

COLLEGE, CHRONIC ILLNESS, AND COVID-19:
IT'S COMPLICATED

by

Whitney C. Mohr

Copyright © Whitney C. Mohr 2021

A Dissertation Submitted to the Faculty of the

DEPARTMENT OF EDUCATION POLICY STUDIES AND PRACTICE

In Partial Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

In the Graduate College

THE UNIVERSITY OF ARIZONA

2021

THE UNIVERSITY OF ARIZONA
GRADUATE COLLEGE

As members of the Dissertation Committee, we certify that we have read the dissertation prepared by: Whitney C. Mohr
titled: College, Chronic Illness, & COVID-19: It's Complicated

and recommend that it be accepted as fulfilling the dissertation requirement for the Degree of Doctor of Philosophy.

Gary Rhoades

Gary Rhoades

Date: Aug 25, 2021

Amanda Kraus

Amanda Kraus

Date: Aug 26, 2021

Jenny Lee

Jenny Lee

Date: Aug 26, 2021

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copies of the dissertation to the Graduate College.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

Gary Rhoades

Gary Rhoades

Dissertation committee Chair

Center for the Study of Higher Education, Dept of EPSP

Date: Aug 25, 2021

ACKNOWLEDGEMENTS

To Phil Dunitz, my ultimate partner, and the person responsible for all the carbs which were consumed while I wrote this dissertation. On my hardest days you have wiped away my tears, and on my best days your laughter fills our home in a way I never imagined possible. I am grateful for you in ways I will never truly be able to express, nor anyone but us would ever truly understand. You brought and continue to bring such immense joy into my life and showed me not only what it means to be loved completely and fully, but also the true happiness that it is to love another person with no limits, expectations, or pretense. Thank you for being the best dog dad and making me a dog mom of two. Thank you for not only believing in me and my dreams but sharing in their immensity (even when those dreams include a VW van, rescuing senior dogs, ice cream cones, and trips to the ocean).

To my dad, Gary Mohr, you have always been my greatest believer that I will achieve anything and everything that I want. I have cried many tears over this dissertation but even in those darkest moments you believed that I could and would do this. You have held my skills and abilities in the highest regard, even when your belief in them was greater than their reality (Track and Field circa 2001). My words have always meant something special to you, and that is why I felt strong enough to share them with the world.

To my mom, Julie Ka Mohr, there are not many women who can truly be a mom and a best friend. I am so lucky that you are both to me. I know that your love for me is greater than this dissertation. Your love and worry for me, my health, and my happiness led to you having to constantly telling me to slow down, while never standing in my way when instead I chose to accelerate.

To Dr. Noel Hennessey and the future Drs. Drea Pryor, Jill Burchell, and Paige Abe. You all have spent countless hours “virtually” holding my hand as I inched my way towards the finish line. To be inspired and loved by such fiercely brave women has been my willpower and discipline when I felt I had none left. I will forever be grateful for the community I have found in each of you.

To Dr. Sharpless, Dr. Ewend, and Dr. Zanation thank you for believing, for caring, and for your commitment to your patients. Not everyone is as lucky as me, to have had a care team who saw me as more than my diagnosis or treatment plan. I will be forever grateful.

To Dr. Insel. Without you there would be no dissertation. Thank you for understanding that being immunocomplicated is not about a cure, but about having the tools and treatment to wake up every day, and live the life I chose, the way I chose to live it.

To my committee:

Dr. Jenny Lee, in Fall 2015 as I prepared to return to the University of Arizona you served as my faculty recommendation for this program. Your belief in me then was important, but what you did in Fall 2017 will stay with me forever. On the last day of our research design course, you handed me a book related to disability and chronic illness. On the book was a sticky note in which you wrote “To Whitney, why your research matters.” This reminder, a simple sticky note, has traveled with me as I completed my course work, took my comprehensive exams, wrote, and defended my proposal, and then reinvented my topic in light of COVID-19. Physically that note has travelled with me as I gained a partner, lived in four different homes, and changed careers. Those words will forever remind me that in simple gestures and moments we can change lives because you changed mine. Thank you.

Dr. Amanda Kraus, you have been my instructor, supervisor, role model, mentor, and perhaps most critical to my success – my friend. It is hard to even find words to express how important you are to me and what I have accomplished. I am grateful for the professional and academic opportunities I have had because of your unwavering support, but I am so grateful to have developed a relationship with you that includes compassion, conversation, and celebration of each other's experiences and achievements. My commitment to access and equity and understanding of disability identity is in large part because of your scholarship and support. Your support has meant the world to me and there will never truly be words to thank you.

Dr. Gary Rhoades, as my chair you have supported not only my growth as a writer, researcher, and a scholar, but also understood that I am more than this dissertation. When I stalled in this process, you never gave up on me, knowing that with time and healing I could and would finish this journey. This dissertation has seen many iterations from its initial conception to execution and you always provided enthusiasm for each small milestone along the way. A year ago, I told you I just wanted to be done, and I didn't even really care about what I was writing any more. I am happy to say today, that the final product is not something I "just finished" it is something that I am proud of. I hope you are too! Thank you for always wanting to hear my story and encouraging me to share it with others.

DEDICATION

Writing a dissertation can be an isolating journey.
Writing a dissertation truly in social isolation is a lonely journey.

To Sawyer and Bella, my loyal dissertation companions.
With you, I was never truly alone.

Table of Contents

<i>LIST OF FIGURES</i>	10
<i>ABSTRACT</i>	11
<i>REFLECTION ONE</i>	12
<i>Chapter 1: Introduction & Background</i>	13
Introduction	13
Representation of Voice	15
Language & Identity	17
Disability & Chronic Illness in the College Context	18
Purpose of the Study	20
Conceptual Frameworks	21
<i>Academic Ableism</i>	21
<i>Ideal Worker</i>	22
Research Questions & Methodology	22
Organization of the Study	24
Summary	24
<i>REFLECTION TWO</i>	26
<i>Chapter 2: Literature Review</i>	27
Introduction	27
Models of Disability	28
<i>Medical Model</i>	28
<i>Social Model</i>	29
<i>Biopsychosocial & Interface Models</i>	30
Universal Design	31
Academic Ableism	32
The Ideal Student	33
The Ideal Diversity	35
The Ideal Consumer	37
The Ideal Image	39
Conclusion	41
<i>REFLECTION THREE</i>	42
<i>Chapter 3: Methods</i>	43
Introduction	43
Researcher Positionality	44

Qualitative Methods	47
Research Questions	50
Research Site	51
<i>Commitment to Disability</i>	51
<i>COVID-19 Response</i>	55
<i>Arizona Online</i>	56
Data Collection	57
<i>COVID-19 Reentry Briefings</i>	57
<i>COVID-19 Related University Email Communications</i>	58
Data Analysis	58
Data Coding	60
<i>Open Coding</i>	61
<i>Subcoding</i>	62
<i>Descriptive Coding</i>	63
<i>In Vivo Coding</i>	63
<i>Codebook</i>	64
Validity	64
<i>Data Sources</i>	65
<i>Prolonged Engagement</i>	66
<i>Transcriptions</i>	67
<i>Research Notes, Memo, and “Journal”</i>	67
<i>Peer Debriefing</i>	68
Limitations	68
Ethical Considerations	69
Summary	69
REFLECTION FOUR	71
Chapter 4: Findings	72
Introduction	72
Language	73
March 2020 – July 2020	74
<i>Stop the Spread</i>	75
August 2020 – December 2020	81
<i>The Stay-at-Home Order</i>	81
January 2021 – March 2021	85
<i>Vaccine Eligibility</i>	86
Stay Safe, Bear Down, Mask Up & Vax Up!	88
<i>Stay Safe and Bear Down</i>	89
<i>Bear Down and Mask Up</i>	90
<i>Bear Down and Vax Up</i>	93
The Cost of COVID-19	96
Conclusion	97

REFLECTION FIVE	99
Chapter 5: Conclusion, Implications, & Lessons Learned	100
Introduction	100
Summary of Major Findings	101
<i>Ideal Student</i>	102
<i>Ableism</i>	103
<i>Academic Capitalism</i>	104
<i>Non-Performative Statements</i>	105
Conclusion	106
Researcher Reflexivity	106
Universal Design	107
Institutional Implications	108
<i>Flexibility</i>	109
<i>Vaccination Requirements or Incentives</i>	110
<i>Awareness of & Access to Affordable (Free) Health Care & Insurance</i>	114
<i>Diversity</i>	118
Implications for Practice	119
<i>Attendance, Absence, & Asynchronous Participation</i>	119
<i>Education & Training</i>	122
Implications for Future Research	124
<i>Expansion of the Study</i>	124
<i>International Research</i>	125
<i>College, COVID-19, and Cost: It's Complicated</i>	126
Lessons Learned from COVID-19	127
<i>Social Distancing</i>	128
<i>Masks Matter</i>	129
<i>Sanitation</i>	129
Thoughts on the “Return to Normal”	130
Conclusion: From Crisis to Chronic	131
REFLECTION SIX	133
References	134

LIST OF FIGURES

Figure 1. Primary analysis – code occurrences from March 2020 to July 2020..... 75

Figure 2. Primary analysis – code occurrences from August 2020 to December 2020..... 82

Figure 3. Primary analysis – code occurrences from January 2021 to March 2021..... 85

ABSTRACT

This dissertation explores literature related to disability, university communication, and inequality regimes to understand the conceptualization of the ideal college student and how COVID-19 disrupted and enforced the systemic ideals of who belongs at and in the rhetoric of institutions of higher education.

This study investigated how university leadership, public briefings, and email communication during the COVID-19 era were (or were not) inclusive of students with chronic illness and/or immunodeficiencies. A qualitative case study and qualitative methodologies were used to explore the communication of one university to and about the chronically ill population for 1 year as it reacted and responded to the Coronavirus (COVID-19) pandemic. My analysis found that university leadership communicated in a way that excluded students with chronic illness from the college experience, and when this population was included, the rhetoric was problematic, blaming, and shaming. University communications, media, and marketing are focused on the “ideal” college student and the “ideal” college experience. Higher education institutions need to reconceptualize their perception of who and what is ideal. Inclusive communications and marketing are key in reflecting the college’s commitment to the chronically ill.

It was through this dissertation, the related research and recommendations, and my own lived experiences that I began to reconceptualize the idea of being immunocompromised in college and begin to understand it as being immunocomplicated.

REFLECTION ONE

*My college experience, chronic illness experience, and COVID-19 experience was and is
funny, nuanced, and deeply personal.*

So is this dissertation.

It's Complicated.

Chapter 1: Introduction & Background

Introduction

College is complicated. Having a chronic illness is complicated. And navigating COVID-19 is complicated. What's more complicated is how these experiences intersect and impact an underserved student population that, prior to any pandemic-related complications, already faced significant disparities in access to and equitable experiences within institutions of higher education (Astin & Oseguera, 2004).

Sharing moments and milestones by broadcasting them across the web from a plethora of social media networks has become commonplace in all aspects of our lives: personal, professional, academic, and beyond. Perhaps one of the memorable contributions of the Noughties¹ was the introduction of using Facebook to provide relationship status updates. One of the most talked about options was the selection of "It's Complicated." Made famous by Facebook; and used to title the 2009 Nancy Meyers film starring Meryl Streep, Steve Martin, and Alec Baldwin, this two-word phrase of the early 2000s is often used in humor and jest when our identities and life transitions are, in fact, complicated and often further complicated by historically complex institutions, socially constructed norms, and the unforeseen impact of a world-wide pandemic.

The college experience and the milestones within are fraught with complexities that inform the history and practice of institutions of higher education. As Rhoades (2006) wrote, "After some years of progress, in recent decades, the system has experienced growing stratification of access—and of success" (p. 382). Stratification, of course, is not a new

¹ the period of years between 00 and 10 in any century, most commonly used to refer to 2000–2010.

phenomenon. Colleges and then universities were created as institutions of exclusion and elitism that were not originally designed to be attainable to the masses. However, access to higher education has expanded and morphed over the years with far greater access. The focus of social science research has extended the study of stratification to include shifting access to and inclusion within higher education.

Expanded access, then, is complicated. It has been met with joy from some and resistance from others along way. Even within the prioritization of access to and diversification of higher education, there are pitfalls in that priorities of different populations of students create patterns embedded in framing and negotiating who higher education is for and who is the ideal college student.

Our conceptions of the typical idealized college student are based on traditional notions and an imagined norm of someone who begins college immediately after high school, enrolls full-time, lives on campus ... Yet, such an assumed norm does not reflect the diversity of today's college students (Deil-Amen, 2001, p. 1).

Beyond the misconception of who is traditional, there remains a reality of who is the "preferred university client." Higher education recruiting practices show that those who are "whiter and wealthier" are the preferred clients of universities and thus are the desirable demographics of ideal college students (Salazar et al., 2021). By challenging these identified and stereotypical norms of the idealized college student, we create space to explore the presence of chronically ill college students and, as specifically reviewed in this study, how university messages and communication overtly and covertly complicate their experiences.

In March 2020, universities, and essentially the whole world, faced a new and evolving complication: the Novel Coronavirus, also known as COVID-19. Covid-19 complicated the ideal

college experience, its worldwide impact forced universities to scramble in an effort to evolve to an online model while simultaneously meeting the demands of students, parents, faculty, staff, regents, and politicians who all had preferences about the mode of instruction and the future of higher education within a pandemic. The University of Arizona worked to meet the ongoing demand for information by introducing a weekly Campus Reentry Briefing and regular email communication to provide the ever-growing audience with regular updates about the university's response to COVID-19 and plan for delivering the "college experience" in a complicated world.

Representation of Voice

"Historically, disabled people have been objects of study but not the purveyors of the knowledge base of disability" (Mitchel & Snyder, 2015, p. 198). This statement in itself perpetuates the ableist mindset that disabled individuals are somehow less qualified, less able, and less knowledgeable and that while they should be studied, they themselves are not responsible or qualified to be the researchers. This study will not follow that approach.

It is important to ground this research by acknowledging the lens through which I approach this study. In 2015, I was diagnosed with Cushing's Disease. If you are unfamiliar with this endocrine condition, you are not alone, as I had never heard of the disease until I was diagnosed with it. Prior to my diagnosis, I spent years unsuccessfully treating individual symptoms of the Cushing's, all while being unaware of the greater battle my body was in the midst of fighting. My experience with Cushing's included significant weight gain, depression, anxiety, high blood pressure, unexplained bruising, inability to heal, osteoporosis, extreme fatigue, and many other symptoms that became part of my everyday life. These symptoms were a result of enormously high cortisol levels because of tumor on my pituitary gland at the base of my brain.

Though my diagnosis was medical, it has been through environments that I have been disabled. My entire chronic illness experience, from diagnosis through remission, has intersected with my identities as a higher education student and practitioner. I have direct experience with how overt and covert messages by university leadership, faculty, staff, and students influence an individual's and a population's sense of inclusion and welcome on a college campus. Some of my own experiences highlight how implied and implicit messaging, including microaggressions,² are not only ableist in their rhetoric but also promote an ableist agenda within higher education, academically and professionally. Though the research in this dissertation focuses on university leadership and their communication to and about the chronically ill student, my own voice will continue to appear throughout this study by the sharing of personal memories between chapters. This inclusion of personal narrative is meant to provide voice to an often-overlooked population while also centering this study from the perspective of disability and chronic illness behind the gates of the ivory tower.

I continue to navigate life with the changing complexities of my disability. My personal experience intimately connects me to the disability community as more than a researcher, advocate, activist, or ally because the disability community is my community. However, membership within the disability community can be complicated. For me, my chronic illness typically presents as what is considered an “invisible condition ... because there are no outward physical signs or cues to indicate limitations associated with the conditions” (Falvo, 2014, p. 22). This invisibility often works as a benefit in allowing me to be viewed as someone without a disability, thus alleviating me of many ableist stigmas associated with chronic illness and

² “A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group” (Merriam-Webster, n.d.).

disability. However, this invisibility leaves me searching for belonging within the disability community and with a sense of exclusion from ableist institutions (like higher education), often feeling like an imposter regardless of where I am.

To combat a sometimes overwhelming sense of exclusion, regardless of my environment, I self-coined the term “immunocomplicated” to better understand and explain how chronic illness intersects with my identity. To put it simply, “immunocomplicated” acknowledges the idea that the status of my immune system and chronic illness is complicated. It goes beyond the established models of disability explored in my literature review to provide understanding that even within the frameworks of disability, chronic illness remains complicated. There is a reality within chronic illness that the impact felt by such illness can change minute by minute, hour by hour, day by day, week by week, month by month, and year by year. Personally, I often feel challenged when trying to explain that while I have a diagnosed medical condition, my disability is not medical but social. The reality and social portrayal of my health are dictated by my constantly evolving life circumstances, including access to health care and my environment. *It's immunocomplicated.*

I am who this study is about, I am who this study is for, and I am who is responsible for this study. I am a college student with a chronic illness in the era of COVID-19, and I can assure you, *it's complicated.*

Language & Identity

Disability, like other identities, often finds itself in the midst of political, societal, and economic debate. Part of the debate continues to be the language surrounding disability and the many opinions of what language is best, most correct, or preferred. Because disability is a socially constructed concept, the social-political framework and the values associated with

disability studies emphasize the traditional use of identity-first language in which “disabled” is an adjective or qualifier, such as “disabled student.” Person-first language, such as “student with a disability,” is often referred to as a more politically correct and less offensive manner for discussing disability. For many in the disability community, the use of person-first language lessens the focus of disability as a Sociopolitical phenomenon and places the burden back on the disabled individual rather than focusing on the role that the environment or society has in disabling people and populations.

Again, my own experience with chronic illness and disability is constantly evolving and always complicated. As such, this study will utilize both traditional and person-first language when referring to students with chronic illness (or chronically ill students) to honor the range of experiences that chronic illness can and does play in an individual’s life and in society as whole, as well as its constant evolution.

