager asked me to contribute some of my research to this meeting so it could integrate a BIPOC perspective in the survey design. However, when I sat down with colleagues to discuss the inclusion of some questions that reflected the BIPOC experience, I was told that these questions were beyond the scope of what a student success survey should measure. They suggested that perhaps this is a supplementary survey that needs to be done which is focused on BIPOC students. When I argued that BIPOC student satisfaction should be integrated in the measurement of success in the DSO, I was told that the survey would be too long if we included these elements. The interest in creating data in the DSO about BIPOC student experience is integral to starting to address the reality of these identities. However, the positionality of being a BIPOC student is often seen as a conversation that should happen outside the scope of the DSO – for instance, the assumption that these questions are reserved for the specialization of the DEI (Diversity, Equity, Inclusion) office. One of my colleagues later emailed our manager and complained that they felt I was difficult to work with and they had concerns regarding my involvement in the project given my strong convictions on the topic. This email was later sent to me when this colleague circulated this email to what he believed were sympathetic peers. As a contract worker, I had little avenue for recourse. I understood that my invitation to join this committee was made in an effort for me to convince the other members of the importance of BIPOC research, instead of being assimilated into a design consultation where BIPOC students were considered extraneous to student satisfaction.

Student satisfaction assessments are largely focused on service provision for existing students. However, very little commitment is made to further differentiate satisfaction surveys considering issues of racialization. Furthermore, DSOs should have an interest in understanding how students who are not registered, particularly BIPOC students, are managing their accommodation needs without formal registration, and they should centre students' experience of accommodation outside the DSO in order to expand their understanding of the DSO amid an institutional climate of exclusionary practice towards BIPOC students. I hope student accounts in this chapter shine a light on the ways that the DSO has a responsibility to equally address these realities. Otherwise, the *de facto* position of not integrating this perspective means that the imagined student is simply white. It's plain and simple that no longer addressing BIPOC students in the DSO is not an omission, it is an act of erasure of BIPOC students, hiding behind the accessible entrance fashioned after white students. Jaiden Zhao quite precisely explained the way they see themselves in the institution, by elucidating their role in the macro and micro systems they find themselves embroiled in, that of structural inequities and systemic racism. I found this to best elucidate the backdrop reality that many BIPOC students understand to overshadow their efforts in post-secondary,

> I guess to put in a very linear way, you get grad students right and faculty and people who go on to pay like doctors, lawyers, people with money people with capital. People who are accepted into these programs because they have the money to pay for these programs. And they had the ability and resources to get the grades to get in the first place and get into the undergrad program that allowed them to align well in the first place and then they kind of rise to the top and they become the people who get to make decisions for the rest of us, and they get to control. I guess they have more power than people who are exploited and marginalized people and then they end up being people who make our laws and decide all this…people who become politicians and people who… become like licensed mental health professionals who then you have to go to, to access the things that you need from your institution. You have to find a therapist. You have to go to a doctor. You have to get someone to like prove that you need this help. (Jaiden Zhao, Student)

With the awareness of the systems of marginalization that Jaiden noted that they worked against, they continued to try to use the resources in their DSO in order to access the assistance they needed in their classes. However, they found the process long and arduous and without significant support throughout. Recently, while attending a support group for BIPOC students with disabilities at my university, I found myself relating to the exhaustion that BIPOC students experience when moving through the process of garnering the documentation to access accommodations. I found myself speaking against the disabling methods of registration that are impacting my peers, as well as myself, while recognizing that after the meeting I would be back to working as an Accessibility Consultant and contributing to these experiences that students like me feel. My standpoint as a student, Accessibility Advisor and researcher on these issues has caused a lot of distress as I see myself as someone who is trying to create new pathways while being required to adhere to them; I can both *see through* the process in my graduate work and see myself as a gatekeeper in my daily job to others that are navigating these same systems of oppression. In a recent meeting with my Supervisor Professor da Silveira Gorman, I felt deeply stuck in the hypocrisy I felt I was engaged in, while Professor da Silveira Gorman reminded me that these tensions are important to recognize in the ways we conceptualize work and where we choose to contribute our efforts[49]. Yull's work reiterates the deep entanglement that socio-economic status has on access to documentation and the ability of students to access education in post-secondary,

> universities require students with mental impairments to present evidence of a psychiatric diagnosis as a pre-requisite for access to accommodations, students who grew up in poverty are disproportionally prevented from accessing accommodations, which are required for them to compete on equal footing with their non-disabled peers. This in turn perpetuates a lack of educational attainment among individuals who grew up in poverty (disproportionately individuals from minority groups), leading to lower adult productivity and earning among these individuals. (Yull, 2015, p. 358)

The 13 students I spoke with shared with me the difficult reality of being a BIPOC student with a disability in post-secondary. Most of my participants were graduate students, amongst a few undergraduate students, who all had an exceptional acuity to elucidating the barriers that they experienced within their educational institutions. Throughout my interviews, I noticed that the tone in all of my conversations took place against a similar backdrop of cynicism and tenderness about the ways the institution has been a barrier to them and shared understanding about the barriers we understood to share. This shared understanding of the institution as a barrier was almost too obvious to say but is an important statement in this work. As I will explore in more detail in this chapter, when I spoke to other students, many were initially ashamed to be in the DSO, many could not talk to their families about registration with their DSO, and others felt that faculty were difficult to negotiate with unless they came into the office. When I spoke to Shayani about their experience getting accommodations in their university, Shayani felt very clear about the ways they identified with the process of going through their Disability Services Office

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[49] From these very important conversations about the tension in my work and research, I know I will likely be leaving the field as an Accessibility Advisor shortly, due to the change I seek being *continually assessed as being above my pay grade.*

(DSO), "Now I just see my diagnosis is something that gives me access, and I narrativize it as such". Shayani's statement resonated very deeply throughout my research, as I heard other participants describe having a challenging relationship with the identity they were provided in order to garner access. Her descriptions of the use of the DSO resonated with ways that Szasz had proposed, in chapter one, that, "individuals may also define themselves as mentally ill in order to secure the psychiatric assistance they need and want" (Szasz, 1970). Where Shayani was able to elucidate the ways they rationalized their relationship to the DSO process, the other side of the coin are students who feel guilty taking accommodations, as if it were taking away from other students' opportunity to access. Here, the imagined other student is one who is experiencing more functional limitation or is perceived to have a *legitimate* disability where BIPOC students have an understanding that *pushing through* has been their primary mode of navigating academia. Especially for BIPOC students, maintaining the perception that they are able-bodied and can participate as a productive student has deep roots in the ways BIPOC bodies are surveilled as deserving of taking up space while using the least resources as a way of demonstrating deservingness. This resonates with a Marxist account in which, "it is neither arbitrary nor irrational that disabled people have been excluded from education, transportation, and other social spheres…Labor power is something that must be created and controlled in a manner appropriate to the maintenance of capitalist social relation" (Russell and Rosenthal, 2019, p. 19). For BIPOC students in education, fighting to access levels of education to improve their social condition was heavily intertwined with their experience of racism in the institution which students described as inherently questioning their presence.

It was a painful shared reality that we understood each other to have. Bannerji elucidates this tension in her essay, “But who speaks for us?” Bannerji explains the tension of the lived experience of racialized embodiment,

> I don't think it is sufficiently understood, even by us who suffer from various kinds of negative otherings, how intensively/extensively violent the experience of racism is. This violence is everywhere in a society based on "race," in the basic social organization, in the economy, in the organization of presences and absences in spaces, in the production of silences and denials, in erasing and representing. (Bannerji, 1995, p. 11)

I felt a deep sense of awareness that these interviews were also a shared moment of collective disruption to these systems that have never considered BIPOC experiences at the centre of service provision. From my conversations with students, I have created a student handbook for BIPOC students with disabilities (Appendix A), to share some of these important moments of shared understanding with others. Utilizing the research and testimony from students in a format that could help to support other BIPOC students who are first discovering the DSO and their role within it, the handbook is the most important way that I hope to contribute to the discourse in this field.

First time receiving accommodations

In the research study *Accommodation Strategies of College Students with Disabilities*, Barnar-Brak, Lecentenberger and Lan looked at, “the meaning of disclosure for college students with disabilities in relation to the strategies they invoke while seeking accommodations” (Barnar-Brak et al., 2010, p. 421). The researchers found that though post-secondary institutions are subject to an increase of, “legislative mandates requiring institutions of higher education to accommodate SWDs (Students with Disabilities) … Along with providing information about disability accommodations, SWDs are not maximizing the services entitled to them” (Barnar-

Brak et al., 2010, p. 412). Similarly, to the reports from BIPOC students that I spoke to, the researchers found that,

> in reviewing the literature, SWDs are not maximizing services in two ways: (1) not seeking these services out, or (2) seeking these services too late. Disability service providers have reported that while 9% of full-time college students report having a disability that only between 1% and 3% of all students actually request disability-related services (Hartman, 1993)". (Barnar-Brak et al., 2010, p. 412)

Furthermore, research concerning accommodations for students with disabilities in post-secondary severely lacks attention to the complex experience of BIPOC people. The majority of the BIPOC students that I spoke with, 85%, were receiving accommodations for the first time in post-secondary; of the 13 students that I spoke with, 11 students said that university or college was the first time they had registered with their DSO. Holzberg similarly found that in the transition from high school to post-secondary, "many students do not access services until later in their college career or until their disability limits their functioning" (Holzberg, Test, Rusher,, 2019, p. 167). Informal accommodation/support in high school was reported by some participants as an entry point for recognizing the utility of accommodation; this was described as asking for extensions directly from their teachers but not having the need to be formally assessed for a disability to access this support. Laura Sokal's interviewed faculty at the University of Winnipeg, as well as some DSO staff, to better understand accommodation practices around anxiety in the classroom. Sokal found that faculty do often informally accommodate, as well as going through the DSO. However, the need for documentation is widely accepted as differentiating varying accommodation requests, "participants in the current study did not believe that documentation was an essential component of fairness in all cases, but instead viewed its necessity on a continuum: as the level of accommodation became more exceptional, so did the necessity of documentation" (Sokal, 2016, p. 6). Most of the students I spoke to had never accessed accommodations in elementary school or high school and didn't realize they would qualify as having a disability. Before accessing the DSO, many of the students reported that they had the impression that students with disabilities were typically white and did not see themselves as qualifying with mental health impacts. For Shayani, for instance, the periodic nature of their mental health impacts made them unclear as to whether there were any supports that could assist them,

> I didn't think of it as something that could help me. It always felt like my mental health struggles were like these one-off incidents in second year and in first year… it wasn't until third year when I started… (to) see my doctor for mental health stuff, and even at that point, and that was like, around the time that I realized that the (DSO) existed. (Shayani, Student)

For BIPOC students, recognizing their experiences as deserving of institutional attention is often beyond the imagination, and is why I believe many have not been invited to access services for students with disabilities. The palpable exclusion from the DSO that BIPOC students expressed would be characterized by da Silveira Gorman as a product of *western* commodification, which seeks to subsume all experiences outside of psy-treatment of madness, as pathologized affect, essentially acting as an erasure of BIPOC embodiment for the purpose of profitability,

> As mad scholar-activists have explicated, patient stories are harnessed by mental health organizations and commodified through public fund-raising and corporate profit making. These narratives often hail the great things that happen when people overcome stigma and seek help—stigma is overcome, difficulties surmounted. There is no room here for articulating the harms of racism and colonialism, except through diagnostics that relocate white supremacist affect in the affected communities. (da Silveira Gorman, 2017, p. 311)

As such, BIPOC students are often characterized as having adopted some Southern/Eastern cultural stigma towards psy-treatment and are choosing not to engage with the DSO due to backwards understandings of health. However, racialized communities are cognizant of the ways that systems of *western* health care and the medical–industrial complex, such as the DSO, have been created to address concerns for those who are not experiencing the pressure of psy-treatments. Here, being able to attain a diagnostic label provides a type of access which is ultimately legally protected, and a challenge to pedagogical preferences, while also forcing the BIPOC subject to forfeit definition of their experience,

> Psy complexes deal in *affect* as a reified artifact of mental state. To be diagnosable is to have an observable affect, a psychic characteristic that is “in excess of consciousness” (lack of insight). Those who are sane have emotions, while those who are pathological have affects. In this way, following Fredric Jameson’s historiography of affect, and in resonance with queer of color affect theory, we might most productively define *affect* as the experience of the intensification of ideology, in which the diversifying complexes mediating social relations vanish into the appearance of unmediated essence. (da Silveira Gorman, 2017, p.11)

As BIPOC students try to garner access to support, what is advertised as equitable access to the DSO, is in fact an indicator to many BIPOC students that their experiences are delegitimatized unless they are filtered through the lens of a psy-complex. Similarly, Aryan Farooqi expressed the ways they conceptualized the role of the institution, as ideologically erasing social and cultural context into definitions of disability that effectively acted to gaslight students.