Disability & Chronic Illness in the College Context

Congress amended the former Americans with Disabilities Act (ADA) of 1990 through the Americans with Disabilities Act Amendments Act of 2008. These revisions, in part, broadened the meaning and interpretation of disability (U.S. Department of Education, 2018). The ADA provides a framework for the Department of Education who is responsible for actively enforcing Section 504 of the Rehabilitation Act of 1973, which legally protects students with disabilities from discrimination and preserves their rights to education (U.S. Department of Education, 2018). Section 504 regulations require provisions and services to students with disability-specific barriers in need of accommodations. Though disabled students must be accommodated in secondary and postsecondary education, individuals with chronic illness can often be overlooked (Lacasse et al., 2016). The invisible nature of their

condition can lead to lack of eligibility for accommodations or even a lack of understanding that they are part of the disability community, this, along with often limited access to medical care or medical documentation can further isolate chronically ill students from resources, accommodations and ultimately access to education.

The lack of current literature about students with chronic illness in a university setting may reflect the views of universities and practitioners that this population must be almost non-existent in the world of higher education. Yet, this is not at all the case. Although this population may be missing from today's literature, it is not because they are not, or not eligible to be, enrolled in colleges across the country. "Each year in the U.S., more than 500,000 youth with chronic illness, ranging from diabetes to bipolar depression, turn 18 years old" (Lotstein et al., 2005, p.1562). While the figure in this reference is dated, it continues to be the number cited in recent reports regarding chronic illness. In addition, such reports from 2014, add that about half of all adults, 117 million people, had one or more chronic health conditions (Ward et al., 2014). Though the focus of this study is on students, the numbers of students, staff, and faculty with disabilities (including chronic illness) have tripled over the last 25 years (Olney et al., 2004). With advances in modern medicine, the number of youths surviving chronic illness is also on the rise; as a result, the number of college-aged students with chronic illness continues to grow. These significant statistics are examples of why it is so important for higher education to catch up in terms of learning about and supporting this student population.

As the field of medical technology improves, so does the quality of life for individuals diagnosed with chronic illness. The definition of chronic illness used herein will refer to any disease that has, or is projected to have, a negative impact on the daily life of an individual for 12 months or longer (Herts et al., 2014). Examples of such illnesses include lupus, Crohn's disease,

Cushing's disease, and cancer. This is not an exhaustive list but rather a few examples to give readers a frame of reference when thinking about what chronic illness means in relation to the study.

Currently, as defined by the ADA, mental illness is also classified as a chronic illness. However, mental illness is intentionally not included or referenced in this study as a stand-alone illness. Although it is an important issue for college campuses, mental illness warrants its own studies in regard to the self-identity, persistence, and success of college students. For this study, I will look specifically at chronic illnesses in which a "physical impairment substantially limits one or more major life activity" (Americans with Disabilities Act of 1990, 1990, p. 7), while acknowledging that many of these diseases include mental health conditions as a symptom or result of the physical condition.

With the sudden impact of COVID-19 on the university setting, and on the world, those with a chronic illness have an additional classification of being "high-risk," as contracting the virus would result in comorbidities. While a chronic illness may not necessarily be fatal alone, it can leave an individual immunocompromised and increase the likelihood for not only contracting another illness, such as COVID-19, but also experiencing greater impact from the disease, including significant symptoms and an increased morbidity rate. The complications that arise from being chronically ill during COVID-19 extend beyond the medical concerns related to contracting COVID-19 and have the potential to impact essentially every aspect of everyday life and activities.

Purpose of the Study

The purpose of this study is to explore the complicated relationship between college, chronic illness, and COVID-19. Using a qualitative methodology, the research explores how

university communication frames and supports chronic illness in a university setting. Though the focus of this study is the response related to COVID-19, it provides an opportunity to explore how universities respond to a public health crisis and may foreshadow future public health emergencies and the response by institutions of higher education. By providing an in-depth qualitative case study of one university for one year during the COVID-19 pandemic, the research spotlights communication throughout the academic year with the added complications of pandemic reaction, response, and reentry.

Conceptual Frameworks

There is limited information that explores chronic illness and specifically chronic illness within a college setting. This study is informed and shaped by a broad range of literature, including the historical exploration of the models of disability, universal design, university marketing and communications, and diversity within institutions of higher education. These important areas of influence will be further explored during the literature review that follows.

Two main conceptual frameworks serve as a foundation of understanding for this study: (1) academic ableism and (2) how inequality regimes work to construct the ideal worker, which conceptually can inform the notion of the ideal student.

Academic Ableism

Critical scholars across higher education, and disciplines beyond, often describe institutions of higher education as systemically designed to be exclusive and for the elite. Dolmage (2017) specifically focused on the interplay with disability, stating, “Academia powerfully mandates able-bodiedness and able-mindedness, as well as other forms of social and communicative hyperability, and this demand can best be defined as ableism” (p. 7). Important to this study, Dolmage (2017) focused on the idea that language and rhetoric are key in

understanding how these systems “shape beliefs, values, institutions, and even bodies— sometimes negatively, sometimes positively, often powerfully” (p. 7). This idea that institutions of higher education are designed in a way to create and enforce barriers that excludes disabled students is critical to understanding chronically ill students being categorized as problematic and sheds insight on those most able, and even the hyper-able, as being the ideal college students.

Ideal Worker

The theory of inequality regimes, introduced by Joan Acker (2006), grounds this study in the idea that institutions systemically work to “maintain class, gender, and racial inequalities” (p. 443). This theory, designed to explain the systemic inequities within the workplace, translates to systems of higher education and the same identities that, according to Acker (2006), are systemically viewed as held by the ideal workers. Though Acker (2006) did not include disability within her theory, it will be explored throughout this study, using Acker’s findings related to the aforementioned identities as a guide and foundation. In the context of this study, Acker’s (2006) framework provides a parallel to institutions of higher education seeking out the ideal students. Within this framework, identities such as race, gender, socioeconomic status, and disability contribute to the perceived makeup of “ideal” and thus influence the rhetoric and communications to and about who is considered welcome and valuable in college.

Research Questions & Methodology

The purpose of this research is to explore the communication of one university for one year as it reacted and responded to the COVID-19 pandemic. Qualitative methodology was employed to explore the following questions.

- Who are the “ideal students” to the university, featured in its public and private communications and messages during the time of COVID-19, how are they defined and

framed, and how does this reflect and relate to inequality regimes and ableism with regard to categories of students?

- How, if at all, do university public and private communications and messages during the time of COVID-19 include and frame students with chronic illness, and how does this reflect and reinforce ableist inequality regimes with regard to categories of students?
- What does the university's framing of students with chronic illness in its public and private communications and messages suggest about whether it defines and enacts its responsibility to these students primarily from a legal, medical, or universal design framework?

This study is a qualitative exploratory case study designed to analyze how university leadership, public briefings, and email communication during the COVID-19 era are (or are not) inclusive of students with chronic illness and/or immunodeficiencies. Data was collected through a combination of the University Reentry Briefings³ and emails sent to the university community in response to COVID-19. The researcher reviewed and transcribed all documents throughout the different stages of the university's COVID-19 response.

For 1 year (March 2020 to March 2021), during an unprecedented world-wide pandemic, data was collected at the University of Arizona (UA), a large, public, 4-year, research-extensive institution in the Southwest United States. UA was selected due to the researcher's familiarity with and access to the institution; UA's appointment of Dr. Richard Carmona, the 17th Surgeon General of the United States, to lead the university's campus COVID-19 task force; and because

³ The name of the University of Arizona reentry briefings changed throughout the course of this study. The terms reentry briefing(s), weekly briefing(s), press briefing(s), and briefing(s) will be used interchangeably throughout this dissertation to refer to any update related to COVID-19 made publicly available via the University of Arizona's YouTube channel.

UA is known nationally and internationally in the world of higher education for its commitment to disability.

The methodology employed in this study, as well as the processes for data collection, coding, and analysis will be further explored and discussed in the third chapter of this paper.

Organization of the Study

This study is divided into five chapters. Chapter 1 provides the statement of the problem, the purpose of the study, and an introduction to the research design, as well as the significance of the study. Chapter 2 presents an overview of relevant literature related to disability, higher education, and the theoretical framework and concepts that inform this study. Next, Chapter 3 details the methodology, including the research site, data collection, analysis, and limitations of the study. Chapter 4 presents the qualitative findings. Finally, Chapter 5 discusses implications and recommendations for the institution, practitioners, and future research.

Summary

The research related to disabled students, specifically chronically ill students, and how universities view and value their identity and presence on college campuses is minimal and lacking in scope. There are still many ways to explore the chronically ill student experience, the university response, and higher education's commitment to this population, all of which will provide much-needed research critical to lessening the complications experienced by college students with chronic illness. However, in this specific moment in time, there is a unique opportunity to focus on the added complication of the COVID-19 pandemic and how college, chronic illness, and COVID-19 create a complication trifecta. The data collected and analyzed in this study will work to explore how university leaders during the COVID-19 crisis use public and private messages to assign value to student populations and what that means for a

chronically ill student's sense of belonging in higher education. This study provides insight into current university communication practices and implications to inform future practice and research so that chronically ill students will have access to an equitable and successful experience while feeling welcome and included within the world of higher education.

REFLECTION TWO

February 23, 2015, I was diagnosed as having Cushing's, it was a complicated diagnosis which left me and my doctor with many questions. During that appointment, the doctor told me that my "best case scenario" was that I had a brain tumor.

March 16, 2015, I had my first (of many) MRI's. After the procedure I was ushered into a financial counselor's office. I remember being confused and trying to explain to the financial counselor that I had insurance. It was explained to me in that meeting that my insurance was only going to cover a small portion of the MRI and I put the remaining balance of over \$3,000 on my credit card. This MRI was the first reality check of the financial cost and complication of being chronically ill.

May 14, 2015, I had my last and living wills notarized.

May 19, 2015, I checked into UNC Hospitals for what I referred to as my most expensive all-inclusive vacation (ever). Around 11:30AM as I was being wheeled into the operating room I for the first time since learning of my diagnosis started to cry.

May 22, 2015, days ahead of schedule, I left the hospital, and returned to my on-campus apartment, eager dog Sawyer, and my dad who lived with me for three weeks, ensuring my brain healed and my body adapted to my new normal.

Chapter 2: Literature Review

Introduction

Historically, institutions of higher education have been referred to as the ivory tower. These towers, though often referenced metaphorically today, once existed in reality as exclusive buildings, spaces, and communities designed to keep the elite in and those who were less elite out. If you have been a college student, think of your own campus: can you envision stairs, or a gate, or a marker that was representative of your understanding that campus was significant, separate, and, most importantly, special? These physical boundaries and barriers were and are designed as architectural examples of privilege, exclusion, and status.

In a paradoxical similarity, within the world of disability, there is significant history surrounding the use of institutions and asylums, often with stairs and gates committed to excluding the disabled population from mainstream society. These historical roots and realities are shared to provide understanding of the exclusion that even today can be seen and felt by disabled individuals in all aspects of life. Though institutions of higher education are often promoted as inclusive places, the historical foundation of the ivory tower has proven to be strong. Within the ableist constructs of higher education, there continue to be academically eligible student populations and individuals who are largely overlooked and underserved despite their growing presence within the walls of academia.

Through the development of university websites, social media accounts, and increased mass public communication, one might think that we have made progress in tearing down the stairs and gates that were once used to limit access to so many. Does it seem almost utopian to imagine that through the use of web-based communication we might remove barriers to higher education? That is probably because it is. It is now through words, language, and images that we

exclude individuals from the ivory tower; these powerful examples of rhetoric are how universities communicate their systemic beliefs and values and powerfully convey who is invited, who is included, and who is ideal. Dolmage (2017) defined rhetoric as “the strategic study of the circulation of power through communication” (p. 8).

Literature related to students with disabilities in higher education is limited but growing. However, literature that centers students with chronic illness is, much like the population, seemingly invisible. Thus, it is the goal of my dissertation to contribute to current literature on the topic. Though my qualitative case study is framed and grounded in higher education, disability does not exist simply within the realm of higher education. It is important to gain first an understanding of the models that inform the historical context and current research surrounding disability. In addition to examining literature related to disability, this literature review will also focus on the role(s) of academic ableism, inequality regimes and the ideal student, non-performative statements, visible and invisible diversity, and academic capitalism in creating, maintaining, and dismantling systems and stereotypes related to chronic illness.

Models of Disability

Medical Model

The framework of the medical model of disability situates disability and the experiences associated with it as individual and medically-based, rather than disability being a result of the environment. The model frames disability as a negative or a deficit that leads to exclusion and a life that is considered less than ideal (Shakespeare, 1997). Influenced by this model, society conforms to an ableist perspective that disability is bad and ability is good. Those who are disabled are experiencing an individual problem as a result of their disability, which limits their ability to fully participate in society and creates a belief that those with a disability have a deficit

which justifies their oppression (Swain et al., 2003). A common narrative in the medical model of disability is that those with a disability are suffering from the disability and that they are abnormal and should be “fixed.” Attempting to fix and normalize the disability can include medical and non-medical interventions, including corrective devices, therapies, procedures, based on? diagnoses from medical professionals and experts. These interventions are intended to provide a more “normal” life and experience for the disabled individual (Goodley, 2016). The perceived need for professional intervention contributes to the stereotype that an individual with a disability is someone to pity, shame, or fear, or is unable to contribute value to society and must rely on the imposed care of experts, such as medical experts (Vash, 2003).

Social Model

In contrast with the medical model of disability, the social model establishes that individuals have impairments but that ultimately the environment creates barriers which are disabling. The idea that the design of the environment creates a disabling experience for individuals with impairments presents us with the idea that disability is a socially constructed phenomenon rather than an individual experience (Swain et al., 2003). According to this model, there is a differentiation between disability and impairment in which disability is the social exclusion, whereas impairment is a physical limitation (Goodley, 2016). The idea that individuals with impairments are excluded from society because there is something wrong with society rather than something wrong with the individual leads to a narrative shift in which being disabled is no longer a problem needing to be fixed, but instead an identity to be embraced (Swain et al., 2003).

The social model is important to the experience of students with disabilities and chronic illness because it helps explain that it is not a matter of chronically ill students being less

qualified or less able to be successful in college. Rather, institutions of higher education are disabling, and the barriers that exist within the institutions create an exclusionary environment in which the needs of disabled students are not supported by the institutions' design.

Biopsychosocial & Interface Models

The biopsychosocial and interface models are presented here as a combined alternative to the medical and rehabilitation model and as an extension of the social model. The biophysical model presents disability as complex and “implies that many variables, not simply the chronic illness or disability itself, determine the extent and type of function that individuals with a health condition experience” (Falvo, 2014, p. 2), and the interface model helps to explain that “disability exists at the meeting point or interface between the person's medical diagnosis and the environmental factors that affect disability” (Smeltzer, 2007, p. 193). These models, in combination, help to explain what many people with chronic illness often struggle to explain or even fully comprehend about the complicated relationship between body, mind, environment, medicine, and more.

Chronic illness can often be an outsider in the world of disability. This is in part because of the often-invisible conditions and the fact that chronic illness does not solely belong within the historical view of disability from a medical model or even within the current, more widely accepted and preferred social model. It is important that “disability is viewed as a life experience in which the person with the disability is in control and empowered” (Smeltzer, 2007, p. 193) and that their physical, emotional, and environmental experiences inform their life experience and identity. Chronic illness and its impacts are often dependent on myriad factors, including, but not limited to: the individual, their social context and capital, their access to resources, and changes in their environment, including public health conditions. For example, a diabetic college

student with appropriate resources (financial, medical, nutritional, etc.) may not identify in that environment and under those circumstances as disabled and thus may never even disclose their condition to the university. However, this same student, during COVID-19, may experience changed biological, emotional, and environmental factors, leading them to a different awareness of or experience with disability.

The biopsychosocial model addresses how physical, emotional, and environmental influences interact and either promote or prevent an individual's attainment of the highest level of health and wellness possible or desired. This model, in the context of chronic illness, allows for understanding that an illness in combination with an environment creates disability.

Universal Design

In a world dedicated to universal design, the social model of disability in a sense becomes a theory of the past, since the utopian universally designed society is free from the barriers that lead to a disabling environment. Universal design is not a futuristic concept for a futuristic society; in 1985, Ronald Mace introduced the idea of universal design, which means that products and environments are usable for all people to the greatest extent possible, without the need for adaptation or specialized design. The principles of universal design include equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, and size and space for approach and use. These identified principles seek to take society beyond a place of compliance as set forth by the ADA and begin to reimagine society as one that is available for everyone without the need for modifications (Preiser & Ostroff, 2001). True adoption of universal design in the university setting would eliminate the need for students to disclose disabilities in search of accommodations because the physical and curricular environments would be designed with the goal of accessibility and usability for all students.

Academic Ableism

Ableism is systemic, and throughout my introduction and by sharing prevalent models of disability and the concept of universal design, the goal was to ground the reader as to better understand how disability is rooted in historical contexts of deficits, legal compliance, and barriers, all of which are ableist. Ableism is also part of the systemic construct of higher education; these systems are designed to resist efforts made to confront or dismantle ableism. The idea that higher education is systemically unable, or perhaps more accurately, unwilling to support students with chronic illnesses can be seen in graduation rates. A student with chronic illness is only half as likely to graduate from college as a “healthy” peer. This statistic is not indicative of high school graduation rates in which chronically ill and “healthy” peers graduate at similar rates (Herts et al., 2014). A key difference between secondary and higher education for students with any disability is that as they transition to college, they are responsible for seeking out accommodations and self-advocating for their needs. The same is true for students with chronic illness; students who were accommodated for their illness in a secondary education setting benefited from laws such as the Individuals with Disabilities Education Act (IDEA), which legally entitles them to resources (IDEA, 2015). In a secondary educational setting, parents are responsible for driving the accommodation process but once at an institution of higher education, students become responsible for accessing these accommodations on their own. Laws such as the Family Education Rights and Privacy Act (FERPA) prevents discussion and disclosure related to student records, restricting parents from being involved in the accommodation process.

Scholar Daniel Freeman (2015) provided this example: “Able-bodied people all have things they fall short with, skills or tasks that they will never master. But when disabled folks

say, 'These are the things I need in order to do my very best,' it is labeled as an 'accommodation'" (para. 12). By providing students with accommodations, a university ensures reasonable access and maintains ADA compliance. Removal of barriers and an increase in accessibility, even when merely creating compliance and truly lacking equity is commonly viewed from an ableist construct as something that is extra—something that comes at a cost or inconvenience to the institution.

The Ideal Student

Through Joan Acker's 2006 theory of inequality regimes, we are able to explore the idea that institutions systemically work to "maintain class, gender, and racial inequalities" (p. 443). Though Acker's theory was designed to explain inequity within the workplace, the theory translates well to institutions of higher education, and the characteristics of the "ideal worker" can work to similarly explain what institutions seek when looking for an "ideal student." The idea that race, gender, and class all play into what is considered ideal can benefit from the addition of disability and the inference that disabled workers, like disabled students, would not fit the mold of being ideal. Workplace norms suggest that for employees to be considered successful and be the "ideal worker," they must be dedicated solely to their career (Wolf-Wendel et al., 2016). For students, the career is their role as college students, their employer is the institution of higher education, and being "ideal" means to be the prototypical student "who is traditional aged, who attends full time, who lives on campus, who is involved in multiple on-campus activities and who is dedicated solely to being a student" (Beeler, 2016, p. 69).

It is unrealistic to assume that chronically ill college students can be dedicated to an existence focused on solely being a student. Having obligations beyond academics is not an experience shared solely within the chronically ill student population; other populations who are

not within the framework of the ideal student share the common thread of competing priorities. While the specific obligations may differ, research suggests that colleges are not prepared to adjust to conflicting outside demands. Research by Rosenbaum et al. (2009) shows:

Nontraditional students usually face more numerous and more severe constraints than their counterparts: parent illness, financial need, childcare crises, unanticipated pregnancies, automobile breakdowns, and work obligations. Unlike young, full-time students, nontraditional students often have rigid outside commitments and crises that impinge on their studies. (p. 127).

Though this research lacks discussion related to disability or chronic illness, there is much to ponder about the outdated view of traditional versus nontraditional students when discussing who is viewed as ideal. Being chronically ill comes with the added responsibility of maintaining a calendar of doctor's appointments, medication refills, and medical testing. College students report that they are solely responsible for their health and wellness, and as a result, they look for ways to integrate their calendar of health-related needs into the academic calendar. In addition to an overwhelming lack of access to health care, many students who do have access have reported delaying health-associated care, even when unwell, in order to avoid missing class, coursework, or perceived academic priorities (Schwenk et al., 2014). The competing priorities experienced by chronically ill college students can be incredibly stressful, resulting in an increased susceptibility to depression and anxiety (Herts et al., 2014). Though there is an ongoing need and demand for universities to provide flexibility, understanding, and support for all students who find themselves navigating the complexity of college with their intersecting (though often perceived as competing) identities, universities are systemically communicating that they are not prepared, or just not willing, to do so.

Policies and procedures; curriculum and pedagogical practices; interactions with faculty, staff, administrators, and peers; and the overall campus climate all make up the “environment” of higher education, according to Astin (1993). This environment can positively or negatively influence student success, but also, as we explored with the social model of disability, can be what disables a student with a health impairment. Environment and climate are critical elements of access, sense of belonging, and inclusion. Climate, or the “various structural aspects of the college and the behaviors of faculty, staff, and students” (Duquaine-Watson, 2007, p. 231), in relation to this study, will be observed through the university’s communication efforts during COVID-19. External factors, and specifically COVID-19 in this case, “can influence climate because they can alter the attitudes and behaviors of campus members towards students who are perceived as unwelcome or as if they are out of place in the college environment” (Beeler, 2016, p. 73).

The Ideal Diversity

As previously discussed, it matters what is shared and who is highlighted in university communications and marketing and on their webpages. The information and images communicated by universities and their leadership matter. And it matters whether colleges attempting to showcase diversity (fail to) include disability or chronic illness in their communication.

College brochures and Web sites depict people of various races and ethnicities, but ... when disability does appear, it is generally cloistered on the pages devoted to accommodations and services. It’s not that disability is simply excluded from visual and narrative representations of diversity in college materials; it is rarely even integrated into courses devoted to diversity. (Davis, 2011, para. 1)

Universities utilize their web presence, marketing, and communications to showcase the *ideal* student diversity. According to Ford and Patterson (2019), when sharing information online about diversity, universities focus on cosmetic (racial and ethnic) diversity because it can be showcased and visibly represented. Simply put, from a recruitment and marketing viewpoint, diversity that is invisible has less value. In addition to the emphasis placed on visible or cosmetic diversity, there is additional pressure to recruit, admit, and retain “measurably diverse” student populations, which excludes disability because institutions are prohibited from requiring disability identification or data. Measurable diversity is further defined through a lens of the federal government’s Integrated Postsecondary Education Data System (IPEDS), which includes racial and ethnic categories, age, and gender (Ford & Patterson, 2019, p. 100).

According to Couser (2005), “disability is a fundamental facet of human diversity, yet it lags behind race, gender, ethnicity, sexual orientation, and class in recognition inside and outside the academy” (p. 95). While Ford and Patterson (2019) helped to explain the reality of what ideal diversity means inside the academy, it is important to understand the forces at play outside of higher education, especially as it relates to chronic illness. Chronic illness and its relationship with disability are almost always explored through the medical model. There is an overwhelming desire to work towards a cure and a perception that by curing a chronic illness we alleviate an individual of their disability. The reality remains that chronic illness is a complex relationship of medically diagnosed impairment in an environment or society that is responsible for the disability. Chronically ill individuals are often excused from the discourse on diversity because they are seen as “fixable” or “curable” and because there was, is, and will continue to be varied experiences within the chronically ill population, as well as a level of fluidity within an individual’s experience. The lack of visibility paired with a lack of understanding places chronic

illness on the perimeter within the disability conversation, and disability on the perimeter of the diversity conversation.

Student populations who are diverse, but whose diversity lacks visibility, are considered less valuable in efforts intended to diversify higher education and thus are not prioritized within the conversation of inclusivity and support. In addition to the narrative of diversity often being absent from university communications, because there is a lack of understanding of students with disability as contributing to diversity, there is often less education and training around inclusive disability and illness rhetoric. Ultimately, what results are communications and messages from universities and their leadership that are absent of or biased in their choice of language pertaining to disability and chronic illness. These messages highlight the harm that absence and bias have in perpetuating stereotypes and stigmas related to an already marginalized population.

The Ideal Consumer

Universities are not unlike major corporations in their desire to attract specific clientele. University recruitment practices are influenced by the desire to recruit and enroll students from high socio-economic backgrounds (Salazar, et al., 2021). The capitalistic logic known in higher education circles as academic capitalism drives universities to maintain or enhance their financial standing and prestige in the world of higher education through attracting certain types of students who they most value (Slaughter & Rhoades, 2004).

When we think about the world of higher education and its continued evolution, it is important to think about the role of academic capitalism and what it means for a university. As academic capitalism works to disrupt the traditional model of higher education and create a more neo-liberal approach within the institution, it is important to recognize this does not guarantee, or even promote, increased access for underrepresented groups. Instead, it furthers the inequities

historically seen at the university level. Academic capitalism works to increase the number of managerial professionals and promote technological advancements and seeks to increase the diversity at institutions. However, an often-unspoken reality is that this approach makes education more convenient for those students already experiencing the greatest privilege from the existing university environment. As universities continue to experience reduced levels of government funding, they are looking for ways to increase revenue and decrease costs.

Academic capitalism perpetuates the recruitment and retention of the ideal student because those students are most financially able to support and maintain the university's organizational structure; these students are typically able-bodied students with a high socioeconomic status (Slaughter & Rhoades, 2004). Students as consumers further complicates an already complicated reality for chronically ill college students. Not only are chronically ill students often viewed as nontraditional and not the ideal demographic most often seen and heard in university marketing and communications, like Deaf and disabled students, they are also often perceived to be needy – posing a financial burden. In addition to chronically ill students not being considered the ideal consumer by universities and their leadership, there is a further systemic perspective of compliance, accommodation, and even universal design as a financial risk and burden. Academic capitalism, in a sense, reflects the perceived costs and deficits rather than the actual costs and benefits.

For institutions that are looking for ways to increase revenue, and who view their students as consumers, there is a dated and inaccurate misconception that chronically ill college students come with a cost and risk. Nevertheless, the population continues to grow and continues to enter the college environment. It is important, then, to know the current narrative surrounding this population in higher education, and further research is needed to help universities determine

how to create inclusive environments that promote access and support for chronically ill college students during and beyond the COVID-19 pandemic.

The Ideal Image

It is important to consider that in today's technologically advanced society, the student experience starts long before anyone commits to a school. Most individuals begin their college experience when they search for schools, and that search now starts online; thus, universities strive to project an ideal image of their institution. College and university websites are a primary means by which prospective students learn about an institution (Carnevale, 2005). The information, including both the text and imagery shared on an institution's website and in digital marketing, is almost always a student's first and potentially only impression of the institution, and in the context of this study, is the first exploration into understanding who is considered ideal. More than 84% of prospective students report using an institution's website to gather information about the school (National Association for College Admission Counseling, 2011). While websites play an important role, there are other ways, according to Saichaie and Morpew (2014), that institutions of higher education compete within the marketplace; advertising, marketing, and mass media are all used as ways for universities to get information out about who they are, what they do, and who they want. It is these mass media and social media outlets that provide "informal sources of information about the institution such as blogs, student newspapers, third-party publisher's rankings, and social networking outlets (e.g., Facebook, Twitter, YouTube)" (Saichaie & Morpew, 2014, p. 504). This study will focus on documents (emails) that were shared through the university's public-facing webpages and a publicly accessible YouTube channel specifically for the dissemination of information, communications, and messages related to COVID-19. The study examines how the public accessibility of these outlets

provided information beyond an internal audience of current students, staff, and faculty and, because of their public-facing formats, worked as a marketing tools for prospective students, families, and communities across the globe.

It is important, when considering university communications and the role they serve in marketing and maintaining a university persona, to think beyond what is being said and to whom, and to think about how it is being said and why, and to what is not being said or done... and why. All of what is and is not said and represented is the institution's lack of commitment to action. Squire et al. (2019) shared that communicating a response is not enough, because often, the response alone is non-performative. The COVID-19 response by the University of Arizona was very leadership-driven; there were regular emails (109 to be exact) sent by university leadership, with more than half coming directly from the university president. These communications are important not just for sharing information related to COVID-19 but also because "university and college presidential leadership is important in advancing key institutional priorities" (Kezar & Eckle, 2008, p. 1). Organizational systems and the leadership who are at the helm try to communicate what is valued, and ultimately who is valued, and every communication from a university leader is, or can be viewed as, an expression of those values. Non-performative statements help demonstrate that just because something is stated or someone is named, that does not equate to a representation of value within the system (Ahmed, 2012). Taking a critical look at what university communication is saying, how they are saying it, and who they are saying it to (and about) helps us to not only understand universities' priorities, but also that universities use "non-performative statements as a way of shirking responsibility for engaging in the ongoing process of social justice" (Squire et al., 2019, p. 122).

Though institutions of higher education are supposed to be centered around the advancement of knowledge and people, and ultimately serve society, as has been explored throughout this literature review, they often instead become organizations that reproduce systemic oppression. Moreover, they reinforce good/bad dichotomies and control the narrative of who is welcome and worthy in pursuing education and who deserves to be pursued by systems of education. While an institution may show outward signs of support and acceptance, their communications are often viewed as being devoid of a true commitment to transformative change and often lack any concrete commitment of support to students (Squire et al., 2019). Moreover, university marketing, communication, literature, and discourse are generally not inclusive of chronically ill college students, their experiences, or their voices.

Conclusion

This specific study focuses on the communication and messaging from university leadership during the COVID-19 era. Central to this study are the conceptual frameworks of how inequality regimes work to construct an understanding of who is the ideal student and what role academic ableism plays in determining not only who is the ideal student, but also how university leadership presents, promotes, and perpetuates these ideals through their internal and external communications and marketing.

The theory of inequality regimes is meant to explore and define the ideal worker as connected to systemic inequalities related to race, class, and gender (Acker, 2006). Adding disability to Acker's theory is a natural progression that allowed for this chapter to explore diversity, academic capitalism, and university marketing and communications all through a lens of what is ideal, why that perception matters, and how it is communicated. Academic ableism helps to further ground this study by emphasizing an understanding of language and rhetoric and

their importance in analyzing what is (or is not) being said, why it is important, and why the way it is said matters.

REFLECTION THREE

I said I would never go back to school for a PhD. After I finished my Master's degree, I was convinced that my days in the classroom were over. In November 2015, just shy of the six-month post-op mark I wrote my personal statement to apply for Higher Education PhD programs. I had realized that the journey I had been on for the past year and my own intersection of chronic illness and higher education was also my dissertation.

In August 2016 I enrolled in my first PhD classes as a degree-seeking student. I took two classes that semester which were taught by the same professor. During this timeframe I was hospitalized multiple times and on more than one occasion forced to choose between my health and my academic success. I was constantly made to feel inferior and ashamed of my illness, and that I was not "PhD material."

A year later, I was no longer in class with this professor, yet I remained a target for regular insults and ableist behavior. I clearly recall this professor casually telling me and other students how bloated I had looked the previous year when I had class with them and how much better I looked now. Shocked and embarrassed all I could think to say was "thank you" and that I was "feeling good" as though their comment was somehow a compliment.

This, and other similar moments, were and are reminders that in the world of higher education, I was and am not the ideal student.

Chapter 3: Methods

Introduction

This study uses qualitative methods to examine whether and how university leadership, public briefings, and direct email communication in the COVID-19 era are inclusive of students with chronic illnesses and/or immunodeficiencies. The research design is an exploratory case study of the University of Arizona's email communication and public briefings over the course of one year (March 2020 to March 2021) to capture the University's response to COVID-19. The analytical focus of this in-depth content analysis centers on whether students with chronic illness and/or immunodeficiencies are represented, and if so, how they are represented and what that inclusion demonstrates. The document and archival analysis included weekly press briefings hosted by University of Arizona President Dr. Robert Robbins, which were initially viewed, then transcribed, observed, and viewed again, and then analyzed. Special attention was paid to the messages and communication shared with and about students, staff, and faculty during the COVID-19 era regarding the university's commitment to students who have a chronic illness and/or who are immunocompromised.

Analyses of universities' public communication, marketing, and outreach activities have been pursued in multiple case studies (e.g., Saichaie & Morphew, 2014; Rhoades et al., 2019). Such cross-sectional work, however, has focused on single points in time. By contrast, this study addresses communication over an extensive yet poignant period of 1 year. The approach to this case study is a viable yet robust exploration of university communication. The value of the exploratory single case study approach in this research also lies in learning more about the understudied, almost entirely unexplored, chronically ill student population. A deep understanding of how a university considers, overlooks, or frames this under-considered

population makes a single case study design an excellent approach for exploratory analysis with meaningful results (Yin, 1994).

In this chapter, I first explain my positionality as a researcher. Then, I review the research questions and describe the characteristics of the selected university (site), as well as the documents selected for analysis in relation to the research questions. Subsequently, the data collection methods are described, as are the coding techniques utilized for analyzing the documents. Finally, this chapter addresses the matters of ethics and validity and the study's limitations.

Researcher Positionality

As previously mentioned in my introduction, and as explored with the use of personal memories and narratives throughout this dissertation, my positionality is integral to my decision to conduct this research. I am a chronically ill graduate student who was diagnosed with Cushing's Disease in 2015. While my diagnosis was formalized in 2015, it took years of exploration and medical opinions to reach a diagnosis and ultimately a treatment plan. It is critical in framing my positionality to provide the context that my journey with chronic illness started many years prior to a formal diagnosis. I spent many years being passed from doctor to doctor, receiving messaging that my experiences were not from the failure of medical professionals to diagnose, but rather because of my personal failure to acclimate to the "demands of adult life."

I began to internalize the experiences of misdiagnoses and dismissive attitudes as they related to my health, and the impact was present in all areas of my life. I began to feel like an imposter in all aspects of my life, including my persona as a professional and a student. Everyone, not just medical professionals, had opinions about my symptoms, including family,

friends, colleagues, and professors. Unsolicited advice related to my body and mind became commonplace in my work and academic environments, stripping me of the pride I once felt in my professional and scholarly identities and constantly leaving me with a feeling of being exposed and vulnerable, yet still with no answers as to why. I lived in a constant state of feeling invisible and overlooked in every aspect of my life. From the medical professionals I went to for answers to the universities I worked for and studied at to my own friends and family, my interactions with others included struggles to make my experiences, and ultimately my identity, seen, heard, or valued.

Through exploration with doctors, it was determined that I had Cushing's Disease five years or more prior to my formal diagnosis, meaning that I spent years of undergraduate and graduate school with an untreated chronic illness. Now, though in remission, I still manage the daily impact of chronic illness and its effects in all facets of my life, including my academic pursuits. I know through personal experience the impact that being chronically ill has on identity and the importance of having your identity acknowledged, understood, and valued. The invisibility of my disability acts as both a barrier and a blessing when it comes to my experiences in the university setting. Universities, regardless of a commitment to diversity or equal opportunity, continue to enforce systems of oppression that attract and benefit ideal students and employees while perpetuating the stigmas and stereotypes associated with chronic illness and disability.