> They had this poster in the office. It said like, ‘your disability is only in your mind’, something along those lines. I hope it's gone. But I was just like, I just want to tear it up because I'm like, why? Why is this in the accessibility office? So just goes to show you're still in an institution that’s meant to break you down. (Aryan Farooqi, Student)

Even with Aryan’s registration complete, they found the legitimacy of their experience undermined by the DSO; the toxically *positive* tone of the poster indicates something akin to the idea that, ‘the biggest disability is a mindset’, and thus that a person experiencing functional impacts should take responsibility for their own happiness by simply move beyond disability by addressing their own limiting beliefs. The poster affirmed Aryan’s experience that the institution was built to “break you down”, as if disability is a mindset, then BIPOC students are asked to ignore their histories in the DSO, as it seems to be outside the purview of the DSO. This individualization of the problem admonishes the DSO from recognizing their place in the power dynamics which create their reality (Foucault, 1973). While affect (da Silveira Gorman, 2017) for racialized populations means forfeiting integral parts of their experience in order to fit within the parameters of psy-treatment and access to disability categories, this poster goes farther to erase the legal responsibility of the DSO altogether by setting a tone in the environment that the real issue is for the individual to simply try harder to endure systems of oppression. There was an awareness from my participants that these same definitions of disability would be used to incite violence if they were to try to access them anyways.

> It was like hard for me to talk about to other people because it's felt like there was this consistent threat of like, outside forces encroaching into my home and my family life. Like, my parents were violent and stuff. And like, we had the police come and social services come and stuff like that. And so, whenever we interact with them, it was always like we had to paint a story. And it was fine. Like we didn't have problems. And I think that included stuff related to mental health stuff too… And it was something that felt like a threat to me. Something that felt like it could destabilize me, to ask for help, because things would encroach in my life and into my privacy. (Shayani, Student)

When considering undocumented students or students without citizenship, the risks of adopting a disability signifier intensify. For Black, Indigenous and people of colour, these labels can prove fatal in situations with police. Though white students can afford to access these categories as an entryway to resources, BIPOC students understand these pathways as having potentially critical consequences through policing, child apprehension, and deportation. I can attest to the apprehension I sense from students who come in to request information about the DSO and have difficulty trusting that this information will not be weaponized into other avenues of their life. Despite confidentiality agreements in the DSO, BIPOC students have an awareness that accepting assistance is synonymous with becoming vulnerable to disciplinary power (Foucault, 1973); "disciplinary power is a discreet, distributed power; it is a power which functions through networks and the visibility of which is only found in the obedience and submission of those whom it is silently exercised...Who are the agents of disciplinary power? Curiously, the doctor" (Foucault, 1973). In higher-ed, Thobani explains that the presence of people of colour inherently challenged the distinction and superiority that the white settler had created to distinguish itself as superior.

> The liberalization of the Trudeau era also enabled people of colour to make advances in accessing the educational and occupational opportunities previously denied them. As people of colour availed themselves of the new opportunities, they achieved significant socio-economic mobility and encountered nationals in the same sites and spaces – in the same schools, universities, executive offices, and workplaces – that nationals had previously claimed for their own. These new forms of intimate contact undoubtedly gave rise to new sets of anxieties among the nationals who considered themselves inherently superior. The proximity of people of colour within these sites challenged white entitlement and privilege, implicitly, if not explicitly. If 'they' are like 'us,' if they can become like us, can even surpass us in their notable and sometimes spectacular achievements, what makes us better? Who are we if they can become us? (Thobani, 2007, p. 152)

Within the socio-economic landscape of Canadian liberalization, and the resistance of *disability* as a category in higher-ed is rightfully resisted by BIPOC communities who have had to maintain their place in society by using their labour as evidence of being deserving to be present in the white landscape, "people of colour recognized that they had to work harder, that they were held to a higher standard, and that they were repeatedly forced to prove themselves in these sites" (Thobani, 2007, p.153). The exalted subject, for Thobani, is the white citizen, "the subject universally deemed the legitimate heir to the rights and entitlements proffered by the state. Even when disparaged as a gendered, sexed or classed subject" (Thobani, 2007, p. 4). White students with disabilities, though experiencing ableism, are considered anomalous to the white nationality, "this subject positively commands respect as the locus of state power" (Thobani, 2007, p.4). Where disablement is concerned, it is knowingly omitted from all systems of categorization and the racialized other is intended to provide labour/be present as a student without naming these injustices at all. Dei explains that encapsulated within discussions of educational needs of a community "there is a blurring of the conceptual distinction between asking communities to take responsibility for their youth's education and naively blaming (pathologizing) families/communities for all the problems that their children face in school" (Dei, 2010, p. 5). Dei utilizes a Fanonian perspective, which would "interrogate a society where resistance to oppression on the part of the minoritized difference is viewed as deviance…that must be cured, rehabilitated, treated, fixed, or removed from society—in other words, medicalized" (Dei, 2010, p. 5). While post-secondary considers itself to have created equitable *access* into the DSO, where all have equal opportunity to categories of disability, BIPOC students are acutely aware that including themselves in categories of disability inherently problematizes their presence in the institution. Without consideration for issues of disablement, some BIPOC students are permitted to only to embody tropes such as the model minority, to be provided space next to the exalted subject (Thobani, 2007).

Exceptionality, Model Minority and Anti-Black Racism

Bannerji's proposition of placing the individual experience within the context of historical practices brings an important perspective to understanding the narratives that participants brought to this research,

> we non-white women, who seek not only to express but to end our oppression, need reliable knowledge which allows us to be actors in history. This knowledge cannot be produced in the context of ruling but only in conscious resistance to it. It must retain the integrity of our concrete subject positions within its very project and its present-day method of investigation, in so far as it searches the history and social relations to trace the reasons for and the forms of our oppression. (Bannerji, 1995, p. 82)

When I spoke to Katherina, she identified the ways that her experience of racialization further complicates her relationship to disability, as the compounding marginalization incentivizes individuals to try to distinguish themselves from each other. As such, Katherina further elucidates that being non-disabled actually acts as an instrument that racialized peoples can utilize to navigate systems of oppression, by setting themselves apart from their disabled counterparts,

> People in marginalized groups sometimes feel a pull to…there's this need to push on the edges of what is acceptable. And so, when we're pushing on the edges of what is acceptable, we'll sometimes combine that with an acceptable identity and be like, 'but look, I can be disabled, but I'm also a model minority.' 'But also, I'm very well spoken,' (such as) Canadian accented English.
> We have a tendency to leave people behind who are intersectionally marginalized. And because we're trying to pull on that the power that comes from the dominant group. And what we need to do is to dismantle the power of the dominant group, not try to take some and have a little bit to nibble on. (Katherina, Student)

Hartlep describes the model minority stereotype as an extension of racist systemic barriers which capitalize on the continuing racist anti-Black ideology which propels systems of oppression.

> Literature suggests that the model minority stereotype is racist and a "social problem" because it oppresses people of color by pointing out excessive numbers of Asian American success stories. Frequent and repetitive reporting on Asian/Asian American success reinforces, codifies, and legitimates the idea that the United States is a land of meritocratic opportunity. The outcome is that institutionalized and other modern forms of racism are rendered imperceptible. (Hartlep, 2015, p. xvi)

The *model minority* trope exists firmly to further marginalize Black and Indigenous groups and was first employed as a stereotype created during the civil rights movement to further alienate the Black American population.

> However, the reality is that this (the concept of the model minority) has been more rhetorical than real. Asians in America were juxtaposed to Blacks during the 1960s (Hamamoto, 1994). Asians were cast as model citizens who valued family while Blacks were cast in the opposite light. (Dang & Kline, 2015, p. xxi)

When I spoke to Jaiden, they expressed that they had never identified as having a disability until late in their undergraduate degree because of the ways they understood their position in society, as a non-binary person of East Asian descent. Jaiden recalled how their parents taught them about what it meant to be an immigrant in Canada, as a model minority. Jaiden explains,

> I knew that about myself and as an East Asian person, someone who's like this *model minority* who is supposed to excel in math and like, do well, whatever. Again, I think those stereotypes are like…I won't say good, but they're not equivalent to the stereotypes of other communities have, right? So, I kind of want to make that clear, but that was factored into my image of myself and how my parents saw themselves, and how my family, like my immigrant family, saw us when we immigrated here… (When) I started first grade here, that was what they always taught me. They were like… 'We have to

> be—we have to represent Chinese people. We have to be polite; we have to be…' like, you know, 'we have to show people that Chinese people are good so that they like let us stay'. (Jaiden Zhao, Student)

Jaiden identified that they were aware that functioning well in an academic setting was also linked to their *othering* in the Canadian context. Jaiden continues that this contributed to their reluctance to reach out for support in education, as staying under the radar was an integral part of their survival. Thobani explains that the Canadian immigration project of multiculturalism was a recognition that Canada required the labour of cultural others while also coming to terms with the presence of immigrants in daily life (Thobani, 2007, p. 152).

> The heightened focus on the cultures of third world peoples – which were believed to keep them stubbornly traditional despite the nation's offer to modernize them, despite its hospitality and generosity towards them, and despite its respect for their cultures – allowed for the continued projection of the anxieties of whiteness onto 'them.' If whites were to be accused of racism, genocide, and colonial exploitation, they could now respond in kind by pointing to how much worse immigrants were, with their primitive and backward cultural practices, their corruptions, misogyny, cronyism and violence. (Thobani, 2007, p.155)

For students in higher-ed, there seems to emerge two categories which they are permitted to access, either the high functioning immigrant who understands they are seen as a disruption and should work hard to demonstrate their deservingness to be in classroom, or the student who is typecast as disruptive who cannot fit into this mold and must assume an ill-fitting disability category in order to be afforded attention. The DSO functions to serve those white students who don't fit the mold but have medically recognized exceptions. The experience of the BIPOC student is often to leave if they can't keep up with the model minority stereotype. As Jaiden explained, these expectations of being a model minority, and being afforded entry into Canada based on educational or financial standing were communicated across generations to ensure that these permissions weren't taken away by the white settler. Dang and Kline point out the ways that these seemingly benign stereotypes of being overachieving, for instance, harm Asian students in their educational careers, “Teachers, peers, and employers can each hold Asian college students to unrealistic expectations derived from the myth. Educators may overlook the learning problems and needs of low achieving Asian students because such services are believed to be unnecessary (Dmitrieva, Chen, & Greenberger, 2008; Li, 2008).” (Dang & Kline, 2015) As Jaiden notes in their interview, the imposition of the model minority impacted the development of their identity in an education and larger societal context. For Asian American students in education who are perceived and required to act as such, researchers found that the model minority stereotype created low-person centered messaging for students and thus impacted the feeling of support they felt from parents and educational systems.

> Therefore, when Asian college students struggle to overcome the negative implications of the model minority myth, such as stress from academic expectations, subjective social support and highly person-centered support messages may help them understand that their situation is individually unique and the strength to overcome the situation stems from individual qualities instead of stereotypes. (Dang and Kline, 2015, p. 18)

Like East Asian students, Rupam Saran’s found that the impact of the model minority stereotype on South Asian students in the Indian diaspora. Saran found that Asian Indian students suffered in identity formation as a repercussion of the pressures that they endure from parents and teachers who expect high achievement from them.

> According to Asher (1999), the model minority stereotype challenges students with high academic expectations, thus creating stress for students. South Asian and Asian Indian students are constantly constructing and reconstructing their identities in the shadow of stress, high expectations, and compliance. They struggle in school to hold on to the identities that are ascribed to them. According to Goodwin (2003), “Asian Americans are named and defined by others; we have found ourselves in between, neither belonging to the majority nor to the minority” (p. 22). They are always under pressure and fear of losing their identity. Many of my high achieving respondents echoed the sentiment that if they do not excel they will be losing their identity of as a high achiever. (Saran, 2016, p. 14)

Cassandra Meyers described their experience in the DSO as one where they recognized the ways she was high achieving worked against the understandings of disability she encountered in the DSO.