In addition to identifying as chronically ill, I also am a student services professional who works with students, staff, and faculty to enforce the University of Arizona's Nondiscrimination and Anti-Harassment Policy. Specifically, I investigate civil rights-related complaints in which discrimination or harassment based on an individual's membership in a protected category

(based on age, race, ethnicity, gender, sexual orientation, disability, or veteran status) is suspected. Though in my work I regularly explore concerns and policy violations related to an individual's disability status, no workplace privileges were used for research in this study. This includes but is not limited to unauthorized access to disability-related student or employment information or concerns. All information used for this study was publicly available to minimize any potential bias created by my position of "insider," both within the chronically ill community as well as through a unique lens as a civil rights investigator.

Prior to my role as an investigator, I spent more than 12 years working professionally and paraprofessionally in university housing and residential life departments. Through various positions at multiple institutions and in many capacities, I worked to create, improve, and maintain residential environments committed to providing resources and access to a successful transition and/or college experience. I have worked not only with what universities and systems of higher education describe as the traditional college student but have also dedicated much of my career to working with numerically smaller on-campus populations, including graduate and international students. Through my various roles, and because of my personal experiences, I have committed to implementing programming, procedures, and policies that utilize universal design to ensure that environments are accessible for all students.

When discussing my positionality, it is important to note that my disability provides me with the privilege of choosing if, how, and when I disclose. I often hide my illness in a professional setting to limit rhetoric related to how my illness intersects with my professional identity. Meanwhile, in scholarly circles, I often disclose to provide context to my experience as a researcher. This conflict related to disclosure is just one example of the daily internalized conflicts that often lead me to feeling like an imposter in a university setting. For me and many

others who identify as chronically ill on a college campus, COVID-19 impacted the sense of being able to choose when it came to disability and chronic illness disclosure. To prioritize my health and work from home, I ultimately made the decision, four days into a new job, to disclose my chronic illness to my supervisor. Even as someone who is considered to be an institutional expert on nondiscrimination policies and law, I lived in constant fear that my disclosure, in combination with the university's perceived financial crisis and my very new professional role, would make me a target for the ongoing reductions in force. COVID-19 was just one more complication in my already complicated, chronically ill college experience.

Qualitative Methods

Prior to conducting research, it was important to consider the phenomenon being studied and the intended goal of the research. In considering those characteristics separately and holistically, the appropriate method for research clearly appeared to be a qualitative case study (Creswell & Poth, 2018, p. 97). This case study will focus on a university's consideration, framing, and support of the community of chronically ill college students amidst the extraordinary event of the COVID-19 pandemic. By positioning this research at the University of Arizona, the study is bound by a specific place, as well as by the COVID-19 timeframe. An additional parameter of this study is the focus on the university's actions in relation to the population of those who identify as chronically ill or immune-compromised.

In addition to determining that a qualitative case study was an appropriate approach, it was also important, according to Henslin (2013), to identify appropriate data-gathering methods. The focus of this study is on the selected institution of the higher education and university leadership, and how their communications lay a foundation for institutions that are inclusive and/or exclusive of chronically ill college students. Methods for consideration included: (1) a

survey, (2) participant observation, (3) secondary data collection, (4) documents, (5) unobtrusive measures, and (6) experiments. Given the high volume of emails transmitted and briefings given by university leadership throughout the first year of the COVID-19 response, document and media analysis was selected to create a systematic process of reviewing and evaluating these documents and messages (Bowen, 2009, p. 27). In order to prevent any concerns related to my professional role and the access I have to private and confidential university-related information, I relied solely on obtrusive measures. This was also done to ensure that the study could be duplicated elsewhere, regardless of level of access to the university's information. All documents analyzed in this study, as well as the briefings transcribed and analyzed, were not only shared widely across the university (with students, staff, and faculty), but were also published for public consumption via the University of Arizona's COVID-19 webpage. These formal, public communications shared by the University of Arizona allowed me, as a researcher, to explore whether, as well as how, chronically ill students are considered and framed in public university rhetoric. These formal communications were considerable, with more than 109 emails and 1,907 minutes of briefings collected and analyzed.

These documents and mass media communications became part of the formal archives of the university and the university's COVID-19 response. It was through these archives that I was able to observe university leadership and invited guests as they participated in the briefings, disseminated messages, and responded to questions. I was able to document my reactions to these briefings through analytical memos as well as transcribe the briefings for coding purposes. The watching, re-watching, and transcribing of these briefings was in part to ensure "rich data" (Maxwell, 2013, p. 126). I put significant effort into creating a verbatim transcript of each briefing so that it could be used in conjunction with the emails and my own memos to create a

record of what felt significant in that moment, as well as prompting my reflection to go beyond an initial reaction or response. This method of research allows for greater emphasis to be placed on the interpretation of the words used by university leadership, as well as the behavior exhibited, which can be equally important and valuable when communicating.

Each briefing was reviewed at least twice (but often many times more). First, each briefing was watched live online. This allowed for an initial review of the briefing in real time and served as an opportunity to essentially participate in field observations during the case study. The timing of these briefings was important, given that many of the briefings were reactionary, in response to the weekly global, national, regional, and university evolution of the COVID-19 pandemic and its impact. I took notes as I watched each briefing to serve as field notes. Those notes, along with the briefings themselves and the emails, combined to create the “thick description” that Glesne (2015) shared is crucial for a “deep understanding” of the data being collected (p. 67).

Qualitative case study was utilized because the study was exploratory in nature and the analysis was in search of meaning. Qualitative case studies allow for in-depth investigation of a particular phenomenon: in this case, the communication to and about chronically ill and immunocompromised students via university documents (emails) and archived media (briefings). Further, document and archive analysis were utilized as the technique to arrive at meaning. The intent of qualitative content analysis is to serve as a methodical investigation of text and visual imagery (Mayring, 2004). Key to this study were the range of time in which data was collected and the scope of the documents and archives considered for review. Analysis began at the onset of COVID-19, and for 1 year, I reviewed every email and briefing that the University of Arizona had in relation to COVID-19. This data was reviewed in real time, but also many subsequent

times over the course of 1 year. Each week, the datasets grew as additional emails were sent and published to the university webpage and as weekly briefings were held. These documents and briefings were rich in the information and understanding they provided about the university in relation to students, staff, faculty, and the overall administration during an unprecedented crisis. In real time, my data was collected, reviewed, and analyzed, and memos were written to provide understanding of the ongoing lived experience of someone who identifies as a university staff member and student and as chronically ill. Additionally, the data was archived and memorialized so that it could be continuously reviewed over the year as additional communications were released, in an effort to understand the full scope of university reaction and response to the COVID-19 pandemic.

Research Questions

The following research questions of this study serve as the heart of its design and are an important starting point in helping to better understand what is to be gained by this study and centering the researcher and readers to the university, the concepts, and the temporal dimension of this work.

- Who are the “ideal students” to the university, featured in its public and private communications and messages during the time of COVID-19, how are they defined and framed, and how does this reflect and relate to inequality regimes and ableism with regard to categories of students?
- How, if at all, do university public and private communications and messages during the time of COVID-19 include and frame students with chronic illness, and how does this reflect and reinforce ableist inequality regimes with regard to categories of students?

- What does the university's framing of students with chronic illness in its public and private communications and messages suggest about whether it defines and enacts its responsibility to these students primarily from a legal, medical, or universal design framework?

Research Site

The research site for this study is The University of Arizona⁴, a large, public research institution located in the southwest United States. The University of Arizona was a valuable research site for this study for several reasons, including its established commitment to disability and accessibility, its response to COVID-19, and the strength of its Arizona Online presence. These influences, along with the researcher's professional and personal familiarity with the university, led to its selection as the site of this study. In some ways, the University of Arizona, in addition to being familiar to and convenient for the researcher, is also a best-case test of how a university addresses (or does not address) chronically ill students. Given the University of Arizona's historically progressive commitment to disability, its leadership in areas of disability culture, universal design, and accessibility creates the ideal environment to further explore the response of the university, through the lens of disability, during the COVID-19 pandemic.

Commitment to Disability

The University of Arizona is regarded as an international leader in respect to disability access, with a state-of-the-art disability resource center that is viewed as a model throughout the world of progressive services and programs (Carbajal, 2017). As stated by the university's Office of Institutional Equity (OIE) on their webpage, the university includes "a statement of

⁴ The University of Arizona is also commonly referred to as Arizona, UofA, UA, and UArizona. All terminology is interchangeable and used throughout this dissertation.

nondiscriminatory policy in any bulletins, announcements, publications, catalogs, application forms, or other recruitment materials that are made available to students, applicants, or employees” (University of Arizona, 2021d, para. 1). That statement, in full, reads:

The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or genetic information in its programs and activities (University of Arizona, 2021d, para. 4).

This is just one example of a university statement that shows a commitment to students, applicants, and employees with disabilities. OIE also includes disability as a protected category in its nondiscrimination and anti-harassment policy. This policy can be found on multiple University of Arizona websites, including the university’s Diversity & Inclusion website. The university also has a policy upholding the Americans with Disabilities Act, which states, “No qualified person will be denied access to, participation in or the benefits of any program or activity operated by the university because of disability” (University of Arizona, 2020c, stat. 1). However, the commitment to disability made by the University of Arizona is far more than policy and compliance.

The University of Arizona’s Disability Resource Center (DRC) has a significant history of propelling the university into the future of accessibility by promoting a culture of inclusion rather than a narrower focus of ADA compliance. The DRC is unique in that its approach, unlike many peer institutions, goes beyond legal compliance and student accommodations and is designed to provide resources, education, and consultation to support students, staff, faculty, and the community in designing, developing, and maintaining universally designed environments. The DRC has an entire webpage on their website dedicated to access-related statements. These

statements are prime examples of the commitment the university is making to universal design.

The statements are provided to the university community in template form so that all members of the community can work on creating accessible environments, marketing, and online content.

One such example of a disability access statement includes:

With questions about access or to request any disability-related accommodations in this {insert text: workshop, training, seminar} such as ASL interpreting, closed-captioning, wheelchair access, or electronic text, etc., please contact {Event Planner's name and email or phone number} (University of Arizona, 2021b, sec. 1).

These access statements go beyond compliance and instead encourage the university community to not only think about accessibility when planning events, developing curricula, and creating materials, but also to think about how a commitment to disability is included in the language and rhetoric in all that they do.

In 2018, the University of Arizona became the second university in the country to incorporate a disability cultural center (DCC) into their campus, providing “a space for students, faculty and staff to explore and celebrate disability, identity, culture and community” (University of Arizona, 2021c, para. 1). The DCC provides space that “promote[s] an authentic and intersectional perspective on disability” (University of Arizona, 2021c, para. 1). This intersectional approach employed by the DCC is representative of the DRC’s commitment to work informed by social justice, universal design, and disability studies.

In addition to the DRC and DCC the University of Arizona is home to the Strategic Alternative Learning Techniques (SALT) Center. Known internationally as a “model for academic support in higher education” (University of Arizona, 2021e, para. 5). The SALT Center offers programming, learning support services, educational technologies, and

comprehensive academic support designed for students “who learn differently” (University of Arizona, 2021e, para. 1). The emphasis on using terminology such as “different” allows SALT to separate itself from disability related terminology and thus reinforces the stigma that disability is not ideal, but that “different” can be. The SALT Center, unlike the DRC or DCC has an application process and is selective in its admission to the program. Not only is SALT selective in who is accepted into the program, it is a service that, much like higher education as whole, caters to students of financial means. The cost to participate in SALT ranges from \$1500 a semester to \$3500 based on a student’s classification as a lower division or upper division undergraduate student (University of Arizona, 2021e). The program, produces income from disabled students, debunking the myth of students with disabilities being a financial burden, and instead using them as an (often untapped) university revenue generator.

A \$3500 per semester fee is just one example of ways that a program which advertises inclusion, is really designed to capitalize on disability stereotypes to collect money and further promote exclusionary practices. Just as important as how the university shows its commitment to diversity, specifically disability in this case, there are also ways in which the university shows a lack of commitment. Another example of performative commitments can be seen within the Office of Diversity & Inclusion, the department home to a number of Diversity Advisory Councils. The webpage for the Disability Advisory Council remains an example of non-performative statements, as there are lots of words on the page and seemingly a strong commitment being made by the university to including disability as part of the diversity landscape. However, further review of the advisory council page shows that there are no council members, no resources about disability, and essentially no point of contact for the disability community on that page. Meanwhile, the other seven councils shared on the Diversity &

Inclusion site have full membership and contact information (University of Arizona, 2021g), which highlights the points made in my literature review that disability is not the ideal diversity.

COVID-19 Response

The university created a COVID-19 task force in spring 2020, which includes seven public health domains: Test, Trace, Treat, Offer Flexible Participation, Minimize Contact and Reduce Crowding, Minimize Transmission, and Communicate (University of Arizona, 2020a). The emphasis was on offering flexible participation for students, staff, and faculty in an effort to protect individuals who may be vulnerable to COVID-19 and maintaining an active COVID-19 campus communication plan. The task force, communication plan, and communication from university leadership resulted in a significant archive of documents that could, in turn, be analyzed and coded for this case study.

Central to the task force was the appointment of Dr. Richard Carmona, the 17th Surgeon General of the United States, as its director. Initially, Dr. Carmona's appointment was in order to plan for and execute the fall 2020 return-to-campus plan (University of Arizona, 2020b). The announcement of Dr. Carmona as the director of the task force was made on May 20, 2020, approximately 1 month following President Robbins' announcement that the university intended to resume in-person classes for the fall 2020 semester after the university suspended them beginning in March 2020. The plan to return to in-person operations, according to university communications, included "bringing back 45,000 students and 15,000 faculty and staff for fall 2020. The plan hinges on a three-part Test, Trace and Treat approach" (University of Arizona, 2020b, para. 5).

In addition to the creation of the campus reentry task force, the University of Arizona launched and maintained a COVID-19 Response webpage. This page provided regular updates

about the operations of the university and served as a central location where all communications sent to students, staff, and faculty via email were published and accessible to the public. This webpage was also used, in addition to the direct email communications and briefings, to share information related to mask and testing mandates, vaccine efforts, and overall plans, policies, and procedures related to COVID-19.

Arizona Online

With guidance from the Centers for Disease Control and Prevention (CDC), many institutions (secondary and post-secondary) have moved into the realm of online learning. The University of Arizona, however, had a significant online presence prior to feeling the pressure of COVID-19 in the spring of 2020. For the past 6 years, Arizona Online has worked to create a public university presence on an online platform. The program has recently been recognized by *U.S. News & World Report* as the seventh best online bachelor's program in the nation. This was a four-spot rise in the rankings from the 2020 report and a 74-spot increase from its initial standing in 2017. Liesel Folks, University of Arizona Senior Vice President for Academic Affairs and Provost, stated, "In 6 years, Arizona Online has grown from having a limited number of fully online programs to offering nearly 40 online bachelor's degrees" (Prevenas, 2021, para. 7). This focus on online education prior to COVID-19 further supports the University of Arizona as an appropriate site for this qualitative study, as the university, according to Vice Provost for Online and Distance Education Craig Wilson, was better equipped to "understand the difficult times our students, faculty, and staff are facing during this COVID-19 pandemic ... we will continue to find innovative ways to improve the online learning and work environments we use daily" (Prevenas, 2021, para. 12).

Data Collection

Public university communications and marketing efforts become the image, voice, and/or public persona of a university. It is more than just what is being said but also how it is said, who says it, and who the message is intended for. For example, a university's web presence is foundational in its marketing and communication efforts, and its inclusion of language and images helps tell its story in a way that engages an audience and creates connection. The data collected for this study included university briefings (YouTube videos) and internal communication (emails) that were published for public consumption on the University of Arizona's COVID-19 webpage. To some degree, all the emails and briefings collected for this study were a form of university marketing. They were published publicly on the university's webpage and served as university communication to their direct audience (who the email was sent to) but also as a broader example of university marketing by sharing with a wider, unrestricted audience the university's response and plan for COVID-19 operations.

COVID-19 Reentry Briefings

The University of Arizona COVID-19 campus briefings were published to the university's public YouTube channel, making them widely available via the web-based social media platform. To effectively analyze and code the information disseminated from the conferences, transcripts were created for 46 university briefings. These briefings spanned the timeline from when the University of Arizona announced the implementation of its COVID-19 mitigation plan on March 11, 2020, through 1 year of mitigation, response, and reentry. The final briefing analyzed in this study was streamed on the University of Arizona YouTube channel on March 22, 2021. To aid in thematic coding, transcripts were created to memorialize a permanent record of the YouTube recordings should they ever be removed from the YouTube platform and

no longer be available for public viewing. These briefings provided the researcher with observational data that takes the information beyond simple data collection and analysis, allowing for data to be easily collected from a university president who might otherwise be a challenging source of information to connect with.

COVID-19 Related University Email Communications

Email communication shared by the University of Arizona related to COVID-19 updates, policies, and concerns was made publicly available by the university through its COVID-19 webpage. The emails were downloaded, reviewed, and stored so that they could be regularly accessed at any time during and after the study. Analysis of these documents included an initial review to categorize the intended audience (e.g., students, staff, faculty) to better frame the positionality of each email. For consistency, the same thematic codes used for reviewing the university briefings were then used to categorize and analyze the emails. The initial email sent to the University of Arizona community related to COVID-19 was received by university students, staff, and faculty on January 26, 2020, and later, after the implementation of the COVID-19 webpage, was made available to the public through that page. A total of 109 emails distributed to university students, staff, and faculty were sent between January 26, 2020, and March 22, 2021. Those emails were all made accessible to the general public via the COVID-19 updates webpage. These emails chronicle just over a year's worth of communication from university leadership related to the outbreak, mitigation efforts (health and fiscal), reentry plans, status updates, and vaccination efforts.

Data Analysis

I analyzed the emails and briefings using the analytic procedures set forth by Marshall and Rossman (2016) to create a structure by which to organize my analysis into phases: “a)

organizing the data, b) immersion in the data, c) generating categories and themes, d) coding the data, e) offering interpretations through analytic memos, f) searching for alternate understandings and g) writing the report for the study” (p. 31).

Guidance from Bowen (2009) was used to further enhance the analysis by ensuring that it included a superficial examination of my previously identified and organized documents to get a sense of the appropriateness of the documents for the study. Additionally, this examination aided in the initial step of cataloging the documents to ensure appropriate identification of the document type and date, which was a key method of cataloging data for this study. This approach also aided in organization and was done to provide a path for retrieval of the documents. Documents were reviewed for relevance; those deemed to be potentially irrelevant were still coded and analyzed, but it was important to limit researcher bias by not assuming that all materials collected would be credible, authentic, and representative of the study (Bowen, 2009). Though all materials collected were ultimately found to be credible and authentic, there were some that were not representative of the study, as determined through coding and analysis.

Thematic analysis was used to identify patterns within the various documents, which led to a better understanding of the differing and shared themes across documents and document types (Bowen, 2008). Given the large number of documents for analysis and a commitment to ensuring validity, multiple methods of coding were employed to in an effort to provide rich and descriptive analysis of the data. The documents used for this analysis were collected and archived, over time and throughout this process which required flexibility as the need for additional codes (and coding cycles). Each time new codes or cycles were added all documents were re-coded to make sure that all codes were used consistently across all the briefings and emails reviewed.

An exciting yet sometimes challenging component of my body of data was that it continued to grow. I began preliminarily analyzing the data in late spring 2020, when there were only a few months' worth of emails and briefings for review. Each week the data set grew, and this growth continued even after I began coding in December of 2020. As a result, I relied on Glaser and Strauss' (1967) method of moving between analysis and coding to build upon the data and theory. I regularly switched back and forth between coding and analysis to accommodate the growing number of documents and to remain open to the evolution of my codes. Often when I watched a new briefing or reviewed additional emails sent by leadership, I would reflect on the need for an additional code or find a new theme being revealed. I would then revisit all of the previously collected data and use the text search/find option to recode for new words and phrases across all data sources. The constant need to code and recode my growing datasets required me to employ several data coding methods, which will be explored next in this chapter.

I completed a primary analysis of all documents in April 2021. After this primary analysis and exploration of the developing themes, I realized there was additional information that I was interested in collecting as a supplement to my primary analysis. In May 2021, I conducted a secondary analysis focused specifically on coding related to masks and vaccines. This secondary analysis of the data provided a separate dataset, which was used in connection with my primary dataset to look for emerging patterns from both datasets simultaneously.

Data Coding

I used various coding styles to capture a rich set of data for analysis due to the sheer volume of documents collected over a 1-year time frame. This significant quantity of research data, along with a commitment to validity, led to a need for pre-coding, first-cycle coding, a

review of the first-cycle coding, second-cycle coding, and review of the second-cycle coding (Saldaña, 2013). Patterns and themes emerged throughout various stages of data collection, coding, and analysis as a result, and due to the richness and complexity of the data collected, simultaneous coding was used to allow for the application of “two or more different codes to a single qualitative datum” (Saldaña, 2013, p. 94). To respond to and evolve with the data, additional codes were developed through various cycles of coding, and documents were reviewed multiple times to ensure that all codes were used consistently across all documents.

Prior to reviewing the briefings and emails in full, a list of predetermined provisional codes was established. These codes were developed from prior knowledge of the topic, along with the theoretical and conceptual frameworks that served as a foundation for this study, including how inequality regimes work to construct the ideal student, academic ableism, and the foundational influence of the models of disability explored in the literature review. Examples of provisional codes include disability, chronic illness, immunocompromised, and risk. After an initial viewing of the briefings and review of the emails, transcripts were created of the briefings, and open coding was employed. This approach allowed for not only the use of the initial codes, but also the identification of inductive codes and growth of the code list (Saldaña, 2013).

Open Coding

Open coding was essential to this study and to the data collection and analysis processes. As data was collected, transcribed, and reviewed, new themes and words emerged that were in some cases related to previously identified codes, but there were also cases in which new or unexpected language and themes became apparent to the researcher. Further, through peer review and discussion, additional codes emerged because of the shared perspectives of others who reviewed the same sources of data. For example, a peer who also works at the University of

Arizona discovered the university president's preponderant use of the term "comorbidities," which was not previously considered and thus was added as a code to be used with all the collected data. In addition to open coding allowing for continued development of themes and deeper analysis, this coding approach was also used to ensure the validity of the study and limit researcher bias by encouraging a greater exploration of the data, rather than only exploring for codes and themes that were predetermined.

This research benefited greatly from an emphasis on open and eclectic coding throughout first- and second-cycle coding. The volume of data coded resulted in many "first" and "second" cycles of coding to ensure that each document was reviewed for each code, regardless of when in the open coding process the code was discovered. Eclectic coding fits well into methods of exploratory coding where there is a need to have many "drafts" of coding and where recoding happens as a result of learning and continual exploration within the data (Saldaña, 2013, p. 212).

Subcoding

Subcoding provided an opportunity to further explore individual codes as there became a need for more detail in understanding how they were used and how they presented the data. According to Saldaña (2013), "a second-order tag [is] assigned after a primary code to detail or enrich the entry" (p. 91). Subcoding was used after initial codes were applied and upon realization that some of the codes were too broad. For example, for emails and briefing transcripts that were coded for the word "risk," further review showed a need to subcode this data into additional codes, including at-risk, high-risk, no-risk, and low-risk. This subcoding allowed for greater nuance in analyzing the data associated with the code *risk* (Saldaña, 2013, p. 92).

Descriptive Coding

Throughout my data analysis, descriptive coding was used, as it provided “a categorized inventory, tabular account, summary, or index of the data’s contents ... It is essential groundwork for further analysis and interpretation” (Wolcott, 1994, p. 55). The data in this study was collected across a significant amount of time, and by using descriptive codes I was able to chart the data in ways that allowed for assessment of how the frequency of the codes changed over the course of 1 year (Saldaña, 2013). Descriptive coding allowed for me to focus on specific words and in some cases very short phrases to clearly identify when my codes were present in the thousands of pages of data I had collected. This was especially helpful as I began to also see patterns of when my codes were absent. Descriptive codes are an appropriate way to code documents and artifacts, which were the data types for this study.

In Vivo Coding

In vivo coding was used because it allowed for integration of the codes that I created, which were reflective of my previous knowledge of chronic illness and the literature, and created space to incorporate the words and terminology that were being used by university leadership. Given that this study centers around a perception of inclusivity surrounding communication and language, it was important at various times throughout the data analysis to use verbatim code. These codes not only ensured that I captured data I might have otherwise missed, but they also allowed for deeper exploration of the language and rhetoric used by university leadership. For example, morbidities and comorbidities were not originally coded for; however, they were used with great regularity throughout the briefings to directly reference or parallel chronic illness. These words have a historically medical connotation and provided insight into Dr. Robbins’ view on chronic illness in relation to COVID-19. Those verbatim accounts were used to create

additional codes, and all the collected data was re-coded for them (Saldaña, 2013, p. 106). Using in vivo coding allowed me to prioritize the words and language of university leadership, which ultimately became the “voice” of the university through the publication of these communications.

Codebook

A primary analysis and secondary analysis codebook were created to provide organization as well a greater understanding of the importance of the codes selected and how similar codes allowed for a deeper exploration of the collected data. Based on the suggestions of Bernard and Ryan (2009), information listed in the codebook included: name for the code and any labels used to identify the code in a short-hand fashion; a description of the code, including any key information about what it was or whether and why it was included or excluded under the code; and finally, specific examples of the code from the data. This codebook was updated as additional codes were identified and used to ground the researcher not only in the information that was expected, but also the information that was surprising, was not previously considered or expected, or that resulted from being seen as interesting and unusual to the researcher, all of which informed the findings of the study (Bazeley, 2013).

Validity

Though many qualitative studies have been conducted and the findings used to inform practically all aspects of human development (and beyond), there is historical critique and criticism of qualitative methodology and a belief that it does not present valid findings (Creswell, 2003). To combat the concept that qualitative studies are “less valid,” I worked to provide methodological validation strategies to ensure triangulation, acknowledge and limit biases, and present supported data throughout the collection, analysis, and interpretation phases of the study.

Data Sources

Specific attention was paid to corroborating evidence through the triangulation of multiple data sources (Creswell & Poth, 2018). I was intentional in my selection of data sources, which included campus reentry briefings and university emails sent to multiple audiences (primarily students, staff, and faculty). These data sources were selected because each was developed to reach large audiences, including students, staff and faculty, university and Tucson community members, the general public, and the press. Each data source selected was equally accessible to each audience through its availability on the university COVID-19 webpage, while being developed for or focused on a more specific audience. For example, while the emails were publicly available on the university COVID-19 webpage, they were often addressed from university leadership to a specific audience, such as “students” or “colleagues” (meaning staff and faculty) or both. Similarly, the university reentry briefings started as very much geared towards the university community (students, staff, and faculty), but as the briefings continued, they had a strong focus on the press audience, only answering questions that were posed by individuals with press credentials. University websites in general, as posed by Saichaie and Morphew (2014), are a “primary means by which prospective students learn about institutions of higher education” (p. 500). Through the posting of the internal emails from university leadership to the university COVID-19 webpage, they became part of the university website, making them available to an infinitely broad audience inclusive of the current university community, prospective students, and families, as well as essentially any individual with an internet connection. The selection of and access to multiple data sources is important because the codes and themes found and shared in different sources of data triangulate information and offer validation to the findings (Creswell & Poth, 2018, p. 260).

Prolonged Engagement

Different researchers have different opinions about what prolonged engagement means and the timeline involved. It can mean many years or a month, depending on a number of factors, including the research site, the phenomenon being studied, the participants involved, and even the lens of the researchers (Creswell & Poth, 2018). In this case, there were no participants in the sense of conducting interviews, though participants did exist as the guests (and hosts) of the campus briefings. The briefings were held weekly starting in March 2020. The study included 47 weekly briefings and 109 emails from March 2020 to March 2021, and though there were occasionally weeks when no briefings took place, there was persistent observation for 1 year in the life of a university's communication as it responded and reacted to the impact of COVID-19.

Beyond the 12 months of data collection and observation of the data sources referenced above, my researcher positionality is also a part of my prolonged engagement within the field being studied. My roles as a college student, student affairs practitioner, and someone who identifies as chronically ill, as well as my relationships (professional, academic, and personal) with similarly situated students on a college campus, allow me the first-hand experience that creates consistent, prolonged engagement within the community of chronically ill students. I had already spent significant time in the field of higher education and within the chronically ill community prior to this study and was familiar with the site and population of the study even before the decision to conduct this research (Creswell & Poth, 2018). In terms of prolonged engagement, COVID-19 is relatively new in the context of the chronically ill community and the community of higher education. However, I have been engaged with the overlapping constructs of college, chronic illness, and COVID-19 as long as any researcher could be based on the impact of COVID-19 to the University of Arizona beginning in March 2020.

Transcriptions

Each university reentry briefing was transcribed through the assistance of YouTube-provided transcripts and closed captioning. First, each reentry briefing was watched prior to transcription to view and listen to the briefing with a goal of capturing my initial thoughts, feelings, and reactions in a memo without the added pressures or concerns of creating or correcting a transcript. Once I completed my initial viewing and had the opportunity to take notes or complete an analytical memo, I worked to transcribe each briefing. I utilized the YouTube-provided transcript feature, which is presented next to the YouTube viewing window. There is no software or method to export the transcript directly from YouTube, so I copied each transcript into a word document and re-watched the briefing to account for the inaccuracies that occur through an artificial intelligence-generated transcript. In addition to using the YouTube-provided transcript as an outline, I also relied on the YouTube-provided closed captioning and carefully listened to the audio to create a complete and accurate transcript of each recorded briefing.

Research Notes, Memo, and “Journal”

I created documentation throughout the study of my initial feelings, reactions, and response to the data I collected. I recorded this “research journal” through Zoom video conferencing (both conversations I had with myself, as well as conversations I had with others), notes that were recorded both in handwritten and typed formats, and analytical memos used to describe my initial and prolonged reactions to the information being explored during the study. I felt this documentation was important for a number of reasons, but specifically, given the limited about, and in some cases, completely unknown nature of the COVID-19 impact on the entire world, my feelings, thoughts, and questions that arose became central to my grasp of the

individual impact of COVID-19 and informed my understanding of the impact for colleges and chronically ill students. These reflections provided guidance as I began to think about the findings, implications, and recommendations, as well as allowed me to refocus on my research questions when the information collected was beyond the scope of the study.

Peer Debriefing

I utilized peer debriefing as another form of triangulation. I met weekly with a peer within my doctoral program who, similarly to me, was conducting research related to disability. Though our topics differed significantly, we shared the commonality of our engagement with the disability community. Additionally, this peer's methodology consisted of a mixed-methods approach of qualitative and quantitative data collection and analysis. This became critical in our debriefing, as they provided significant feedback about my process and were able to offer suggestions for clarifying and supporting my qualitative methods. In addition to my weekly meetings with a peer within my program, I also met weekly with an online group made up of doctoral students around the world. Beyond our weekly meetings, which were hosted by a professional coach, we also communicated regularly throughout the rest of the week, sharing our goals, resources, and providing feedback on drafts. This group was instrumental in making sure that my work was universally understandable and engaging, and it allowed for a diverse perspective to weigh in on both the data collection methods and process, ensuring that my analysis, findings, and recommendations connected with a wide audience.

Limitations

Inherently, a qualitative case study approach has limitations. Yin (2003) and Stake (1995) recommended that having boundaries within the case study is essential to prevent an explosion of information that may ultimately distract from the intended goal. There are ways to bind the

study, including time and place, which were used to bind the study in this case (Creswell, 2003). The same boundaries that help to bind the case study can also present as limitations. For example, the only university studied was the University of Arizona. While this limitation was important in preventing the study from being too large and ultimately too broad, it also is important to note that COVID-19 responses from universities were individual, as there was very little, if any, federal and state oversight. This individualistic approach to the pandemic creates university-specific responses. Though this study was limited in addressing the response in relation to the University of Arizona, it is important to note that the same general study could be conducted at other universities, and the recommendation to do so will be explored in Chapter 5.

Ethical Considerations

Though this study has an underlying focus on students, their health status, and the impact of the university and its leadership on their status as chronically ill, there were limited ethical concerns related to sharing private or confidential student demographics because this study focused on the organization and the public organizational communications. All documents and media examined in this study were publicly accessible, meaning they were available to anyone regardless of their association with the university. The press briefings that were transcribed and analyzed were publicly available via YouTube with no university credentials required for live or asynchronous viewing. Similarly, the emails sent to university students, staff, and faculty, though they originated as internal private emails, were also made public when they were shared broadly on the university's public COVID-19 webpage by university leadership.

Summary

To explore and answer the research questions posed in this dissertation, a qualitative case study methodology was employed. The qualitative case study approach allowed for the

development of a comprehensive understanding of a singular focus. In this case, the focus was on communications specifically sent and shared during the first year of the University of Arizona's COVID-19 response. The extensive analysis of these communications allowed for the exploration of singular moments in time while also enabling the data collected over the course of 1 year from all communications to create a more complete understanding of a specific phenomenon.

Triangulation occurred using multiple data sources, prolonged engagement, transcriptions, peer debriefings, journals and analytical memos, in an effort to limit bias and ensure the validity of the study. The need to minimize bias was especially important to me, as I understand that while my view as a chronically ill member of the college community provides me with great understanding and passion for my research, it also must be acknowledged to ensure that my relationship with the research is appropriately addressed and monitored throughout my study and analysis.

In addition to my prolonged engagement and use of multiple analytical coding methods, I also performed primary and secondary analyses to fully develop themes from my initial provisional and open coding processes as well as to account for data and themes that developed in a complementary fashion to the primary analysis. The secondary analysis furthered my already extensive engagement within the data but served to increase understanding and validity and expand upon the initial analysis and premise of the study.

REFLECTION FOUR

For many years after my diagnosis, I would wake up at 4:30AM so I could walk my dog and have time to go back to sleep. Simply taking my dog for a walk exhausted me to the point that I needed to schedule a nap between a morning walk and work, or an evening walk and any post-work plans. Though following through on after work plans was rare, because most of the time, after work I would walk the dog and call it a day, falling asleep at 6:00 or 6:30PM, often without even considering making or eating dinner.

When I decided to go back to school and pursue my PhD, I avoided any “late night” classes. For me, this meant any class that started after 6:00PM. Occasionally, I would find an online or hybrid class (always outside of my own degree program) which ultimately led to the creation of my “minor” which consisted entirely of classes that I found which could be taken online. The flexibility offered by this modality of online classes accommodated the unpredictability of my disability. Additionally, online courses helped to alleviate some of the stress and anxiety I felt because of imposter syndrome and the constant internalizing that I was not ideal enough to finish a doctoral degree.

Chapter 4: Findings

Introduction

This chapter presents the findings that emerged after watching and transcribing 47 university briefings. In total, those 47 briefings equated to 1,907 minutes and 2,113 pages of transcription. In addition to the briefings, I reviewed 109 emails sent by university leadership. All the documents analyzed were shared with the university community and made publicly available during the first year of COVID-19 (March 2020 to March 2021). These documents were analyzed according to the specific codes referenced in Chapter 3. A system of open coding was also used to account for unexpected themes that were discovered during the initial review and coding processes. The codes yielded by the open coding process were then used to reexamine and analyze all the data to fully understand and explore these concepts.

Each email and briefing marked a specific point in time and was part of a distinctive set of communications in the University of Arizona's COVID-19 response. These documents represent more than just an individual communication or single point in time, because when all the documents were compiled and reviewed as a whole over the course of a year, they provided a larger shared narrative. They offered a rich understanding of what themes were present in the messaging, illustrated how themes and messages were communicated, and helped to identify gaps in communication that showed what was absent in the messages.