> I think like, my disability is like trauma based. So, I think because I don't even fall in, like the necessary category o, what a learning disability is, is it even harder for me to feel deserving? And like also what felt like super situational? Like sometimes I would really get things done and sometimes I really couldn't. So, yeah. And because I again was like, so high functioning and like I could perform highly, it made me feel like I just wasn't trying hard enough because I could do it if I was if I could just like get it together.

Dorothy Smith's ruling relations problematizes the way that individual experience is removed from socio-political context, "the relations of ruling are of this kind, coordinating the activities of people in the local sites of their bodily being into relations operating independently of person, place and time" (Smith, 1996, p. 174). Similarly, Cassandra's experience of the social and political violence they experienced being outside the purview of the categories of disability which the DSO recognizes is a clear reminder of the ways that the various departments within the institution utilize narrow understandings of disability, limiting access to students' understandings of themselves as experiencing disablement. da Silveira Gorman and Mojab noted in their dialectical materialist examination of labour in learning organization that, "The rhetoric of learning has become essential for maintaining the appearance of opportunity" (Mojab and da Silveira Gorman, 2003, p. 79). Similarly, the use of disability as a legal category provides the institution the appearance to provide accommodation to those experiencing *disability*, but instead masks (Mojab and Gorman, 2003, p. 79) the ways that BIPOC ways of being are delegated to be individual experience of trauma and white students are afforded access to accommodations that see themselves as legally protected. For Cassandra, they learned to lean into understandings of herself as academically high-achieving, a sort of quantification of experience offered by higher-ed, as a disqualification of her experience, while understanding that trauma was something extraneous to the institution’s responsibility to recognize; by removing the student from their social context by individualizing the experiences of disablement (da Silveira Gorman, 2007, p.193) while providing legally protected categories of being which locate white students access and ease in accessing definitions of disability.

Speaking with General Practitioners

As many of the students I spoke with received academic accommodations for the first time in post-secondary, the experience of speaking with their General Practitioner, or other regulated health care practitioner, for the purpose of requesting accommodations, was identified as a key moment in the process of registering with their DSO. Taara Persaud explained that her doctor’s lived experience contributed to her feeling that her request for accommodation would be heard as legitimate,

> My psychiatrist is from the same ethnic background as me and is also queer. So, I feel like that made that process a lot easier because… she understood, sort of, my family dynamic pretty well… but I think that like obviously, that shared cultural background made things a bit easier…
> I think it's because she understood sort of the family context that I was coming from because my parents are very high achievers, and they also wanted that for me and my siblings. And so, it was definitely, like, an expectation that we would perform well academically. And… I (thought) receiving academic accommodations will be seen as a sign of weakness. (Taara Persaud, Student)

Similar to the students I discussed in the previous section, Taara also categorized her own experience as occurring outside the purview of the institution, due to high academic achievement and ideals regarding the model minority. Once Taara had access to a trusted health care practitioner, who she felt understood her lived experience from within a cultural system, that was otherwise unrecognized, Taara’s experience expressed a best practice scenario; that of being connected to a racialized physician, developing trust with their health care practitioner based on their shared cultural background and identity and feeling safe to have clear conversations with them about her request for accommodations within the context of these understandings. Furthermore, as healthcare professionals are tasked as gatekeepers to accommodations, Taara's physician seems to have been able to contextualize these experiences within the criteria of access because of their awareness of both the *language of access*, as it pertains to qualifying for white disability categories, while also being cognizant of the ways that they shaped the experiences of disablement for the DSO registration process. The healthcare practitioner's understanding of disablement is critical in providing equitable access to accommodations. I found that since BIPOC students do not understand themselves as inherently within these categories, their ability to ascertain support from a physician is further complicated. BIPOC communities are more likely to have higher rates or morbidity, receive inappropriate health care (less access to the correct medication), less access to constant health care (general practitioners) (Unequal Treatment, 2002). When considering international students or students out of province/city, I have seen these issues regarding access to health care continue.

Clinician discretion is integral to the experience of health care, which is based on the clinician's training, their socio-political context, and personal discretion to assess what a patient requires ((Unequal treatment, 2002, p. 127). Of the 13 participants I spoke with, four expressed positive experiences in the process of receiving documentation for registration in their DSO. In all four cases these students noted this was possible due to having supporting physicians or Accessibility Advisors who assisted the student comprehensively through the registration process. Four students expressed a neutral experience getting their documentation, with all four attributing this to having access to a physician on their post-secondary campus who was familiar with the process of completing documentation. This assisted in the clinician's familiarity with the DSO registration process and the ease of requesting and attaining documentation. Five students expressed a negative experience getting documentation: three of these participants were new to their post-secondary institution's geographic location and did not have access to a General Practitioner; one noted that the process to get a psycho-educational assessment was many months long from start to finish; and one noted that she experienced consistent medical gaslighting when interacting with the medical sphere. Aryan Farooqi similarly reflected that the process of receiving documentation from a doctor was not only arduous but was largely dependent on the clinician's discretion, which has been proven to be influenced by internalized racism (Unequal treatment, 2002),

> It depends on your doctor to, you know, you got to find someone that believes you. A lot of like gaslighting from doctors and health services in general…
> When I wasn't in school, I have found a family doctor from like the website, but I don't like him. I hate him. I don't like him..., He didn't believe me about my back pain basically. Like he was just saying 'it's just muscular here are some meds.' I don't know, like, do more testing? You know? I have to go to another doctor, a walk-in, and he actually believed me and he… I'm waiting on an MRI now, but it took two years to do that. (Aryan Farooqi, Student)

Aryan's reflections on the subjectivity of general practitioners as having a potential negative impact on their ability to access accommodations, is reflected in the literature. The history of medical racism, for BIPOC people, is not just a legacy; Black women and more likely to die following childbirth (*Black Mothers Keep Dying After Giving Birth. Shalon Irving's Story Explains Why*, 2017) and Indigenous women in Canada have reported they have experienced unauthorized sterilization shortly after childbirth (Zingel, 2019). In Smedley's *Unequal Treatment*, he confirms that the "published research reveals that racial and ethnic minorities experience a lower quality of health services and are less likely to receive even routine medical procedures than are white Americans" (Smedle, Stith, Nelson, 2009, p. 2).

Participant	Experience: Positive/ Neutral/ Negative	Reason/Details
Elia Thevar	Positive	“Has a supportive doctor”
Elizabeth	Positive	“My family doctor is amazing”
Zahra Brown	Positive	Had existing documentation
Mia M	Positive	Accessibility Advisor was very supportive in process for student to get an assessment
Sophia Ali	Neutral	Had a physician but found it challenging to complete the form to accurately address impacts of anxiety
Aryan Farooqi	Neutral	Had access to a campus physician but is wary of medical racism
Shayani	Neutral	Had access to a campus doctor
Amanda Ramshikun	Neutral	Had access to a campus doctor
Taara Persaud	Negative	No family doctor, long process
Jungmin	Negative	No family doctor, long process
Cassandra Myers	Negative	No family doctor, took three months to get docs
Katherina	Negative	Experienced medical gaslighting
Jaiden Zhao	Negative	Had a practitioner who supported initial documentation but process for assessment was arduous

Figure 10: Students' experience with their health care provider, when registering with their DSO

Cassandra Meyers expressed that the move to a new city further exacerbated her ability to access accurate medical documentation, as they had to see a new GP at a local walk-in clinic,

> Yeah, I just wasn't living at home. You know, I was precariously housed for a lot of my undergrad, I couldn't go home to see my general prac[titioner]. They [DSO] needed to have a letter that was done by my general prac, which I didn't have when I came to [this school]. So I had to get a random doctor to sign my forms. (Cassandra Meyers, Student)

For Cassandra, she notes that there was a discrepancy between the accuracy they would expect from her GP, who would have understood her background and cumulative impacts of her disability, in contrast to the quick natured appointment request to get her documentation filled by a walk-in doctor near her school. During the registration process, having inaccurate documentation can directly impact a student's eligibility for accommodations, as an appropriate reflection of a student's functional impacts is integral to being able to assess what is reasonable and appropriate in the accommodation process and legal assessment of these decisions. With the COVID-19 pandemic occurring in 2020, there have been more students accessing documentation from their doctors through email and phone appointments, whereas previously, many doctors were expecting patients to be coming in to collaboratively fill out paperwork of this nature. Many DSOs also provided more flexibility to students for producing new documentation or additional documentation, due to the limited access to appointments with physicians during this time; DSOs were erring on the side of caution to ensure that accommodation requests were being heard and delivered in good faith and in a timely manner.

The beginning of a post-secondary program denotes a new living situation for many students and with this comes the lengthy process of finding a new general practitioner. Jungmin included that post-secondary has largely been an international experience for her and that registering for services was increasingly difficult,

> So, I think before when I came here, like I was in London, Ontario. I lived in London for two years. I had my doctor there. So, when I came [to school], I needed this accessibility service but back then, like I just came to Toronto, so I didn't have any my doctor yet so no doctor or anyone, so I had to go back to London, Ontario. (Jungmin, Student)

In addition, Jugmin points out for the purpose of receiving funding from OSAP, she had to have more extensive medical information completed by a GP, for the purpose of accessing disability related funding. As such, she found it necessary to go back to her physician who was familiar with her medical history, to ensure she would have the particular accessibility funding that she needed. For international students, or students out of province, these processes can be quite laborious and can be discouraging at the outset.

Wait times to see a general practitioner in the vicinity of the post-secondary institution should be included when determining the parameters of interim accommodations. Students from out of the town are put in a particularly precarious position to receive documentation which is less accurate, due to having to visit a new physician. Katherine Yerro describes the negative impacts she has experienced by having her documentation filled out by a new doctor,

> I told them [the DSO] I was having trouble physically getting to a doctor to get the notes filled out. And they said, 'Well, too bad. You can't get anything in the interim until you get the doctor.' I got that filled out. They said, 'Great news. We've agreed to all of your accommodations except for the one that you actually asked for'. And I said, 'you cannot just ignore it.' And they said, 'No, we can'. And then they asked blanket consent to talk to my medical practitioners, which I did not give. (Katherine Yerro, Student)

Among the issues with documentation, participants described difficulties with the interpretation of documentation from their DSO, where DSOs request more clarification from physicians,

> Focusing on the level of impairment that a student experiences will help to ensure that certain groups of students–students who are minorities and from other socioeconomically disadvantaged groups–are equally likely to receive educational accommodations as their otherwise similarly situated peers. It would also create a clear and enforceable standard that is not subject to the inherently ambiguous and changing nature of the DSM classification system. (Yull, 2015, p. 387)

From speaking with students in regards to their negative experiences trying to receive documentation, the DSO does not provide informed consent to students regarding the registration process; this includes, being provided information about some of the barriers that they could experience in the process of finding a new doctor, resources regarding where to access physicians on campus or off campus (with community partners who are familiar with the documentation process), how to have medical files transferred to a new doctor, how long interim accommodation can be extended for students who express difficulty with accessing a doctor, clear direction regarding the information which would be needed from a doctor to qualify for the types of accommodations that the student is interested in and an informed consent which covers the potential impacts this interaction could have the student in the short and long term (medical racism and second opinions are important information to teach students as an educational institution).

For Amanda Ramkishun, she rated her experience getting documentation as neutral, due to her ability to access a doctor on campus.

> I was really lucky…I needed to get this mental health form filled out by the doctor at the Student Wellness Center, and they could fill it out for free of charge, you just have to have them fill out the form, and then I could use that as my documentation. So thankfully, for me getting documentation wasn't too difficult because the services that I needed were already existing at the university and the Student Wellness Center was literally on campus. (Amanda Ramkishun, Student)

As noted earlier, though some students may have easier access to documentation from campus medical services, the accuracy of the documentation may suffer. However, access to campus health care also provides students the ability to build a relationship with a health care professional for the duration of the time that they are in their post-secondary program. This can also effectively ameliorate some of the impacts of the new documentation, as it can be amended and further clarified over time as the functional impacts change. Sophia Ali described that despite having her GP fill out her form, both she and her doctor found it challenging to further elaborate on what her disability related impacts were, when placed in an academic context.

> I went to the doctor, and it was interesting because we didn't even know what to put down, because my stuff is more anxiety…it was just a really weird conversation, especially because he's a medical doctor. So, he's like, ‘but okay, anxiety, does that mean you need more time?’… Do you know what I mean? Like there's all these questions (on the form) ‘How does anxiety impact’ and then you have to go into detail well…because that's the whole thing like it's so personal and like for me it was okay, but for some people it can be really traumatizing or re-traumatizing depending on what's going on. (Sophia Ali, Student)

As Sophia points out, when students ask for assistance, they often feel the need to prove that they are deserving. This can lead students, especially those without a diagnosis, to re-tell their stories multiple times in an effort to find help. This is further complicated for BIPOC students, who are often not registered formally through their DSO, as da Silveira Gorman points out that they are often defining their experiences as difficulties of life (first discussed in chapter two).

> students of colour would describe their problems to me as socially contextualized difficulties (or "just life") while white-identified students would describe themselves as having a disorder (anxiety or depression being the one most commonly described to me). My analysis of my hidden labour revealed more about who felt entitled to seek out the support of the professor than it revealed about how marginalized students survive the higher education experience. (da Silveira Gorman, 2013, p. 277)

For students, the process of divulging information to their doctor about the ways they experience mental health impacts their schooling may not be linear; without informed consent to assist a student to understand what information and questions are pertinent to filling out the documentation, Sophia notes that this process can be harmful and unnecessarily intrusive. As the DSO is requesting information from students, who may not have interacted with their doctors before on these sensitive topics, providing guidance to students in regard to what to expect, how to create healthy boundaries, and when to get a second opinion, would reflect best practices from the research that demonstrates that students, especially BIPOC students, are at more risk of experiencing this further harm with doctors on these issues.

Racialization on Campus

> This is at the crux of the conversations that follow: the contradictory and all too common conundrum of existing at the interstices, intersections, and, still, the margins. (Pickens, 2019, p. xii)

For students with disabilities in post-secondary, by registering with their Disability Service Office and having a letter of accommodation sent to their teachers (or presenting/sending a copy themselves), they are entering into an institutional process which Trammell calls 'societal red shirting' (2009), where students with disabilities are forced to disclose their need for accommodations, while not being sure if this disclosure is detrimental or beneficial to them; red shirting is the “policy that makes disability exceptions (as in the case of college and university disability support services) [and that] also separates disabled people from non-disabled people”, (Timmerman & Mulvihill, 2015, p. 1612). This includes the difficulty that disclosure inherently carries and that the student in turn bears.

> While disclosure is mandated by the ADA and hence a practical necessity for students with disabilities, it has the effect of producing an openly accepted form of alienation, stigmatization, marginalization and social oppression…While disclosure leads to accommodation, it also leads to discrimination. (Timmerman & Mulvihill, 2015, p. 1612)

Similarly, Julia Karpicz interviewed participants in US post-secondary institutions to better understand self-advocacy for BIPOC graduate students with disabilities, “Participants discussed race and racism as shaping what they felt comfortable addressing and/or what they needed to filter in order to navigate inaccessible classroom spaces.” (Karpicz, n.d.). Similar to the findings in this study, Karpicz found that, “None of the participants described having supportive conversations with disability services staff regarding race, racism, and/or intersectionality.” (Karpicz, n.d.) While these conversations are by and large not occurring for students, as I explored in chapter five, BIPOC Accessibility Advisors (a minority in the DSO field) stressed the importance of integrating their lived experience into their interactions with BIPOC students seeking accommodations. The literature confirms that “psychological distress for students of color results, more often than for their White peers, from exposure to high levels of discrimination (Robinson-Perez, Marzell and Han, 2019, p. 5).

Students remarked how the lack of diversity in their program, on campus and within the DSO, contributed to the ways they felt marginalized from the larger post-secondary community. For Shayani, post-secondary was the first time that they had received a diagnosis and after registering for services from her DSO, they experienced some difficulty with understanding the ways the new elements to their student identity impacted their academic experience.

> And I'm like, why is there such a huge disconnect here? And I've talked about this with other people in my program as well, like other racialized people who got their diagnosis in the middle of like their academic career. And they've had similar experiences like that with the program. Like when you don't come in with this sort of narrative around who you are and they like… they form a narrative that you are this lazy person or whatever. And I think that it's complicated because even though I need accommodations because of mental health stuff because of chronic pain stuff, but also because this just constantly feels like this institution isn't built for me. Constantly. (Shayani, Student)

As most of the participants I spoke with were receiving their diagnosis in post-secondary, Shayani's experience of taking on a new type of student identity/marginalization was a common narrative that I heard from other students. For example, Shayani's understanding that "this institution isn't built for me" (Shayani, Student) seemed to be the underlying sentiment across all of my interviews with students, which repeated in their accounts of their personal experience and their understanding of the larger mechanism of higher-ed. The tension between being made in the academy and being BIPOC and mad is integral to understanding the tensions for Shayani. Da Silveira Gorman explains that the white mad subject is distinct from the perception of the mad racialized person, distinct because perceptions of what constitutes white madness is at the centre of work to tackle understandings of white mad identity within a human rights framework:

> mad white subjects retain the potential of being folded back into whiteness through claims of universality (via human rights claims). These claims are built on a globality that presupposes raciality. Considered in this light, massive mental health antistigma campaigns appear as a project of reclaiming whiteness, by moving madness into the semiotic system of emotions. (2017, p. 312)

In contrast, for BIPOC people, "articulat[ion of the] harms of racism and colonialism… [are not recognized] except through diagnostics that relocate white supremacist affect in the affected communities (da Silveira Gorman, 2017, 312). Gillborn elaborates on the intricacy of racism as it occurs in an educational institution: "anti-racism has been tacitly redefined so that it can mean almost anything: if you are against racism (and who isn't?) then you are an anti-racist. Yes? No. This approach reverts to a characteristic white assumption that racism is simple and crude and obvious" (Gillborn, 2006). From my time in the DSO, I have had numerous accounts of BIPOC students describing racist interactions with faculty in their classroom, in which they recognize that these experiences are virtually imperceptible to the institution through their DSO process or human rights process due to their nature. Zahra Brown noted that though this may be hard to parse through, the presence is inevitable in the BIPOC experience,

> We as racialized persons... and disabled... We're gonna experience racism and ableism at the same time, just something we can't prove, but we have to be aware of the attitude that...I was aware of the answers that I experienced from professors, that's not ableism. But it's racism. But sometimes it's ableism at the same time, but it connected together, it's embedded. So sometimes it can be very frustrating. But when it comes to accommodations, you have to really tie down to the ableism. That this is ableism, rather than saying this is racism, because sometimes racism cannot help the situation because accommodation offices are for [disability] accommodation. So, I have to be very strategic about how do I organize my argument and how do I come together? Provide a complaint. That's not just on racism, but like ableism because I'm being accommodated. (Zahra Brown, Student)

Zahra's understanding of how to get assistance in the DSO was organized around her understanding that the DSO is designed to deflect any claims of racism entangled with ableism, and effectively her recognition that the DSO is a space organized by white supremacy.

As such, students are required to be proficient in understanding where they can receive support and what sort of support each office can offer due to their racist organization. For instance, as Zahra mentions, if a student were to experience some attitudinal barriers from a faculty member when requesting an extension, who, for instance, tells a student they are being ***lazy*** and should not be asking for another extension, a student may be put in a position to strategize regarding which institutional avenues they would pursue or how to present the issue to a DSO so the issue is taken seriously, and within their purview – meaning they need to frame it as about ableism rather than about racism, however they experience it. This is precisely the institutional organization that da Silveira Gorman warns about in their adherence to diagnostic criteria to erase intersections of ableism for BIPOC students.

Similar to the way Accessibility Advisors that I spoke with who noted that their lived experience contributes to the way they deliver service to students, Elia Thevar, explained that racialized faculty have provided support to her that was conscientious of her lived experience as a BIPOC student,

> And I think I've noticed, and specifically with faculty, who are racialized, um, a definite cynicism already with kind of the bureaucracy and barriers that are in place for first generation students, for students who come from like immigrant working class backgrounds, for students who have various experiences that might have they have share that they themselves might have experienced at one point in their own education. (Eila Thevar, Student)

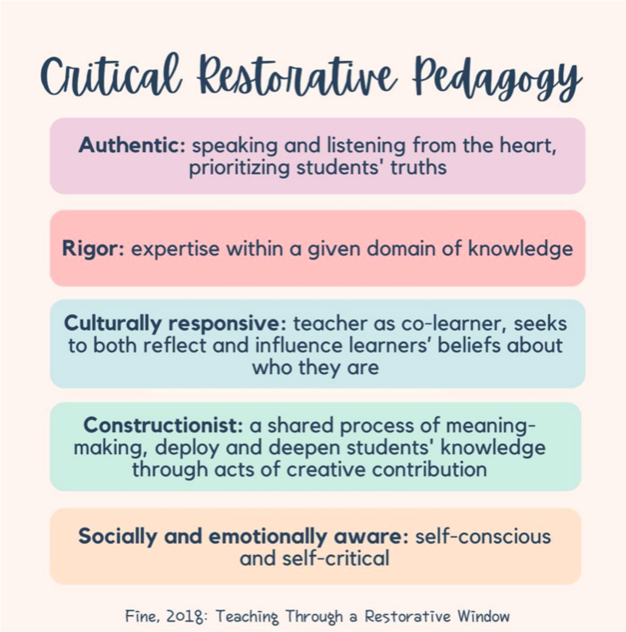
Like Elia who noted that faculty flexibility sometimes arose from their lived experience, Mia also noted that garnering access to accommodations was also about being strategic about understanding how to pick the right professor. When I asked Mia what information they would pass on to other students who are navigating accommodations in post-secondary, she notes that observing faculty behaviour was instrumental in her success in her post-secondary program,

> How are they speaking to students who come in late? How are they speaking to students who is dealing with a tough situation, a mental health illness? How are they speaking in a way that is speaking about the curriculum? Everything you can think of. So, they're not stuck [other students]. Like I know the professor when they come to class, they are studying the students. *I'm* actually studying them. Legitimately. And that's something that I was taught by my counselor [Accessibility Advisor]. Which one will accommodate me? Because again, I have to invest in my success. (Mia M, Student)

Mia M spoke very highly of her Accessibility Advisor, who taught her the ‘language of access’; as a student who came in with no experience of receiving accommodations in post-secondary, Mia credited her Accessibility Advisor as someone who provided detailed clarity to her students about how to navigate the institution successfully as a student with a disability. Mia spoke of her Accessibility Advisor as being particularly excellent due to their focus on teaching students how to navigate the institution. The AA was honest with Mia about the attitudinal barriers that she would experience and included this in her conversations in order to equip students to leave the DSO. This work speaks volumes about the reality for students in the DSO. Mia shared with me her lived experience as a first generation Canadian and the mentality that accompanies this lived experience when asking for accommodation assistance in post-secondary.