My primary analysis explored and presented findings predominantly in a chronological fashion because for many individuals and institutions impacted by COVID-19, our experiences were day to day, week by week, and month by month. At the same time, given that there was no set precedent for how we would be impacted by COVID-19 or when COVID-19 would stop impacting us, the academic calendar was greatly influenced by the ongoing timeline of COVID-

19 and the constant expectation to adapt. In addition to the chronological exploration in my findings, this chapter goes on to discuss additional relevant findings and themes that were present throughout the data at various and multiple points throughout the chronology. The following findings represent my primary analysis: (1) virtue signaling; (2) which guests or voices were included/invited to participated in the briefings; (3) emphasis on students as *healthy, well,* and *low risk*; (4) use of *shame* and *blame* by university leadership; (5) who university leadership *forgives* versus who they *forget*; and (6) absence, or what/who is missing from the communications. These primary themes and the coding from which they developed are represented in this chapter visually in Figures 1, 2, and 3.

Secondary analysis was conducted with the same data using the codes *mask(s)* and *vaccine(s)*. This analysis was secondary because it represented separate yet important data that expanded on the original study. The coding was done autonomously from all other coding and done in full after the totality of the data had been collected and analyzed. I was intentional in having two separate analyses to see how the two datasets compared to, contrasted with, paralleled, complemented, and influenced each other.

Language

In a sense, COVID-19 brought with it a language of its very own. While many of the words associated with the disease and global response were not new, the way in which we use them has changed significantly. Just as we had to adjust to our “new normal” because of COVID-19, so did our vocabulary and understanding shift. Phrases like “stop the community spread,” “flatten the curve,” “stay-at-home order,” and “vaccine eligibility,” which became part of our everyday language, help to categorize the various stages of the global nature of the pandemic, as well as similarly explain the stages of the university response, and more

specifically, the university leaders' feelings about navigating the needs of their chronically ill student population during COVID-19. The aforementioned terms are the first three themes shared, and follow a chronological breakdown of March 2020 to July 2020, August 2020 to December 2020, and January 2021 to March 2021, respectively.

March 2020 – July 2020

From March 2020 to July 2020, the university president hosted a total of 13 briefings, which were posted to the university's YouTube account. Additionally, 54 emails were sent directly to students, staff, and faculty and shared publicly via the university's COVID-19 informational webpage. In total, 67 documents were reviewed, and they contained a total of 40 mentions or comments related to the codes previously referenced in this chapter. Forty-six of the documents included none of the words that were being utilized for coding, and instead were filled with examples of non-performative messages, including a focus on school spirit, collective (ideal) identity, and a commitment to a "return to normal."

Missing from this rhetoric of the communications was the fact that "normal" (as implied in the messaging) was not working and was already problematic for many populations, including the chronically ill. Crises such as COVID-19 are often catalysts for change, providing insight into areas for growth and improvement. Instead, leadership focused their energy on getting the university "back to normal." Even the briefings during this time are titled "The Road Back," rather than referencing a road forward, a road beyond, or a road to better—simply a road back to where we were before COVID-19. This is a missed opportunity to explore and communicate about how COVID-19 could provide the university with the opportunity to learn what about the "old normal" did not meet the needs or even consider the needs of the chronically ill population. The absence of references to learning from the pandemic or improving the university experience

further cements the concept that when the university speaks to the idea of normal, they are speaking to the ideal student.

Eighteen of the documents, as represented in Figure 1, had between one and seven mentions, and one briefing had a total of 11 mentions; this briefing took place on June 4, 2020. The following section is an analysis of the June 4 press briefing, which was observed as an outlier during my data coding and analysis due to the amount of relevant data coded from one transcription and the briefing's distinctiveness in this regard.

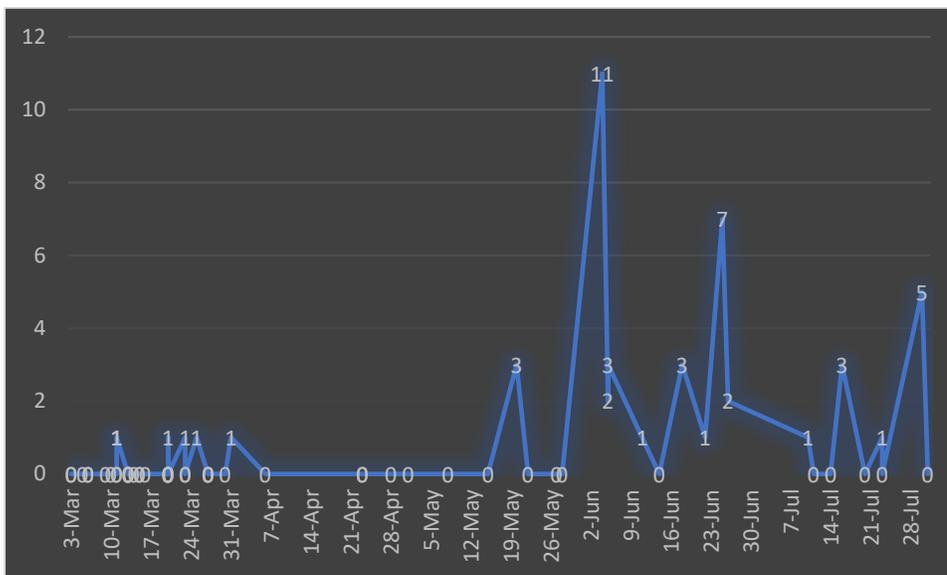


Figure 1. Primary analysis – code occurrences from March 2020 to July 2020.

Stop the Spread

The briefing on June 4 presented as an outlier for this study and was unique not only in the number of times its transcription could be coded for this study, but also for a number of observations that provided rich qualitative data to analyze and discuss. President Robbins and Dr. Carmona introduced this weekly briefing as one that would begin their commitment to the student experience and the important role that student “fears, feelings, and ideas” would play in the formation and implementation of the university’s plan for campus reentry and COVID-19

response. In this briefing, four students were selected, not at random but instead by university leadership, to make up a panel intended to represent the University of Arizona's 45,000+ student body.

The panel included Regent Student Representative Anthony Rusk; UArizona Veterans' Educational Transitional Service Representative Courtney Halsey; Chief of UArizona EMTs Timothy Gustafson; and Graduate Assistant of the Disability Cultural Center (DCC) Sav Schlauderaff. The first observation, important to this study, is the introduction of each student by the university's Public Information Officer, Nancy Montoya. All students except for Sav Schlauderaff were introduced with their names and titles. Schlauderaff was introduced with their name, and rather than using their title of DCC graduate assistant, Montoya introduced Schlauderaff's role by saying Schlauderaff "works with disabled students on campus"⁵ (The University of Arizona, 2020a, 9:36). Additionally, Montoya mis-gendered Schlauderaff in the introduction by using the wrong pronouns. A quick search within the university's website provided me with multiple hits that not only corrected the mis-gendered pronouns used by university leadership but also presented Schlauderaff's correct title. However, an internet search was not necessary, as Schlauderaff later during the panel went on to provide a corrected introduction inclusive of their correct title and pronouns, as well as a self-identification of being disabled, chronically ill, and immunocompromised.

There is *almost* irony in that the student dedicated to working with and for disabled students at the university was the only individual not appropriately introduced. It underscores a

⁵ Sav Schlauderaff uses they/them/their pronouns. Schlauderaff specifically stated their pronouns during their introduction, and this information is easily accessible on multiple University of Arizona webpages. Montoya mis-gendered Schlauderaff in the introduction; as such, the quote was intentionally exclusive of the wrong pronoun.

sad reality that the opinions of the chronically ill are given consideration not for their value, but rather, in this instance, apparently out of a perceived obligation to include a student with a disability. This bias, sometimes unconscious, promotes a narrative that the experiences, opinions, and even the very presence of chronically ill and immunocompromised students are undervalued and unwelcome. This idea of the low value placed on disability and on the direct perspective and opinions of disabled people themselves, was further cemented by Dr. Carmona, who in the briefing, went on to say, “I don’t like the word disability; when I was surgeon general, we wrote the first report on disabled, we rejected disabled, we said, ‘These folks are abled in a different way, contribute to an essential part of our society.’ That’s the way I see it” (The University of Arizona, 2020a, 16:57). Notably, there was no conversation that disabled individuals are not essential, nor was there any question or preamble about Dr. Carmona’s work related to the disability community. Dr. Carmona’s preemptive and unsolicited opinion of how he (with his extensive medical expertise and ultimately in his position of privilege) determines value within the disability community was a misguided notion of the medical value placed on ability rather than an informed social understanding of disability.

Given the reference by Dr. Carmona during the briefing to the Office of Surgeon General’s 2005 report on disability, this researcher read the report for understanding, clarity, and relevance to the information and documents being analyzed throughout this research. The report is in stark contrast to the comments Dr. Carmona made during the briefing on June 4, 2020. During that briefing, Dr. Carmona’s statement about his rejection of the word disability is an example of virtue signaling, done to portray Dr. Carmona’s moral correctness on the subject of disability. As often seen with virtue signaling, Dr. Carmona’s dislike for the word “disability” was meant to represent his moral viewpoint, when in reality it shows his inherently ableist lack

of understanding of disability identity and the disability community. The report itself explores disability (not the rejection of disability) as a public health crisis in which the disabled population is less likely or capable of seeking and accessing adequate health care, ultimately causing strain on the American health care system. This report not only does not align with the statements made by Dr. Carmona during the briefing, but also provides just one example, as seen throughout this research, of individuals in power placing blame on individuals (or populations) rather than on the structures and organizations systemically unprepared to meet the needs of the chronically ill and unwilling to use their power to enact change.

Schlauderaff's communication during the briefing was dynamically different than the communication of fellow students Rusk, Halsey, and Gustafson. While Rusk, Halsey, and Gustafson spoke to their hopes of working towards a campus reentry that primarily focused on a return to in-person learning, activities, and use of university spaces, Schlauderaff's message was less about sharing kudos with leadership and administration. Instead, their comments provided a much deeper look into the experiences and concerns that, while shared as a means to represent the voices of disabled students at the university, offered a much more universal look at the impact of COVID-19 on a college campus and questioned the university's stance on returning to an in-person learning environment. Schlauderaff highlighted five key concerns, including courses, accommodations, COVID-19 testing, budget cuts, and safety. The closing sentiment of their message to university leadership was a statement made on behalf of the DCC:

We [sic] want to emphatically remind everyone that it is not just elderly individuals that are at risk of contracting COVID-19. We also need to center the safety concerns of Native & Black individuals/communities who have been disproportionately impacted by

this pandemic, as well as immunocompromised, disabled, and chronically ill students, staff, and faculty, regardless of age (The University of Arizona, 2020a, 31:39).

Prior to this statement, all communication referencing risk and comorbidities related to COVID-19 from the university had focused on age. Schlauderaff “spread” the message that the needs of invisible populations are not invisible, nor are they solely determined by age, and that an equitable and accessible reentry plan must include more than a plan to address the wants and needs of the “ideal student.”

Despite the introduction and statements by President Robbins and Dr. Carmona about the important role students have in the university’s COVID-19 task force and plans for re-opening and the emphasis vocalized about the importance of this specific student panel in representing a diversified student experience and voice, there is no mention of these students having any further role in the university’s COVID-19 response. The provost’s COVID-19 task force webpage (last updated November 3, 2020) identifies two students as contributing members on the COVID-19 task force: Tara Singleton represents undergraduate students as the president of the Associated Students of the University of Arizona (ASUA), and Marie Teemant⁶, who is president of the Graduate and Professional Student Council (GPSC), is the graduate student representative. It is impossible to know, from the public record data, what types of conversations continued between leadership and university students, as the June 4 briefing was the first and the last press briefing to include student representation and voice. The briefing provided a forum in which the voices of chronically ill college students were shared and their messages and concerns were spread. The

⁶According to GPSC records, Shilpita Sen was elected to be GPSC president for the 2020-2021 academic year. GPSC presidency is assumed on Reading Day of the spring semester each year. As early as May 2020, President Sen was the GPSC president, though the task force named Marie Teemant and provided Teemant’s contact information as the graduate student representative. Records indicate that the task force webpage correctly identified the ASUA president as Tara Singleton.

takeaway of this briefing, as evident by subsequent messages and briefings, is that when the university is unable to “control the spread,” they will “stop the spread” instead.

President Robbins and the COVID-19 task force, have done more than just attempt to control the narrative of disabled student concerns. On July 23, 2020, during the last 1 minute and 43 seconds of a 60-minute press briefing in which there had been no mention of any previous concerns shared by or on behalf of chronically ill students, staff, or faculty, President Robbins put both of his hands up, as if to visually indicate “stop,” and stated:

The final thing I want to say is I've gotten a lot of calls from families and students, and had discussions with faculty members particularly, but some staff, about coming back when they have known health issues, and I have just begged them, 'Do not come back ... I can't make this decision for you; you have to decide. But I'm just telling you, if you've got high risk conditions, don't come back to campus' (The University of Arizona, 2020b, 67:14).

These messages shared in June and July of 2020 were the only and last significant messaging from and to students with chronic illness or health-related concerns until the 2021 spring semester. From March 2020 to July 2020, the communication and messaging from university leadership promoted a paternal and patronizing pattern, and a dismissive one. There was no effort to help or provide resources, which is an all too common theme in the world of academic ableism, where rather than chronically ill students being empowered to act as the spreaders of knowledge and their own experiences, they are instead studied but silenced, and in this case, told to just stay home.

August 2020 – December 2020

The Stay-at-Home Order

After the July 2020 messaging in which President Robbins begged those with health conditions to stay home and shared that when it came to returning to campus there were “no risk-free options” (The University of Arizona, 2020b, 3:39), the university moved forward with re-opening for the fall 2020 semester. The re-opening and fall semester, as related to COVID-19, continued to be documented in the form of university briefings and email-based communication. From August 2020 to December 2020, the university hosted a total of 19 briefings, which were posted to the university’s YouTube account. Additionally, 24 emails were sent directly to students, staff, and faculty and shared publicly via the university’s COVID-19 informational webpage. In total, 44 documents were reviewed, and as represented in Figure 2, there were a total of 34 mentions or comments related to the codes previously referenced in this chapter. Twenty-five of the 44 documents contained none of the words that were being utilized for coding, five documents had one mention, 10 documents had two mentions, and three documents had three mentions. These briefings and emails, which are represented in the graph below (Figure 2), span the first semester of the 2020-2021 academic year and are representative of the communication shared once campus re-opened.

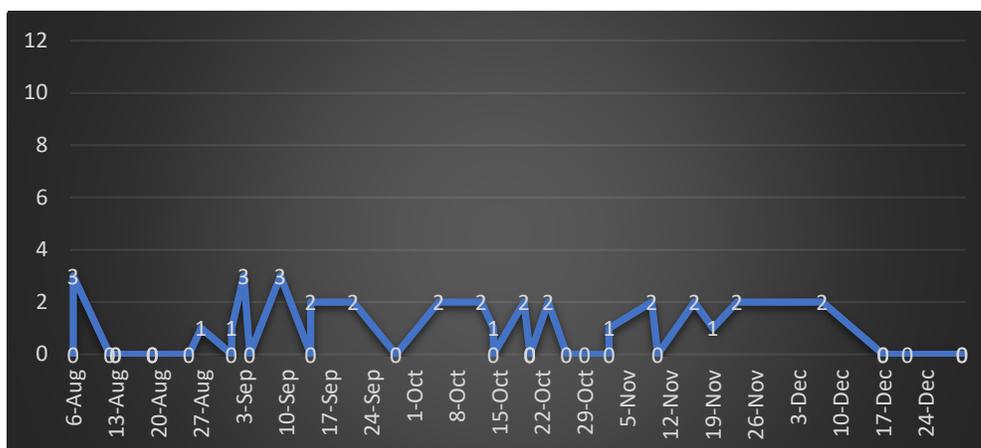


Figure 2. Primary analysis – code occurrences from August 2020 to December 2020.

The fall semester briefings, designed to share information and updates with students, staff, faculty, and the neighboring community, primarily consisted of reports given by President Robbins and Dr. Carmona. Eight of the 19 briefings included only President Robbins and Dr. Carmona; six briefings included Theresa Cullen, Director of the Pima County Health Department; four briefings had representation from university staff; and one briefing included a University of Arizona student. Two major themes were prominent in the data analyzed from August to December, the first being that college students are synonymous with youth and health and the second being the theme of absence, as evident in the lack of communication speaking to or about chronically ill students.

The September 21, 2020, briefing included student Brendan Duffy, a senior studying political science and communications who also serves as a member of the COVID-19 Ambassador Team (CAT). The team, according to Duffy, is made up of about 25 to 30 paid students who enforce university policy related to COVID-19, answer questions via the ambassador hotline, and assist in COVID-19 testing efforts. Duffy spoke for a total of 3 minutes and 44 seconds of the 1 hour and 17-minute briefing and stated that his team has been responsible for the increase in students wearing masks and that the enforcement by CAT has been “extremely positive and well received.” When asked by university leadership to provide a student perspective related to online instruction and return to in-person classes, Duffy shared privileged remarks such as “I think, uh, most students [are] now getting tired of having their class in their beds” and “most students are definitely excited for that opportunity to have class outside; it’s honestly a treat, um, in my opinion.” The only student voice selected to represent

45,000+ students publicly during the fall 2020 semester spoke for less than 4 minutes and was being paid to provide university-approved information⁷.

The theme of the rhetoric shared by university leadership is that campus is safe for college students. However, what was actually meant by university leadership is that campus is generally safe for the majority of college students, or perhaps more correctly, for the ideal college student, meaning students who are traditionally 18-25 years old, do not have pre-existing health conditions, and do not have familial commitments. This focus on youth and health presented these identities as interchangeable, implying that health is synonymous with youth, which was in turn extrapolated as the idea that college students were safe to return to campus simply because they were college students. The university essentially presented the idea that the exclusive world of higher education—the gates surrounding the ivory tower—protected against COVID-19, but not because COVID-19 couldn't get through the gates. Rather, the perception was that when (not if) COVID-19 did reach campus, it would be without significant risk for serious complications, hospitalization, or death: an elite perspective that college student status could somehow control these outcomes.