> Sometimes when … somebody comes from a different country or somebody who's coming from immigrant or refugee…They don't have that ability to ask because they are still living within the identity of 'I'm the first generation Canadian and I don't want to rock the boat'. But it's our job, even as an institution, as people who are navigating this institution, to be able to break the barriers for them or otherwise, why does the accessibility office exist to begin with? (Mia, Student)

Mia M describes a reality which is echoed in Canadian research regarding first generation Canadian mental health and access to supports. In their 2019 report examining mental health in immigrant, refugee and racialized populations in Canada, the Mental Health Commission of Canada reiterated the long-standing findings that this sector of the population, "are less likely than the Canadian population to seek help with mental health problems (for reasons such as language barriers, access to services, fear, and stigma)." (*Immigrant, Refugee, Ethnocultural and Racialized Populations and the Social Determinants of Health: A Review of 2016 Census Data*, 2019) BIPOC centred DSO service provision would tactfully account for these deterrents in the way the DSO disseminates information about the DSO to their student body. In teaching, Fine uses critical-restorative practice, to denote the pedagogical practice of "honor(ing) 'native' understandings, regardless of how these interpretations do or do not conform to external criteria". Critical pedagogy then, is defined by Fine as the practice of creating, "*instruction organized around the goals of critical pedagogy—specifically the goals that involve helping learners identify, critique, and transform oppressive power structures in the world around them— [which] can help create a restorative classroom culture*." (Fine, 2018)



Critical Restorative Pedagogy

Authentic: speaking and listening from the heart, prioritizing students' truths

Rigor: expertise within a given domain of knowledge

Culturally responsive: teacher as co-learner, seeks to both reflect and influence learners' beliefs about who they are

Constructionist: a shared process of meaning-making, deploy and deepen students' knowledge through acts of creative contribution

Socially and emotionally aware: self-conscious and self-critical

Fine, 2018: Teaching Through a Restorative Window

Figure 11: Critical Restorative Pedagogy (Fine, 2018)

The Instagram page @*decentertheteacher*, dedicated to "resources for white teachers to center the emotional well-being of students", summarized the tenets of Fine's work as demonstrated in Figure 8. For BIPOC students in the DSO, a competent Accessibility Advisor was identified as taking on a teaching role, as related to navigating the institution particularly, which was beyond the recommendation of accommodations. As Tam (2013) mentions, simply teaching cultural competencies, in a DSO for instance, is a dangerous resolution which can perpetuate the marginalization students' experience, without centering the lived experience of students/clients in the formation of solutions. De-colonizing the DSO involves changing definitions of disability to include the experiences of BIPOC students who are experiencing disablement in their post-secondary careers and are experts in their experience, whether or not they identify as having a disability.

Conclusion

Theoretical Contributions

BIPOC Mad Studies provides a framework for Disability Studies to take up its history of racist conceptions of disability. Borrowing from critical race theory and Black scholarship, this research focused on revealing the ways that the Disability Service Office has become invested in exclusionary definitions of disability and is complacent with the systemic racism this entails. Disability Studies urgently needs a moment of *ekstasis*, to step outside its environment, to introduce critical scholarship by BIPOC theorists to create a broader imagination and an inclusive environment for BIPOC students at the margins. This research addressed multiple gaps in the research on the Disability Office Sector, as it pertains to BIPOC students in post-secondary education. Broadly, this study found that the DSO is complacent with their racist history, as it is reflected in their registration process which provides students with academic accommodations only if they comply with identifying with euro-centric definitions of disability.

First, using a relational/reflexive analysis, I use personal artifacts to trace the experience of navigating the accommodation process as an undergraduate student and the reasons this led to filing a human rights complaint. The tension I experienced in the DSO registration processes was used as a starting place to understand the barriers present for BIPOC students at the micro and macro levels.

Next, I evaluated the existing provincial guidelines regarding accessible education, popular reports and research as it pertains to the DSO and examined their focus on definitions of disability which largely exclude consideration of issues of disablement. I found the blatant omission of BIPOC issues from all of them, and the consistent framing of racism as outside the purview of disability issues.

Third, I interviewed BIPOC Accessibility Advisors regarding the omission of understandings of disablement. I have found that BIPOC AAs have reported that their post-secondary DSOs have few, if any, policies and procedures that address service provision for BIPOC students, neither consider BIPOC issues readily in their departmental meetings. BIPOC AAs are creating pathways for their BIPOC students to access services through their interpretation of documentation requirements, interim accommodation, use of personal narrative and teaching the *language of access*. BIPOC Accessibility Advisors have an in-depth understanding of disability vs disablement from their lived experience, which informs their professional practice to provide pathways for BIPOC students; this research contributes to their perspective for the first time to the field of practice for Accessibility Advisors.

Finally, BIPOC students have almost unanimously found the institution to be a difficult space to navigate with the DSO providing services for a limited cross-section of their experience. From my interviews, BIPOC students are acutely aware of the racism inherent in the creation of the institutional DSO and utilize it in the ways they can; there is a large gap for the DSO to fill to provide competent service provision for BIPOC students who are inherently excluded from the DSO imagination. This study identified that there is an *accommodation differential* experienced acutely by BIPOC students, which inevitably entails that students are required to rely on certain aspects of their experience in post-secondary, to qualify for academic accommodations, while minimizing and erasing other aspects of their academic impacts. Students are aware of a role they are expected to embody in post-secondary and conscientious of the double consciousness they have developed in response. BIPOC students understand their position as at the periphery of DSO service provision and are required to navigate systemic racism continuously, in order to receive education; this in turn creates a loop of disablement for students. My most important contribution to BIPOC Mad Studies is the use of relational/reflexive analysis to create a draft of a student handbook, which is intended to provide BIPOC students with an understanding of the DSO from a community perspective, especially for those entering for the first time.

Summary of Recommendations

After conducting my research, it became clear that in Ontario there are limited Disability Service Office policies and procedures that directly address students who are Black, Indigenous and people of colour. As discussed in my dissertation, there are a number of improvements that I would suggest could be made in the Disability Service Office sector in order to create greater accessibility to BIPOC students.

Registration documentation:

- Student report should be the primary resource for determining what is considered a reasonable and appropriate accommodation, over and above documentation
- Pathways for registering with the DSO without documentation should be publicly advertised
- Documentation, when provided, should prioritize information from health care practitioners to comment on the intersecting exacerbating factors to a student's disability

Intake model: There are some changes which could be made at the point of intake to better serve BIPOC students

- Integrate questions in an intake meeting which assess the external factors which are exacerbating disability, without the need for documentation
    - Accessibility Advisors should be able to distinguish immediate vs compounding factors that can impact disability
- Provide additional services and information to students who have not received academic accommodations in the past

    - This could include providing informed consent about how to find a doctor (including recommendations for sites), how to speak to their doctor about their functional impacts, parameters for interim accommodations, etc.
    - Students should be provided information about qualifying for services based on experience and without documentation
- Create parameters of accommodation assessment which are cognizant of the intersectional nature of a student's academic experiences
- Workshops and training on the nuances of good faith, as it applies to positive outcomes for BIPOC students should be provided to Accessibility Advisors.
    - There is a need for training to ensure the acuity that BIPOC Accessibility Advisors have is provided to all students who come into the DSO
    - Interim accommodations as related to intersectionality
    - DSO can develop policy which directly addressed good faith as it relates to the intersectional nature of experience and a commitment to uniform service provision to assist students

Informed Consent:

- Disability Service Offices should recognize their role in disseminating information about health and health care and the possible consequences of these recommendations
    - Informed consent could provide a student with more information about what to expect from various stages in the process and what options a student has for garnering accommodations

DSO Orientation Material: to bridge the gap in accommodation literacy, the DSO will need to accept that some BIPOC issues are under their purview

- Teaching the language of access
    - Could include templates for requesting extensions from faculty
- Accessibility Advisors should have the ability to explain disability and address common difficulties with adopting the disability label for the purpose of acquiring academic accommodations
- Accessibility Advisors should be involved in course review to ensure course outcomes are clearly elucidated from a disability perspective

Outreach to BIPOC students: as a mandatory responsibility of the DSO

- Potential for liaison person in the DSO who is BIPOC and can provide information to BIPOC students, if student requests this
- Presence of BIPOC Accessibility Advisors is imperative in creating an inclusive DSO landscape for students
- DSO should create data related to BIPOC outreach for registration, retention of BIPOC students and experiences of BIPOC students with disabilities in the larger higher-ed environment

Ministry Reporting:

- During annual provincial education ministry reporting, BIPOC issues as it relates to disability should be included
    - This information could assist in funding for DSOs intended to assist BIPOC populations

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Appendix A.

Handbook for Student with Disabilities: a draft/imagination for a full flipbook

BLACK, INDIGENOUS,
PEOPLE OF COLOUR

BY: BIPOC STUDENTS

FOR: BIPOC STUDENTS

HANDBOOK FOR
STUDENTS WITH
ACCOMMODATIONS

A BIT ABOUT ME:

Why I wrote this

I wish I felt more empowered when I first asked for accommodations.

I am hoping to provide a sense of community for other students through this guide.

How I did this

As part of my PhD dissertation, I decided to interview other student with disabilities who are Black, Indigenous and people of colour. I am sharing some of our conversations here.

More about me:

I am a queer, non-binary person.

I use the pronouns she/they

I am a person who identifies as being nerurodivergent. I also have a disability.

I mostly use these labels in specific contexts.

What is in this guide?

From BIPOC students with disabilities
to BIPOC students with disabilities

First Time asking for accommodations

This guide offers first hand experience from students about accessing their office of accommodations. Including, what to think about when considering what support you would like to ask for and ideas about what sort of accommodations are available.

Getting Documentation

Some introductory information about the types of documentation that you can provide to support your accommodation requests. In addition, some insight into the process of asking your docotor to complete this information.

Email Templates

To make accommodation requests a bit easier in stressful times, there are some email templates provided for when you request an extension on late assignments, notify faculty about disability related absences and retroactive requests for assignments submission.

Stories from Students

Most importantly, this guide includes the perspectives of BIPOC student with accommodations on topics such as their perspective on having a disability and being BIPOC on campus.

OH HELLO,

My name is Navi Dhanota (nah-vee dah-no-ta). I am a racialized person who was born in Toronto. My parents come from Punjab and settled in Toronto in the 70s. I now work in the accommodations office in a university in California.

WHY I MADE THIS:

When I was in university I experienced a lot of mental health related struggles; university was the first time I asked for accommodations, and the first time I realized that by asking for accommodations I was considered a student with a disability.

However, the label of having a disability was something that took me a long time to understand, especially because of my understanding of myself within the university. At first, I felt guilty asking for assistance and taking up too much space.

I now feel part of a community of people who have disabilities and who also benefit from accommodations, some of which identify as having a disability and others that feel they do not; the common thread is that we all needed barriers in our academic careers reduced or removed.

This handbook is meant offer you some ideas from other BIPOC students about the ways they access support through their accommodations offices. I hope it provides you some support on your post-secondary journey.


00.00
24.30
Having a *disability*

Do you identify as having a disability?

I asked BIPOC students what having a disability meant to them.

Zahra

"I'm not cheating. I'm not using this as an excuse to not get the work done. I'm not looking for a way out. I'm telling you this is just how I am."

"I have it documented. But the fact that they see that word [Cerebral Palsy] and then they assume that I'm in a wheelchair... [Some teachers] could not adapt to the fact that somebody can have CP and they look ablebodied."

Shayani

"I just see my diagnosis as something that gives me access, and I narrativize it as such."

"Even though I need accommodations because of mental health stuff, because of chronic pain stuff, but also because this just constantly feels like this institution isn't built for me. "

Do you identify as having a disability?

Jungmin

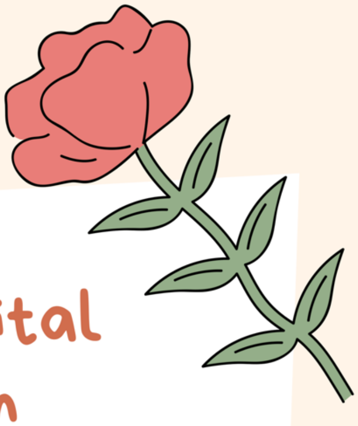
"The reason that I'm asking accommodation was I'm legally blind, but they [faculty] don't think that I'm blind because I can see and I walk without a cane...so they thought that I'm making things up."

"But even though I have this letter [of accommodation], I had to explain it to them. So actually, I wasn't sure if this letter accurately really helps...because I used to have to tell them everything about me [details of disability] otherwise, I didn't feel like I'm going to get what I need."

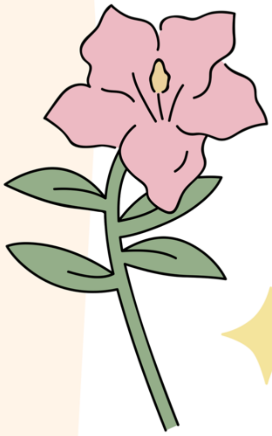
Aryan

"it depends on your doctor, you know, you got to find someone that believes you. There's a lot of gaslighting from doctors and health services in general."

"It's not just my mental health. I'll be having back pain and ...when I had the flu like, I got depressed...my back pain was worse, and I got depressed. Also because I was stuck at home. There needs to be an understanding of these things as comorbid."



> One of the most vital ways we sustain ourselves is by building communities of resistance, places where we know we are not alone
>
> - bell hooks




00.00
24.30
Intake Appointment

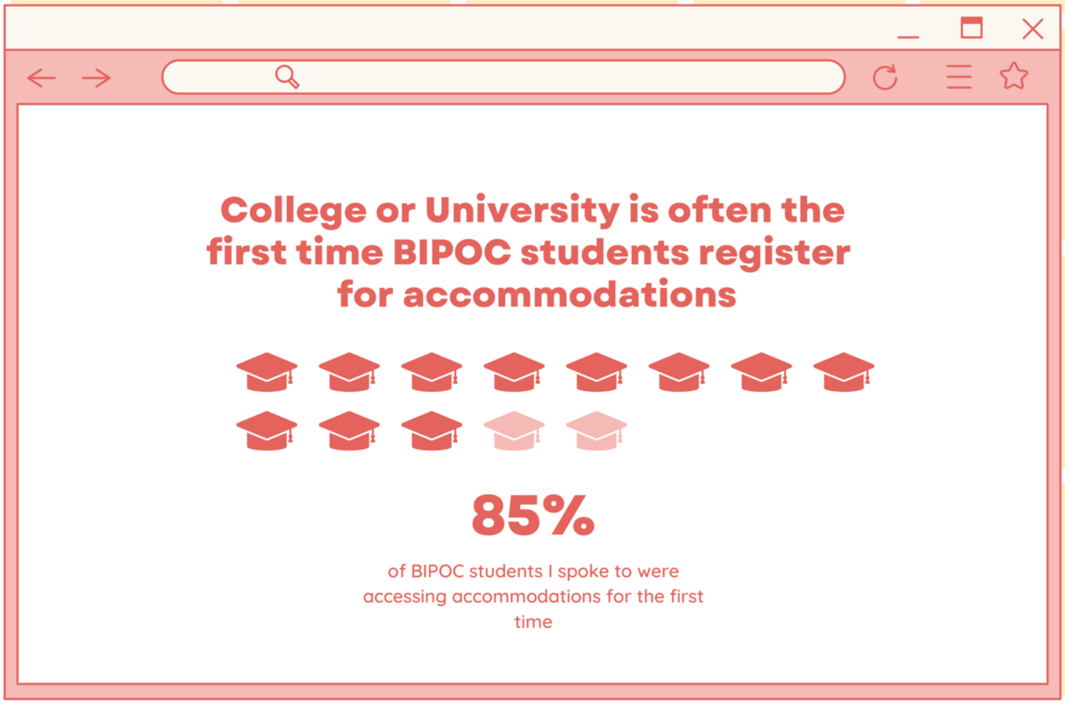
International Students

Confidentiality can be of particular importance to students who have a student visa. In Ontario, international students are eligible to receive accommodations without compromising their student visas.

Before registering for services, feel free to ask for an info session with an Accessibility Advisor to ask about confidentiality.

In Ontario, students with student visas could be eligible to request an extension on their student visa if they are taking a reduced course load and will be attending additional semesters. However, there will be an indication on your visa that an extension was requested on these grounds.

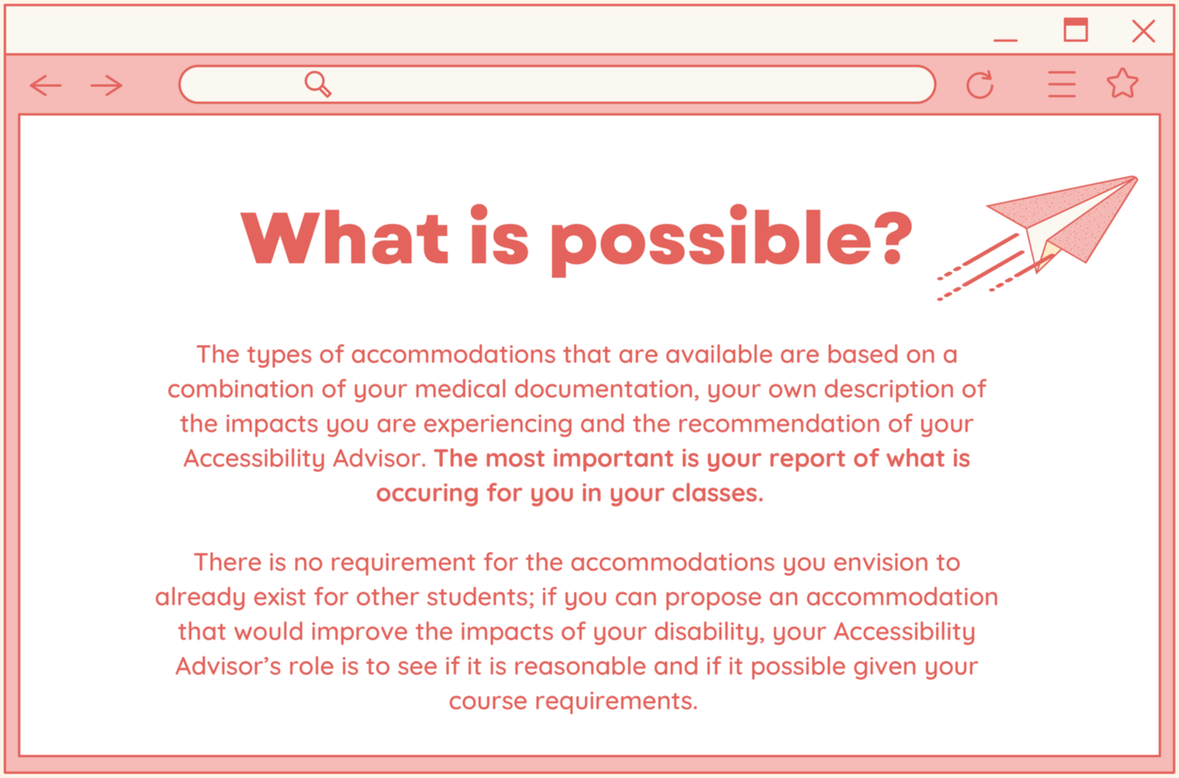
If you are not comfortable with this, there are many accommodations you can request which will not be indicated on your student visa.



College or University is often the first time BIPOC students register for accommodations

85%

of BIPOC students I spoke to were accessing accommodations for the first time



What is possible?

The types of accommodations that are available are based on a combination of your medical documentation, your own description of the impacts you are experiencing and the recommendation of your Accessibility Advisor. **The most important is your report of what is occuring for you in your classes.**

There is no requirement for the accommodations you envision to already exist for other students; if you can propose an accommodation that would improve the impacts of your disability, your Accessibility Advisor's role is to see if it is reasonable and if it possible given your course requirements.

How to prepare for an appointment

When you meet with your Accessibility Advisor for an intake appointment, the will ask you to describe your experience of your disability and the impacts on your academics.

Here are some questions which may help you describe what functional impacts you are experiencing:

- What parts of school/classes are being impacted? For instance, are you losing sleep? Do you miss class? Do you have difficulty with note taking? Is your concentration/processing slower when under stress?

- Does it take you a long time to do readings? Do you do better when you are listening versus when you are reading?

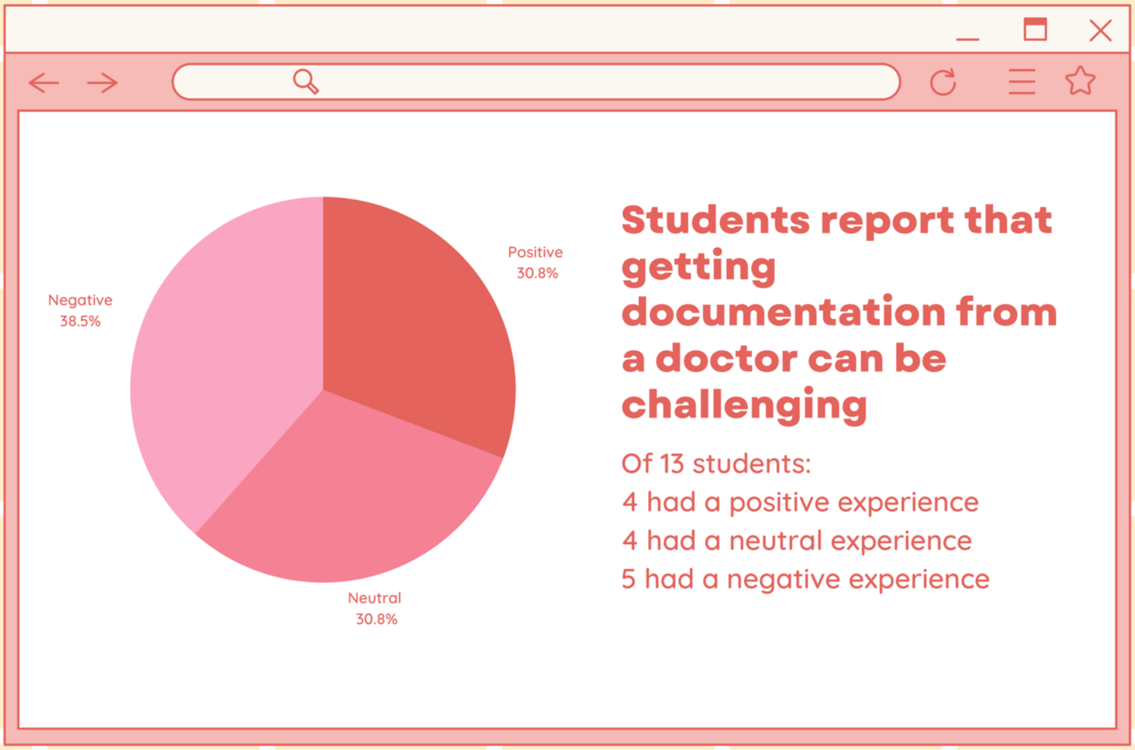
How to prepare ... (continued)

What is your experience during tests? For instance, are you worrying about time? Do you use all of the alotted time without being able to finish?

-Do you periodically miss class due to medical appointments or periods of feeling unable to attend?

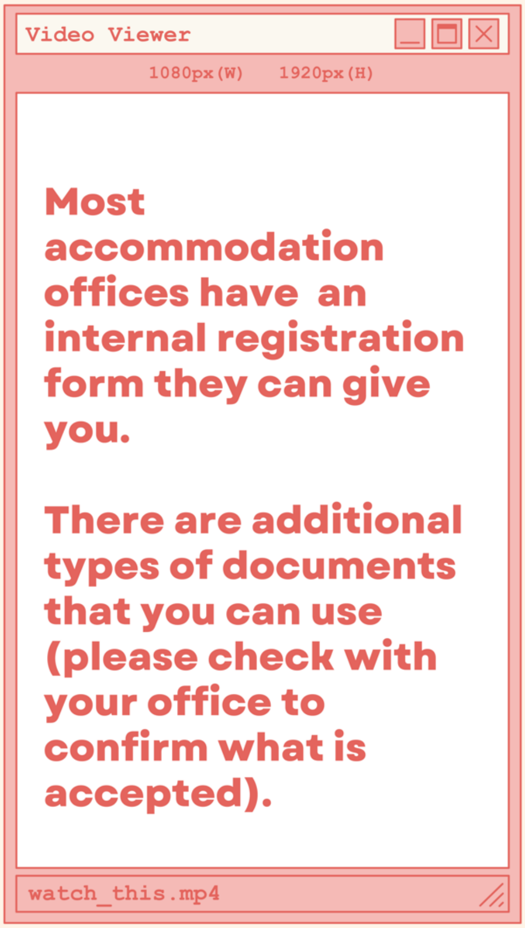
- Are there times in the year when you typically slow down or find it hard to keep up with work?

- Do you have difficulty organizing what is due and managing your time?



Students report that getting documentation from a doctor can be challenging

Of 13 students:
4 had a positive experience
4 had a neutral experience
5 had a negative experience



Most accommodation offices have an internal registration form they can give you.

There are additional types of documents that you can use (please check with your office to confirm what is accepted).