What is absent from these communications shared from August 2020 to December 2020 is the ongoing conversation and discussion surrounding students who are chronically ill and immunocompromised. Even though this time frame was inclusive of 43 documents that were analyzed, only 18 of those documents referenced chronic illness or another similarly identified code. Additionally, despite about 40% of the documents having codable data, the briefings

⁷ The CAT position was listed as a Study Employment Opportunity with the following information: Under the leadership of Julie Katsel, Senior Director, Local and Community Government Relations, the COVID Ambassador Team will employ students to promote healthy behaviors on campus. The Team of paid student ambassadors will be deployed in high traffic areas, both on campus and near campus, to positively encourage students to Bear Down and Mask Up. These students will be responsible for passing out masks to campus visitors, providing information, and simply welcoming people while reminding the campus community about our public health guidelines to slow the spread of the COVID-19 virus. These students have no direct role in assuring compliance with the University's face covering directive or the City's face covering ordinance, and will be instructed to avoid confrontation.

during that time were longer and ultimately provided a greater breadth of information and number of pages to be coded. Though the university spent the most time communicating about COVID-19 during August 2020 to December 2020, they spent the lowest amount of time discussing concerns related to students with chronic illness during this timeframe.

A very different message was shared with students who did not fit the framework of the ideal college student, and that message was: “stay at home.” The university was careful in their messaging about how to tell these students that their presence was unwelcome without explicitly addressing the underlying issue of liability. Messages focused on the university’s commitment to health and wellness and its prioritization of the safety of students, faculty, and staff. These messages were not really about serving the chronically ill student population, but rather serving the university itself. These messages are merely performative, made to showcase an image of support and concern for a marginalized population, where really the ultimate benefit was to the organization. By “encouraging” chronically ill students to stay home, the university was able to reduce its liability in bringing these students to a campus that was not truly prepared to adjust its operations to create an environment inclusive of their needs (pandemic or no pandemic).

University leadership highlighted and shared in their communications that overwhelmingly, the conversations *they* had with students and faculty indicated an eagerness to return to an on-campus, in-person environment. This message of support for a “return to normal” was shared simultaneously with messaging that each person should evaluate their own comfort level with the risk of returning to campus. Safety was presented as purely a personal choice and responsibility, with no messaging or indication that the campus bears any responsibility for creating safe conditions.

January 2021 – March 2021

From January 2021 to March 2021, the university hosted a total of 15 briefings, which were posted to the university's YouTube account. Additionally, 25 emails were sent directly to students, staff, and faculty and shared publicly via the university's COVID-19 informational webpage. In total, 41 documents were reviewed, and as represented below in Figure 3, there were a total of 77 mentions or comments related to the codes previously referenced in this chapter. Twenty-eight of the 41 documents contained none of the words that were being utilized for coding; four documents had two mentions; and eight individual documents had four, five, six, eight, nine, 11, 14, and 17 mentions, respectively. These briefings span the first 3 months of the second semester of the 2020-2021 academic year and the last 3 months of the first year of the COVID-19 pandemic and response.

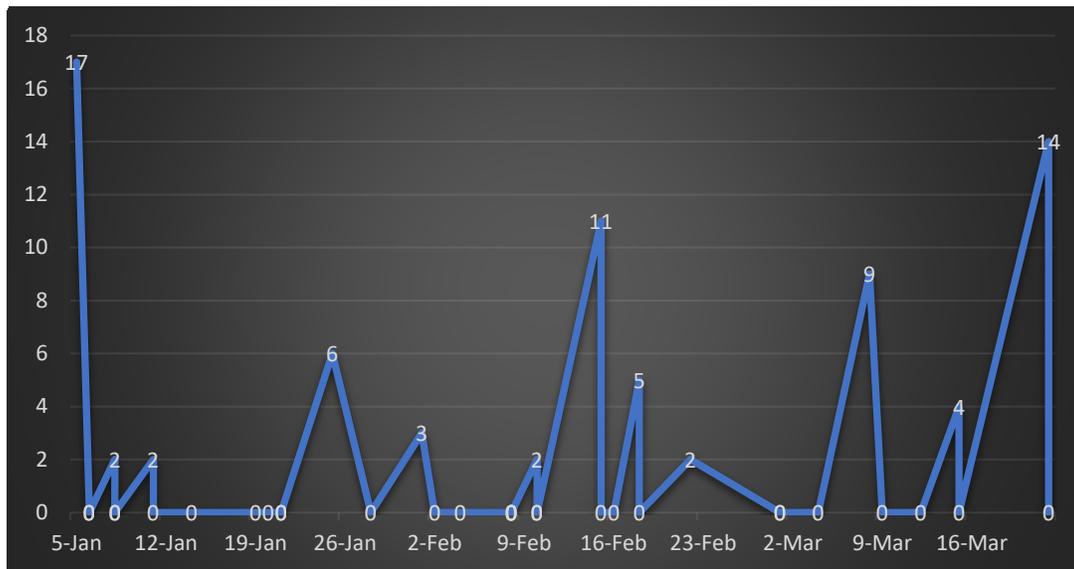


Figure 3. Primary analysis – code occurrences from January 2021 to March 2021.

Unique to the documents collected during the January 2021 to March 2021 timeframe is the fact that not a single email sent by university leadership presented information that related to the previously identified codes. The most prominent theme present during this timeframe of

communication was the university's focus on vaccination efforts; this theme was present in virtually every document analyzed during this time and had a pattern of prominence when the previously identified codes were present.

Vaccine Eligibility

The briefings analyzed over the course of January 2021 to March 2021 had the most total mentions of the codes across briefings (77), as well as the most mentions per individual briefing (17 mentions during the January 5, 2021, briefing). The increase in conversation and communication related to chronic illness, comorbidities, and risk was positively correlated to the increase in the conversation and communication surrounding the university's vaccination efforts, and specifically the University of Arizona becoming recognized as a vaccination point of distribution (POD). The POD originally was a Pima County POD, with a shift taking place on February 16, 2021, making it a state-run POD. With the addition of the vaccination POD, there was a new emphasis within the university communications that focused on vaccination efforts. There was a push through the communications imploring eligible individuals to get vaccinated as quickly as possible to reach herd immunity. Messaging focused on "vulnerable" populations being prioritized in terms of vaccine eligibility, and in cases where "vulnerable" was further explained or defined (in relation to vaccination efforts), there was mention of: health care workers; police and first responders; university front-line staff, namely custodial personnel; elderly populations, including those in nursing homes; populations from underserved areas who are disproportionately impacted by diabetes and cardiovascular disease; and populations living in congregate settings.

Technically, the University of Arizona did not have the authority to determine the eligibility requirements for vaccine distribution. Its guidelines were shaped first by Pima County

directives and then by the requirements as set forth by the state of Arizona. However, the university, much like their failure to include rhetoric surrounding the chronically ill student population in their reentry and mitigation plan, failed to discuss the lack of vaccine access for this population despite consistent and constant communication related to vaccination efforts. Students were encouraged to volunteer at the vaccination POD, and in doing so, they were potentially eligible for a “leftover vaccine” during one of their shifts. This “loophole,” which could potentially allow a student to become vaccinated prior to vaccination eligibility being opened to the general public, excluded students who may be at high risk for contracting or experiencing complications from COVID-19. Chronically ill individuals were dissuaded from volunteering at the POD due to the increased potential for potentially contracting the disease. So, where does this leave chronically ill individuals who do not meet the standards set forth by the state of Arizona for being “essential” or qualify as elderly (initially 75+, then 65+, and finally 55+, according to the state of Arizona’s vaccination prioritization)? Chronically ill individuals who are not eligible via essential status or age remain at a high risk for complications of COVID-19, but high risk does not equate to high priority when it comes to access to the vaccine that could ultimately protect them.

This vaccination prioritization and distribution approach further amplifies the idea that disability remains largely invisible within society and is often overlooked in terms of equity and social justice. On March 1, 2021, Governor Doug Ducey and the Arizona Department of Health Services announced that vaccine distribution and prioritization were based on a hybrid approach. This approach provided “Arizonians 55 and older eligibility along with frontline essential workers to receive the COVID-19 vaccine” (Arizona Office of the Governor, 2021, para 1). According to Governor Ducey, “Continuing to vaccinate older Arizonans against COVID-19 will

help protect those at risk and cover a majority of Arizonans with chronic medical conditions” (Arizona Office of the Governor, 2021, para 3). This rhetoric parallels what was communicated for a year at the University of Arizona, which is that chronic illness is synonymous with old age and thus, chronically ill individuals are covered by prioritizing vaccination based on age. When reference to younger populations is made, the sentiment is that the younger populations are at risk based on their status as a frontline or essential worker with no mention of disabled or chronically ill populations under the age of 45.

Stay Safe, Bear Down, Mask Up & Vax Up!

All communication from March 2020 to March 2021 issued by University of Arizona leadership, and primarily from President Robbins, shared a specific commonality. The theme that emerged across communication was promotion of a sense of responsibility based on the shared identity of being a member of the Wildcat Community. This idea of community building or bonding through a focus on school spirit is not new to the COVID-19 pandemic era, but as data analyzed for this study showed, the concept was used to encourage and in certain instances enforce expectations related to COVID-19. The inclusion of school spirit and university cheerleading in these messages was meant to remind the reader of the email, or the viewer of the briefing, that there is commonality and shared identity in being an Arizona Wildcat. These reminders of shared identity are an ostentatious attempt by university leadership to promote a university agenda throughout various points in the COVID-19 pandemic response. Though the briefings and emails were for the most addressed to large audiences (students, staff, faculty, and the surrounding community) the reality is that the emphasis of the Stay Safe, Bear Down, Mask Up & Vax Up sign-offs, was a plea directed primarily to those working, living, and attending classes on campus. The communications which incorporated these messages, often in the sign-

offs, as the last words from university leadership to its viewer or reader, were meant to appeal to those who had a deep sense of identity in being part of the university community and Wildcat family. Historically these are the students who have the means to live on campus, participate fully in extracurriculars and the social components of college, and have limited conflicts such as being a caretaker or working while attending college (Rosebaum et al., 2009). Those with demands outside of their identity as a college student, such as those experienced by individuals with a chronic illness, are often seen as less tied to the cheerleading identity of the institution.

Words related to risk, safety, and health were accounted for in first and second cycles of coding. However, words such as *mask* and *vaccine* were not. As a result of patterns that were observed in the email sign-offs and closing messages in the briefings, a separate round of coding was implemented to account for the review of documents for the words *mask* and *vaccine* (along with variations of the word *vaccine*); this was done to further explore the themes that were present and their link to emerging patterns discovered over time (Saldaña, 2013). The data that presented from the addition of *mask* and *vaccine* was used in conjunction with the data discovered from the previously identified codes that related to health, chronic illness, risk, etc. The addition of references to masks and vaccines was valuable in identifying additional themes and patterns as they related to the experiences and perceptions of the chronically ill college student during COVID-19.

Stay Safe and Bear Down

Emails sent by President Robbins from March 2020 through July 2020 almost always ended with a sign-off or closing of “Stay Safe and Bear Down,” and though the briefings during this time had a range of closing messages, the majority included similar sentiments to the email closure. Examples include “stay safe and bear down,” “please stay healthy and safe and bear

down,” and “stay safe, stay isolated, and always remember to bear down.” The timeframe of these messages, as previously explored in this chapter, was meant to encourage the university community (students, staff, and faculty) to do their part to “stop the spread” of COVID-19. In these messages, students were told to leave campus and stay home, staff and faculty were encouraged to find ways to work from home, and there were constant reminders about the need to remain flexible and the importance of adapting. All these messages were in conjunction with communication from the university about cancelled events, such as Spring Fling, the Festival of Books, and ultimately university commencement. These messages of safety and solidarity as a Wildcat community also came during the midst of notifications that staff and faculty were being subjected to unprecedented furloughs and reduction in force. Through it all, leadership provided a false narrative of shared experience by always reminding their audience, in the very last moment of their communication, that what we share as Wildcats is a common goal of safety and wellbeing. These reminders essentially stated that the common good far exceeds the individual need and, indeed, that it is the individual’s responsibility to serve and sacrifice for the larger good more than it is the university’s responsibility to create safe and healthy conditions of work, study, and living. While potentially noble in a sense, the common good in this instance is actually the perceived need to preserve the capitalistic gains of the organization, rather than meet the immediate needs of the students, staff, or faculty.

Bear Down and Mask Up

From August 2020 through December 2020, there was a slight shift in messaging, with the closing for both emails and briefings being “Bear Down, Mask Up.” On August 12, 2020, the university sent an email that informed the campus community about the administrative directive requiring any member of the campus community to wear a face covering while in all classrooms,

instructional settings, and university buildings, and when outdoors on the University of Arizona campus where it is not possible to maintain appropriate social distancing. Expectations and compliance protocols for both employees and students were also published and made available, though not actually referenced in the email. From this date onward, every briefing ended with a reminder to “mask up,” as did all emails sent by President Robbins during this timeframe.

The message from university leadership was clear: not wearing a mask was a violation of a university directive, and violating that directive was ultimately more than a policy infraction and meant that the individual did not care about the Wildcat community and was not embodying the Wildcat spirit. Examples of this rhetoric could be found throughout the briefings during the August 2020 to December 2020 timeframe when the campus had re-opened and *some* students, staff, and faculty were once again physically present on and around campus. Every briefing and email during this timeframe referred to the idea of “bear down and mask up.” The briefings served as a public opportunity to shame students for acts of non-compliance related to mask wearing while simultaneously using those with compromised immune systems and comorbidities to place blame and provide examples for why “healthy” students needed to worry about masks. This message furthers the othering felt by students with chronic illness, but also is ironic, given the sentiment of earlier messages that encouraged immunocompromised students, staff, and faculty to remain home and away from campus.

During the October 5, 2020, briefing, about six weeks after the start of classes, President Robbins reminded viewers that college students are healthy and at a low risk; he reiterated this point by stating that he was only aware of one student hospitalization due to COVID-19 and essentially downplayed this particular case by saying, “it’s someone with a preexisting condition” (The University of Arizona, 2020c, 62:22). President Robbins stated multiple times

throughout the briefing that the university is experiencing “acts of defiance, selfish acts of throwing parties, where the rules are not being followed (The University of Arizona, 2020c, 58:00).” President Robbins essentially explained away this behavior by sharing his understanding that students just want to have fun, and that students make up a population who is “probably the lowest risk in terms of getting really sick (The University of Arizona, 2020c, 60:50).” President Robbins focused on the chronically ill campus population as a means to shame those who were not following university directives, such as wearing a mask, into doing so. The message was that there is a “segment” of the university population who is vulnerable and that someone not wearing a mask or participating in other irresponsible behavior could “unknowingly infect someone ... who has an immune deficiency, and it could kill them (The University of Arizona, 2020c, 58:56).” Though this dramatic proclamation is technically medically accurate, a perhaps (un)intended consequence of such a message is that it further marginalizes the chronically ill population on college campuses by citing, or better yet, blaming them as the reason that the majority of students (or the ideal student) cannot have fun.

Though the briefing ended with the words “bear down, mask up,” the lingering message is: mask up, or someone (who we don’t really like to talk about) could die. There was a missed opportunity here in which the university could have sent messaging that “bear down, mask up” is something that the university supports and enforces because of its commitment to all students, staff, and faculty. The university could have shared this message by communicating that masks are a way to show pride and commitment to and about the campus community, their families, the Tucson community, and beyond, rather than singling out those Wildcats with comorbidities. This was a missed opportunity for the university to remind everyone that the long-term consequences from COVID-19 remain largely unknown and that by wearing a mask and having university

policy and directives related to mask wearing, the university shows that it is committed to the long-term success and safety of all those directly or indirectly impacted by university operations. Instead, President Robbins in this moment (and throughout the COVID-19 pandemic) used his power and privilege as a way to invoke the marginalized identity of chronic illness. Dr. Robbins has significant power simply based on his appointment to the role of a university president. *Who* Robbins speaks about, *what* he says, and *when, where, and why* it is said all matter. The choice made by President Robbins to use the chronically ill population as a way to guilt others into following university policy created an us vs. them mentality and worked to distance President Robbins and university leadership not only from the perceived “less-than” population, but also from the (presumably) unpopular restrictions the university has enacted. The ongoing invocation of vulnerable populations in relation to COVID-19 is used to not only bolster the enforcement of university policies, but as this discussion will go on to show, to also create synonymous understanding between vaccinations and morality.

Bear Down and Vax Up

The materials from January 2021 to March 2021 included closures and sign-off messaging of “bear down, mask up,” but audiences also began to receive and hear “bear down, vax up” or “bear down, mask up, and vax up.” Though the rhetoric encouraging (initially) staff, faculty, and (later) students to get vaccinated became a prominent, and arguably the primary, focus of university communication related to COVID-19 starting in January 2021, vaccines were emphasized from idea to inception by university leadership throughout the COVID-19 pandemic.

Starting as early as April 23, 2020, Dr. Robbins and Dr. Carmona began discussing vaccinations in their university reentry briefings. These briefings would later show a foreshadowing for the value and emphasis that university leadership would place on the COVID-

19 vaccine and the expectation that members of the university community would willingly participate in the vaccination process. In fact, over the course of 1 year (March 2020 to March 2021), Dr. Carmona and Dr. Robbins would mention, discuss, and promote the idea of the COVID-19 vaccine 1,074 times during their university briefings. Though vaccination was less frequently discussed in university email communication, every email sent to the campus community by university leadership between January 2021 and March 2021 made mention of or reference to the COVID-19 vaccine.