Documentation

IEP

If you had disability related accommodations in high school or elementary school you can bring your IEP to your appointment

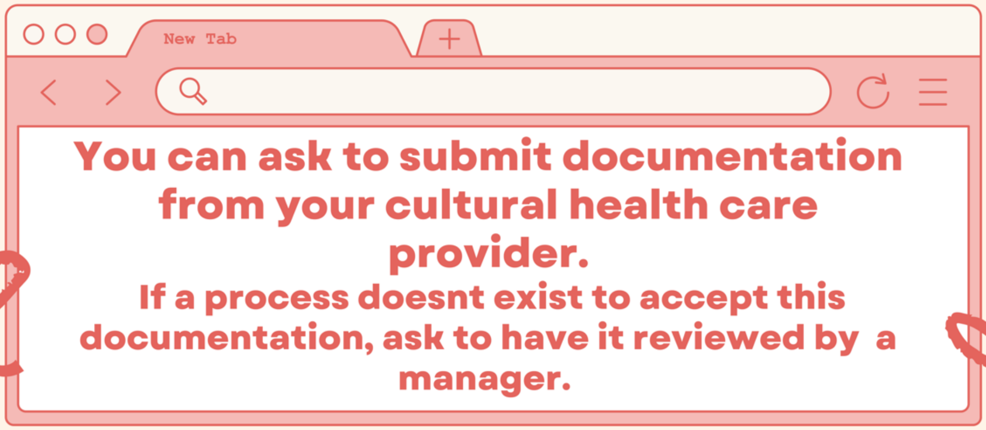
A copy of a past medical assessment

Audiological reports, psycho-educational assessments, letters from your doctor.

If you are in the process of being assessed for a disability, you can bring a letter from a doctor which states this. With this information you can request support for **interim accommodations,** or accommodations until a final diagnosis has been provided.

Letter from any regulated health care practitioner

Occupational Therapist, Optometrist, Naturopath, Chiropractor, Psychotherapist



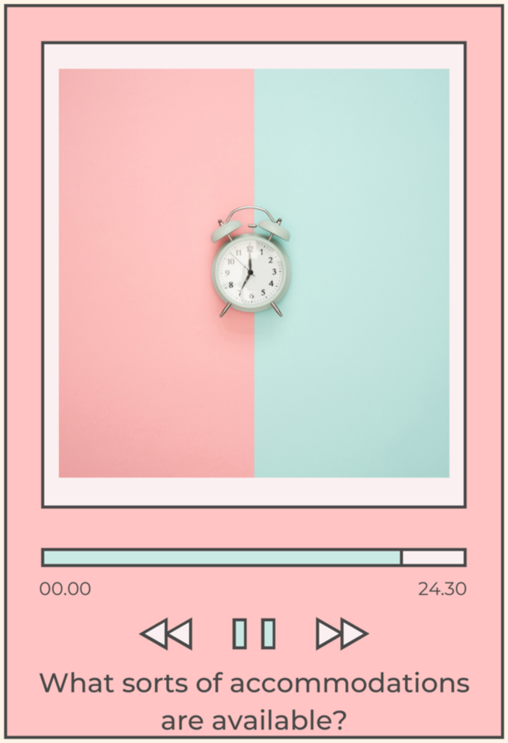
You can ask to submit documentation from your cultural health care provider.

If a process doesnt exist to accept this documentation, ask to have it reviewed by a manager.

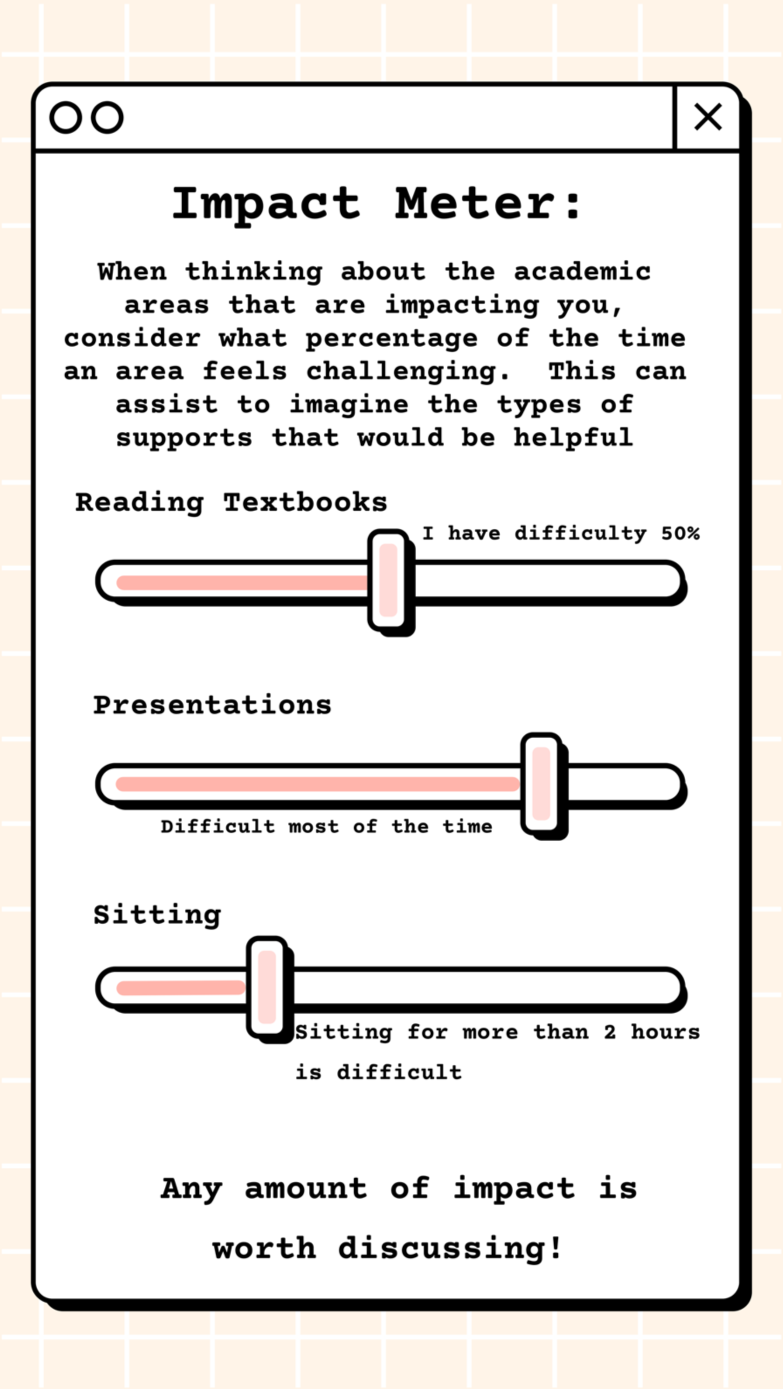
Indigenous Traditional Elders/Healers

Cultural health care providers (non-western types of medicine)

Religious Leaders



What sorts of accommodations are available?



Impact Meter:

When thinking about the academic areas that are impacting you, consider what percentage of the time an area feels challenging. This can assist to imagine the types of supports that would be helpful

Reading Textbooks

I have difficulty 50%

Presentations

Difficult most of the time

Sitting

Sitting for more than 2 hours is difficult

Any amount of impact is worth discussing!

ACCOMMODATION
MENU*

TEST ACCOMMODATIONS

EXTRA TIME

Time added to tests, typically 1.25x, 1.5 x, or 2x. Sometimes a lower amount is provided and more can be requested

USE OF COMPUTER

Instead of writing answers by hand, a computer can be provided to complete long answer questions

BREAKS

To eat/drink, use the washroom

FOOD/DRINK

To manage health during a test

LIMITING TESTS

Having one test/day due to impacts of multiple tests

LIMITING DISTRACTION

Having an environment with less people/quieter

RESCHEDULING TESTS

Due to sudden excaerbation of a disability needs to postpone a test

SCREEN READER

Software that reads text during a test

PRIVATE SPACE

A private room for test taking

*Medical Documentation is often required to support the need for these accommodations.

ACCOMMODATION MENU*

IN CLASS ACCOMMODATIONS

CLASSROOM BREAKS

Leave the class periodically, to manage your disability

RECORDING

To have access to a copy of the lecture recording

NOTES

Assistance with lecture notes. Most campuses use a notetaking software while others offer peer notetakers

PRESENTATIONS

Alternative options for in-class presentations. Options could be to present to the teacher after class or recording the presentation

EXTENSIONS

An opportunity to request more time to complete class work

REDUCING COURSE LOAD

Taking a smaller number of classes

PERIODIC ABSENCES

Due to disability reasons, medical appointments, sudden illness

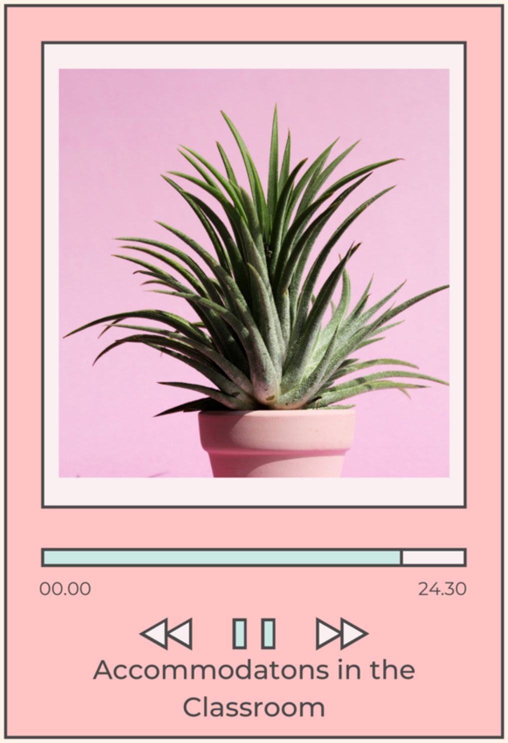
PERIODIC LATENESS

Disability periodically impacting arriving on time

IN CLASS ASSIGNMENTS

Opportunity to submit work assigned to be completed in class in the evening

*Medical Documentation is often needed to support the need for these accommodations



Accommodatons in the Classroom

Teachers and Accommodations

I asked students to reflect on their experience with teachers and requesting accommodations:

Zahra

"I'm not cheating. I'm not using this as an excuse not to get the work done. I'm not looking for a way out. I'm telling you this is just how I am. "

Mia

"How are they (teachers) speaking to students who come in late? How are they speaking to students who is dealing with a tough situation, [like] a mental health illness? How are they speaking in a way that is speaking about the curriculum?... I know the professor when they come to class are studying the students. I'm actually studying *them,* legitimately. And that's something that I was taught by, my (disability) counsellor. Which one [teacher] will accommodate me because again, I have to invest in my success."

Teachers and Accommodations

Elia

"I think I've noticed, and specifically with faculty, who are racialized, a definite cynicism already with kind of the bureaucracy and barriers that are in place for first generation students, for students who come from like immigrant working class backgrounds, for students who have various experiences that might have them share that they themselves might have experienced at one point in their own education."

Amanda

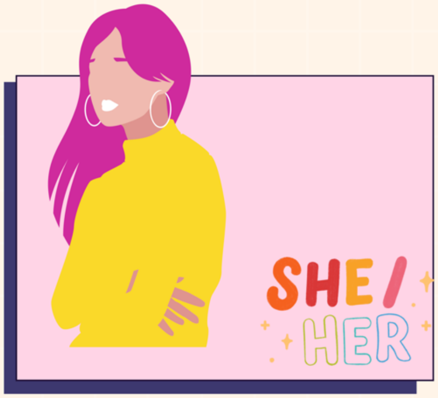
"So thankfully, in my experience, most of my instructors have been really receptive to my letters. Some of them would take a little bit longer than others to acknowledge it and read it and verify that they get it.

Initially, I would always make the effort to meet with all my professors beforehand prior to starting the semester."


00.00
24.30
Racism and Ableism

Being BIPOC on Campus

I asked students to reflect on their experience being a BIPOC student with a disability on campus



Jungmin

"Because it's hard to prove, you can sometimes feel that this person is treating me different because I am disclosing my disability, and also I'm Asian, but also English is my second language. That's why sometimes you have this feeling and then you feel the person is racist but the at the same time, it's hard to prove you know...sometimes (I'm) like 'am I being so sensitive?'... It's very complicated."

Elizabeth

"If I'm close enough to the person that we're like, okay, you have enough redeeming qualities that I'm just gonna like, let it slip. I'll explain to you why that's not acceptable. I don't know I just grew up in a really weird area where like, people tend to be racist and like ableist (laughs). You just never know when it's gonna come up. "

Being BIPOC on Campus

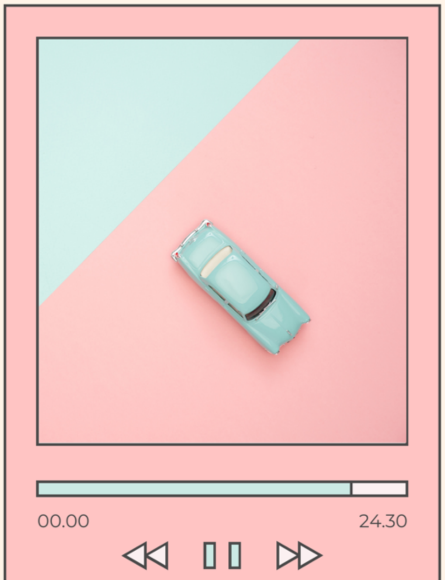
Zahra

"We as racialized persons... and disabled... We're going to experience racism and ableism at the same time, it's just something we can't prove, but you have to be aware of the attitude... I was aware of the attitudes that I experienced from professors that's not ableism. But its racism. But sometimes its ableism at the same time, just connect together, it's embedded. So sometimes it can be very frustrating. But when it comes to accommodations, you have to really tie down to the ableism. That 'this is ableism', rather than saying 'this is racism', because sometimes racism cannot help the situation because accommodation offices are for accommodation. So I have to be very strategic about how do I organize my argument and how do I come together? Provide a complaint that's not just on racism, but like ableism because I'm being accommodated."

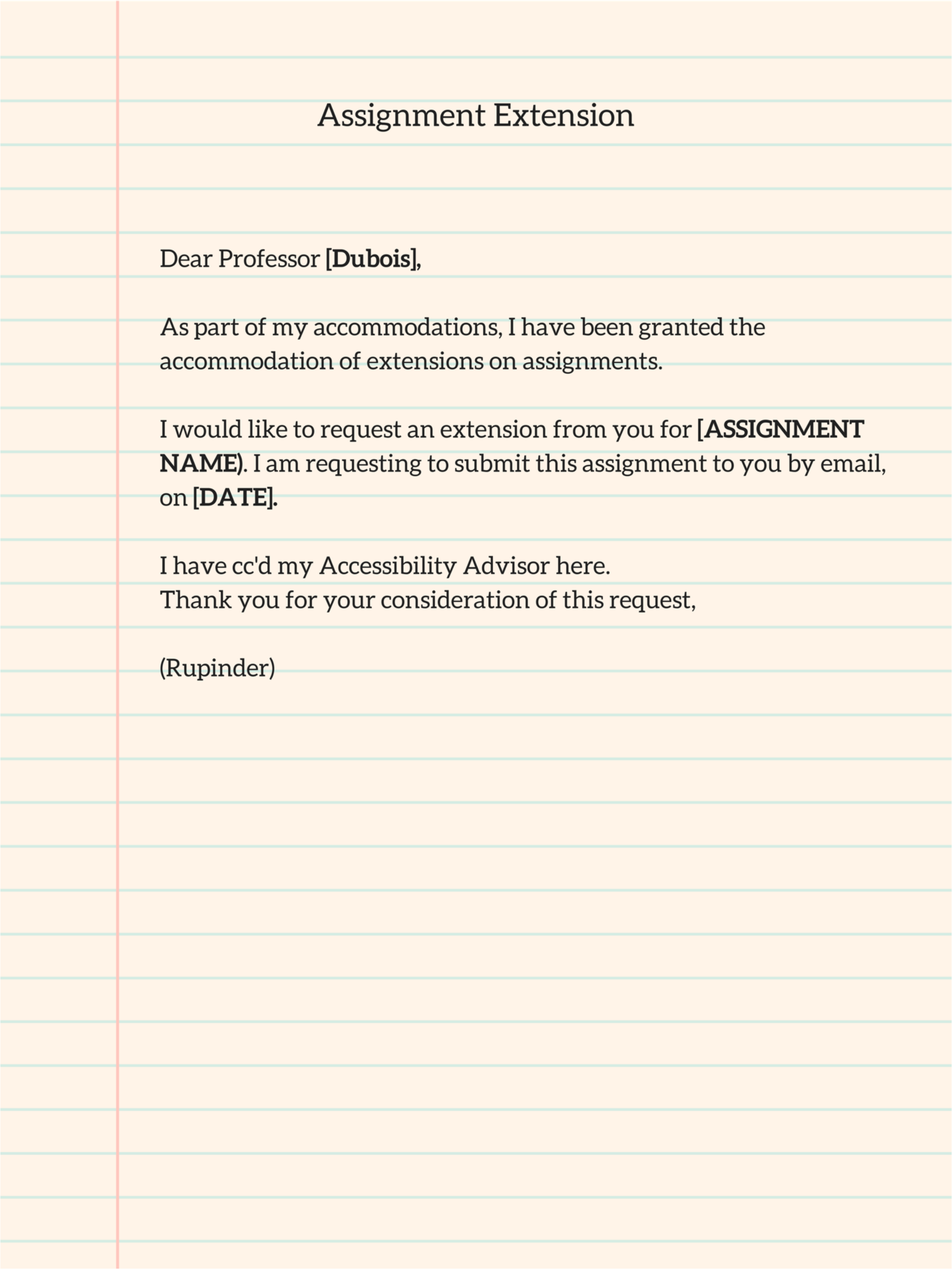
Sophia

"The school I went to, I was like one of the only people of color in elementary school and junior high. High school it was a little bit better, but still, even in my group of friends, it was like me, and I never really felt anything by it. So, I think that's why like, it's for me...it's an afterthought, because you're kind of used to that.

But then when you grow up and you know about, like, all these things like prejudice, discrimination, racism, and then once you realize and you're like, oh, okay, I didn't feel anything that situation, but how are they seeing me?"



Email Templates



Assignment Extension

Dear Professor **[Dubois],**

As part of my accommodations, I have been granted the accommodation of extensions on assignments.

I would like to request an extension from you for **[ASSIGNMENT NAME)**. I am requesting to submit this assignment to you by email, on **[DATE].**

I have cc'd my Accessibility Advisor here.
Thank you for your consideration of this request,

(Rupinder)

Absence

Dear Professor **[Fanon],**

As part of my accommodations I have been granted the accommodation of periodic absences from class when I am impacted by my disability.

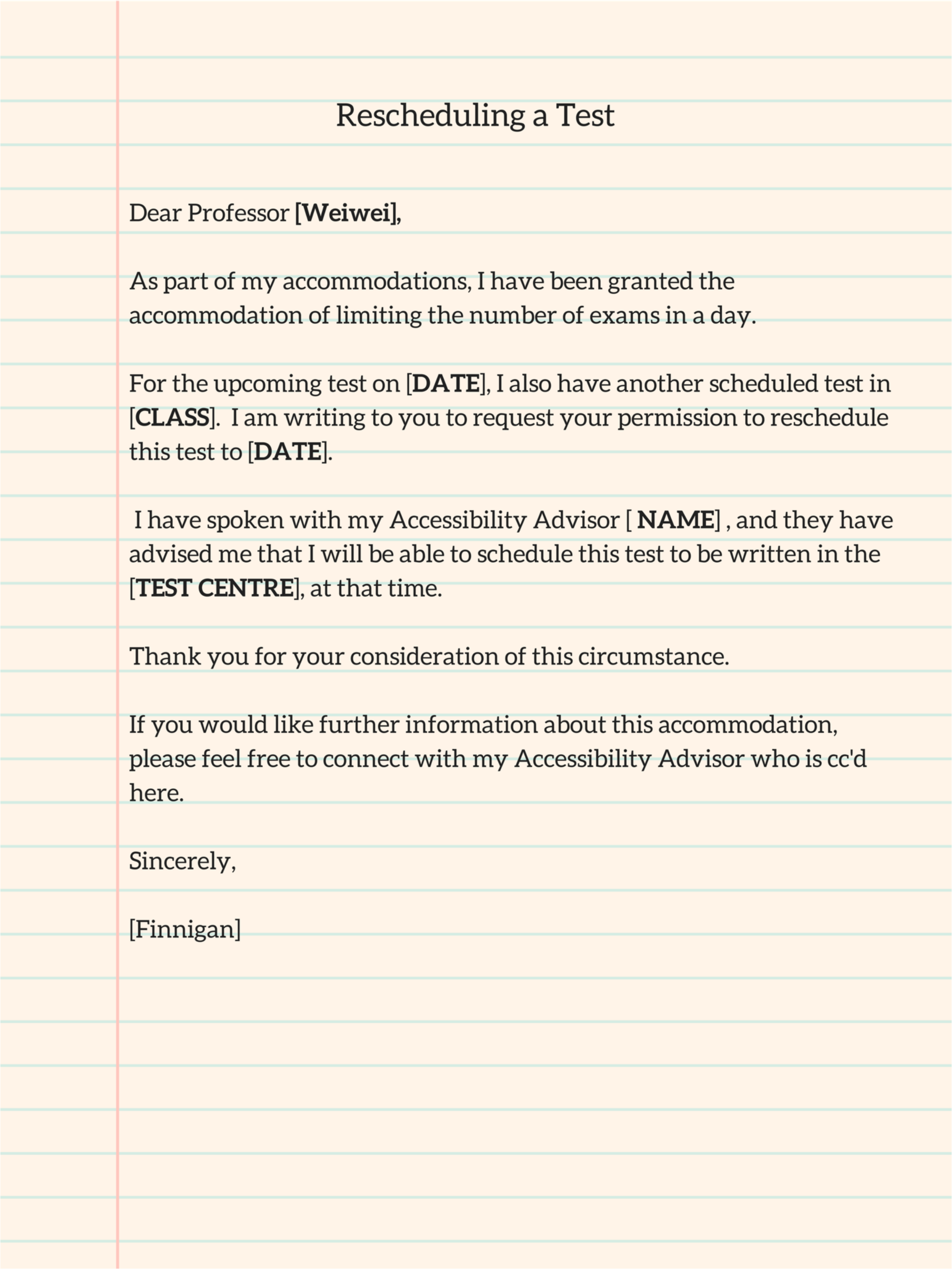
Today I experienced an exacerbation of my disability and was not able to make it to class. I expect that I will be returning to class on **[DATE].**

I have been in contact with a classmate and have received the notes for today's class/I understand our next assignment was discussed in the last class, could we arrange a time to chat about this in more detail?

If you would like further information about this accommodation, please feel free to connect with my Accessibility Advisor, **[NAME].**

I look forward to returning to classes soon,

(Min-joon)



Rescheduling a Test

Dear Professor **[Weiwei],**

As part of my accommodations, I have been granted the accommodation of limiting the number of exams in a day.

For the upcoming test on [**DATE**], I also have another scheduled test in [**CLASS**]. I am writing to you to request your permission to reschedule this test to [**DATE**].

I have spoken with my Accessibility Advisor [**NAME**] , and they have advised me that I will be able to schedule this test to be written in the [**TEST CENTRE**], at that time.

Thank you for your consideration of this circumstance.

If you would like further information about this accommodation, please feel free to connect with my Accessibility Advisor who is cc'd here.

Sincerely,

[Finnigan]

Late request for an extension

Hello **[Abeni]**,

As part of my accommodations I receive extensions on assignments. I recently experienced an exacerbation of my disability and was unable to contact you to arrange an extension.

Generally, I do my best to arrange this accommodation in advance of deadlines and I will continue to do so in the future.

For **[ASSIGNMENT NAME]** in your class, I wanted to ask if you would consider accepting my submission on **[DATE]**.

Thank you for your consideration of this matter,

[**Zoey]**

THANK YOU

I hope this quick guide offered you some support on your journey through post-secondary

If you feel that your accommodations office did not accept your request for accommodation, you are able to appeal this decision. Your university/college's office for human rights is a good first step in having these decisions reviewed. Often complaints are resolved at this level, once an investigation is conducted.

If you still do not receive a response that you find to be satisfactory, you can file a human rights complaint with the Ontario Human Rights Tribunal.

There are free services through the Human Rights Legal Support Centre for legal representation for complaints regarding discrimination based on disability.

Thank you to all the students who volunteered their time for this research project. I am indebted to their efforts.

REPRESENTATION MATTERS