A particularly interesting briefing, which was analyzed for this study, was held on March 22, 2021. During that briefing, there was a great deal of explanation that the state vaccination POD located at the university was confined by state directives on who was given prioritization for the COVID-19 vaccine. Emails and briefings from January 2021 emphasized the importance of everyone being vaccinated but noted that the university was limited in their capacity to make this happen. As previously discussed, the state provided age-based directives for COVID-19 vaccination prioritizations and stated that those with compromised immune systems and chronic illness would essentially be covered because they tend to be an older population. Meanwhile, the university communication constantly referred to students as the last in prioritization for the vaccine, further solidifying that the chronically ill college population was not considered and not prioritized for a COVID-19 vaccine despite their high risk for complications in contracting COVID-19. During the March 22 briefing, when discussing the availability of vaccines for the 55+ age group, Dr. Robbins said:

That's an, uh, a guideline imposed by the state that we don't have the discretion except for high-risk population [and] others that are at very high risk that we can get them in ...

those that have special medical considerations, get in here; we'll get you on, we'll get you vaccinated quickly (The University of Arizona, 2021, 27:48).

This message, seemingly intended to address the gap created by assuming that all chronically ill individuals are at least 55 years old and that all college students are healthy, is the only time from March 2020 to March 2021 when Dr. Robbins spoke to the university's commitment to considering the chronically ill population, aside from encouraging them to stay home or using them as the "reason" that others should respect and follow university directives and CDC guidelines. This statement, like others explored through this study, is an example of virtue signaling: an expression of moral grandstanding where Dr. Robbins publicly rebuts the state guidelines for vaccination prioritization that ultimately is only an empty act of solidarity.

The March 22, 2021, briefing, which was hosted on the university's YouTube channel at 9:30 a.m., was followed by a university-wide email later that day, at 4:21 p.m., from President Robbins. The email subject line read "Update to Vaccine Eligibility," and the message informed the campus community about the Arizona Department of Health Services' announcement that starting March 24, 2021, anyone 16 years of age or older would be eligible to receive the COVID-19 vaccine. This revelation casts understanding on the president's earlier, and seemingly out of the ordinary, invitation for someone outside the scope of the state guidelines to be given access to the COVID-19 vaccine. The far less virtuous but more characteristic reality is that there was no risk or harm in extending a public invitation to the chronically ill population, because within hours, that brief moment of visibility and compassion for an invisible population would be reduced to a non-performative 30-second message by university leadership.

The Cost of COVID-19

Throughout my prolonged engagement with the data, I began to see the development of themes related to cost. There were multiple subthemes relating to various types of cost, including economic/financial costs, academic costs, experience-related costs, and institutional costs. As I wrote memos and analyzed the data being collected, I realized that cost was an important component of what university leadership was including in their communication and briefings and also served as an increasingly important factor in why that content was being communicated.

For example, in relation to my primary analysis, throughout every timeframe referenced above, there were multiple emails sent solely to communicate updates about the university's financial status and furlough programs. These emails were often sandwiched between emails and communication in which the university was providing updates about bringing students back to a fully in-person, on-campus experience. For students and staff who may have comorbidities related to COVID-19, the communications encouraged them to stay home, indicating that campus was not safe for them, but those same communications also clearly and directly stated that campus would be re-opening, and that it would be to a great a cost to plan otherwise. This rhetoric enforced the idea that the university had to provide in-person and on-campus experiences because failing to do so was not in the best interest of the institution. The message was clear that chronically ill students, staff, and faculty were a cost associated with COVID-19 that the university could not afford and that their presence created a liability in the plans to re-open.

As early as April 2020, emails began shifting from a focus on the health and safety of all community members to include urgent appeals to faculty and staff that the university was in trouble and the only option was to make drastic and immediate cuts. Financially worrisome

emails also began appearing in student inboxes with instructions for applying for emergency funds related to the costs associated with COVID-19. These panic-toned emails were followed by reminders that returning to an in-person and on-campus experience for the 2020-2021 academic year was perhaps the only way to save the university and its (ideal) students. Threats to this return, such as students with pre-existing health conditions who thus may not find campus a safe environment, were essentially dismissed and told to stay home.

As I began to explore these messages and briefings further and expand upon the theme of cost and COVID-19, I realized that its vastness created a study within itself, which, though perhaps complementary to the study I designed for this dissertation, was separate in its scope and potential for research. As noted in Chapter 5 as an implication for further research, the cost of COVID-19 is an additional complication that should be explored, both in its relationship with higher education and the specific impact it has on historically excluded populations, such as those with chronic illness and immunodeficiencies.

Conclusion

Many findings emerged from the communications and briefings shared by university leadership over the course of 1 year during the COVID-19 pandemic. Findings that emerged from my primary analysis included the absence of the chronically ill population, the use of virtue signaling and non-performative statements, and the use of shared identities (e.g., being a Wildcat) to shame and blame while simultaneously forgiving and forgetting based on the value and perceived necessity of a student. All these themes circle back to the explored framework of inequality regimes for who is considered ideal and how that concept is communicated.

In addition to my primary analysis, I further explored, through a secondary analysis, the relationship that masks and vaccines had with the ideal students, how they presented in

university communications, and how the university's perception of and relationship with chronic illness and disability created a narrative in which the university capitalized on this historically excluded population to increase compliance with university directives, expectations, and goals. This exploitation of the chronically ill was also seen in the university's relationship with cost (financial and otherwise) and worked to further the exclusion of this population from college campuses. Though my exploration of the themes related to costs remained tertiary to the other areas explored in this study, it nonetheless remains an important finding of this study.

REFLECTION FIVE

For the past year, while the world has been on lockdown, I have been able to lead my most “normal” life since my diagnosis in 2015. Though I had anxiety and fear surrounding contracting COVID-19, my ability to limit my physical interactions with others, access to remote healthcare, and working from home has allowed for minimal barriers to my optimal achievable health.

In April 2021 my office leadership began surveying employees about their comfortability of returning to a physical office space. Over the course of the next few months, we were formally surveyed three times on the subject. Despite these surveys, and multiple conversations related to the matter, on July 12, 2021, I learned that after working remotely successfully for over a year I was expected to return to the office, in person, full-time starting August 1, 2021.

I was saddened by the ease at which my department was able to dismiss the concerns of its employees after asking for us to share them. Perhaps most concerning is knowing that this decision was made despite the University having no plans to mandate vaccinations, masks, or regular testing (per the Governor’s executive order).

Chapter 5: Conclusion, Implications, & Lessons Learned

Introduction

The initial goal of this study was to provide understanding on how institutions of higher education, through the lens of university leadership, frame chronically ill college students during the COVID-19 era. As communications from March 2020 to March 2021 were reviewed, coded, and analyzed, an additional goal emerged; now that we knew how these students were framed, focus shifted on how institutions of higher education, their leadership, and ultimately all students, staff, and faculty could, at a minimum, use their messaging and communication to create environments of inclusion and move away from exclusionary messaging and practices.

Conceptual and theoretical frameworks such as Acker's (2006) work related to inequality regimes and perceptions of the ideal worker, along with Dolmage's (2017) discussion and definition of academic ableism, and Slaughter & Rhoades' (2004), theory of academic capitalism all led to my own theory and framework of who is the ideal the student. Introducing the concept of the ideal student was key to this study as it allows for understanding and acknowledgement of the current lack of research that specifically addresses the chronically ill student population, while synthesizing and incorporating current relevant literature across disciplines. The ideal student, for this study, is framed with the lens and models of disability to explore how the conceptualization of the ideal student intersects with chronic illness. The framework of non-performative statements (Squire et al., 2019), is used in this study to better understand and analyze statements (emails and briefings) made by university leaders and their impact, during COVID-19.

The research conducted was done so through a qualitative case study designed to address the following research questions:

- Who are the “ideal students” to the university, featured in its public and private communications and messages during the time of COVID-19, how are they defined and framed, and how does this reflect and relate to inequality regimes and ableism with regard to categories of students?
- How, if at all, do university public and private communications and messages during the time of COVID-19 include and frame students with chronic illness, and how does this reflect and reinforce ableist inequality regimes with regard to categories of students?
- What does the university’s framing of students with chronic illness in its public and private communications and messages suggest about whether it defines and enacts its responsibility to these students primarily from a legal, medical, or universal design framework?

Summary of Major Findings

The overarching finding of this study is that being in college, while chronically ill, during COVID-19, is, in fact, complicated. The intersecting identities of being a student, chronically ill, and experiencing COVID-19 are dynamic, evolving, and further complicated by the ever evolving and dynamic messaging and communication from university leadership. It was through the chronological exploration of this data, that it became evident there was no guide or instruction manual for how a university should respond to a worldwide pandemic and a crisis of such monumental proportions. The COVID-19 related emails and briefings explore in this study ultimately communicate a number of major themes and finding which connect to the study’s original purpose of understanding who are the ideal students, how are chronically ill students framed, and how does the university define and enact its responsibility to these students, all while considering how ableism and inequality regimes are reflected and/or reinforced.

Ideal Student

A major theme, expressed throughout this study by university leadership is that the ideal student is not a chronically ill student. Though examples exist throughout the briefings and the emails shared by university leadership, perhaps most obvious and egregious is the example of the June 4, 2020, briefing. This briefing is the only one in which a chronically ill student's voice is shared, and it is done so with significantly less respect than that of their health, able-bodied peers. Sav Schlauderaff, Graduate Assistant for the DRC, is undermined through grandiose virtue signaling by Dr. Carmona, who uses his status as former Surgeon General and denounces the use of identity first language and reinforces the medical, ableist, rhetoric, that doctors are more qualified to speak about and for the disabled population. It is representative of what is shared by Dolmage (2017), that the voices of the disabled are rarely ever called upon to speak for the disabled, and when they are, such as in this briefing, they are discounted and belittled, reinforcing the social and medical stigmas that infantilize the disabled population.

Just as the briefings provide us with examples of who the ideal student is not, there are also examples of who the ideal student is. On September 21, 2020, Brendan Duffy was invited to speak about his (paid) role in enforcing and policing university policies and expectations related to COVID-19. Duffy shared the opinion that most students are getting tired of online learning and were excited for the opportunity to be on campus and in-person. This along with regular references from President Robbins, both in email and during the briefings, focused on a specific (and ideal) student population, one that can "afford" to navigate life in-person on a college campus; physically, emotionally, financially, academically, and socially.

Woven throughout the data is the delineation of "healthy" students as ideal and chronically ill students as a liability. University leadership in both written and verbal

communication regularly reference to the fact that students are not generally a population experiencing chronic illness and that the “average (ideal) student” would not be significantly impacted by a COVID-19 diagnosis. This constant deemphasis of the COVID-19 impact on college students discourages rhetoric related to the needs of chronically ill students ultimately and conveniently forgetting about them all together.

Ableism

Dolmage's (2017) exploration of academic ableism not only served as conceptual framework for this study, but ableism itself was one of most prominent findings found entwined throughout many of the themes discovered. As discussed in my conceptual framework and literature review, academic ableism often explores the ideas of visibility, or in the case of chronic illness, invisibility. The absence of conversations by university leaders related to the needs of chronically ill student during COVID-19 remained the norm despite this population's increased vulnerability and continued need for support. When included, the rhetoric surrounding chronically ill students expressed the opinion, by university leadership, that it was not safe for chronically ill students to be on campus and to blame these students for the on-campus restrictions being implemented as a result of COVID-19. Chronically ill students were often used as the as the reason or example for why healthy, able-bodied students could not have a true (social) college experience. This emphasis on keeping chronically ill students from campus and blaming them for restrictions and policies not only reinforces ableist inequality regimes, but also highlights the power and privilege of healthy students as ideal.

Not at all absent in the research was the emphasis on wellness, as perceived and defined by the institution. The constant reference and focus on student wellness, university wellness, and community wellness essentially removed those who may not be considered as “well” or healthy

from the conversation created a barrier to their inclusion and welcomeness on-campus.

Communication and rhetoric matter, and university values are shaped by this rhetoric (Dolmage, 2017, p.7). A powerful example of how this rhetoric impacts organizations and leaderships was showcased in May 2020, when Amy Athey was named the Associate Vice Provost and Chief *Wellness Officer* (University of Arizona, 2020b). In the university's emails, briefings, and administration, there is a clear theme of prioritizing wellness regardless of the fact it reinforces the historically ableist systems in higher education.

Academic Capitalism

A theme that emerged in this study was that of risk versus reward. Dr. Robbins emphasizes that decisions about class modalities, returning to an on-campus environment, and essentially every aspect of the college experience during COVID-19 is a risk versus reward. The reward, as Slaughter and Rhoades have previously studied, is about capitalistic gain even when there is an attempt to portray it as a commitment to the student experience and being part of the (on-campus) Wildcat family. The risk reference what could happen, most likely to those most at-risk and with the least perceived capitalistic value, as institutions of higher education emphasize financial goals and reward in the COVID-19 era. The researched provides many examples where references are made to projected loss of revenue, furloughs, and as is typical throughout these university communications, Dr. Robbins' uses virtue signaling when referencing his own pay cut which, according to him, came "long before" anyone else was furloughed.

As with many of the findings, academic capitalism as it relates to COVID-19 also has examples of absence as a theme. Absent is the conversation about the potential financial, scholarly, and political gains that are being made by a large research institution (often at the cost of the student experience). Similarly, and unfortunately absent is any mention how the

university's development and expansion of online programs and modalities could and should be used as a marketing opportunity to recruit and retain historically underrepresented populations such as chronically ill students. The data instead shows the chronically ill students are framed in these communications as too great a risk to reap any reward for the university, or rather are framed from a legal landscape as a liability. The constant communication from university leadership that students with pre-existing conditions are not safe on campus is a constant theme in these communications that promotes and reinforces a clear and systemic message of ableism that providing a safe and supportive campus experience for chronically ill students during COVID-19 (and always) comes at too great a cost for too little reward.

Non-Performative Statements

In essence this research is a case study of 156 non-performative statements. These non-performative statements are a theme in their own right, but also present as sub themes across the major findings explored in Chapter 4. The public displays of moral grandstanding were most evident in the weekly reentry briefings, though also were occasionally present in written form via email communication.

Statements related to vaccination prioritization are an example of university leadership attempting to establish a rhetoric of care and support for the chronically ill student population by indicating that the university was willing to ignore state government mandates to commit to the safety of the chronically ill student population. The statement however, as Squire et al. (2019) suggests ultimately benefited the university who already knew that vaccination guidelines were changing and thus their statement was one showcased an image of support while ultimately being devoid of any true value.

Conclusion

The findings, and themes explored throughout this study were done so chronologically to honor the nature of the information collected as well as the methods used to collect and review. These findings and themes represent my primary analysis and were explored through the conceptual frameworks and theories developed and discussed throughout my introduction, literature view, and this dissertation as a whole. Through primary, secondary and tertiary analysis I discovered, developed, and merged together various themes including: (1) virtue signaling; (2) which guests or voices were included/invited to participated in the briefings; (3) emphasis on students as *healthy, well, and low risk*; (4) use of *shame* and *blame* by university leadership; (5) who university leadership *forgives* versus who they *forget*; and (6) absence, or what/who is missing from the communications. These themes and findings were key in exploring and ultimately answering the research questions posed by this study.

Researcher Reflexivity

As someone who is part of the chronically ill and immunocompromised community, I found that this research, along with my own experiences during COVID-19, has provided me with the opportunity for self-reflection, discovery, and growth during the process of conducting this study, analyzing the data, and writing this dissertation. It was a humbling but dynamic experience to explore thousands of pages of emails and transcripts and observe thousands of minutes of university briefings. This research will impact me professionally, personally, and academically as I incorporate my findings into how I navigate my own identity and in how I help others through my professional work and scholarly contributions. My hope is to move beyond communications as they relate or respond to the COVID-19 era and now begin to think about

how these research questions can be re-framed to understand the impact of university communications as they relate to chronic illness before and after COVID-19.

Universal Design

Universal design is used by many as a way of thinking beyond ADA compliance, but physical accessibility is what most still see to be its primary function and goal. The reality is that universal design is a way to think about college campuses as far more than physically accessible and is also a way of conceptualizing design to create inclusive environments of all kinds (physical, learning, social, etc.). Universal design means anticipating difference and diversity; it means thinking beyond what might be inclusive and accommodating for a student with chronic illness and instead encouraging universities to design their physical campuses, modes of instruction, curricula, and so much more in ways that benefit the greatest number of people with the smallest amount of need for accommodation (Dolmage, 2017).

The pandemic was, from a disability studies perspective, a case study for Universal Design, it was through necessity that universities learned how to be flexible and create environments that were designed to minimize the need for individual accommodations. Universities committed to flexibility, which is a core tenant of University Design and, perhaps for the first time, worked to anticipate the needs of different populations and different circumstances. Ultimately creating environments where different work styles and environments were embraced and encouraged. From March 2020 to March 2021 words like “flexibility,” “adapt,” “pivot,” were used regularly to explain the landscape of the university and the “new normal.” As universities shifted into year two of their Covid-19 responses there was also a shift from these flexible and accommodating environments and a return to the ableist notions of workplaces and professional engagement being environments of regulated hours, in-person

modalities, and ultimately devoid of flexibility and Universal Design. Once again, reminding us that on college campuses, the ideal student, and the ableist rhetoric that surrounds these populations reign supreme.

Many of the adaptations and pivots made by universities as a result of COVID-19 are practices, policies, and design that if continued could allow universities to be flexible, usable, and accessible for everyone. Creating universally designed environments is key, but perhaps just as important is making sure that the messaging and communication from universities are also constructed with a universal design framework in mind. Universal design spans beyond the chronically ill population, the college experience, policy, and systems of higher education. Universal design is essential and foundational in my experience as a disability scholar and chronically ill person and thus will be weaved throughout the implications and recommendations in this chapter.

Institutional Implications

Institutional implications are meant to work towards creating systemic change at a university level. It is imperative that chronic illness become a more integrated and understood experience within the disability community, but equally as important is ensuring that the same can be said for the disability experience within the university setting. Institutions must expand their ideas of diversity and think beyond cosmetic diversity as the preferred or better diversity on college campuses. They must become more inclusive in working to provide the same commitment to disability as they do to other social justice issues and historically underrepresented identities.

Flexibility

As referenced in the Universal Design section of this chapter, universities need to systemically reject ableist ideas in order to commit to promoting equitable experiences for chronically ill and disabled students. A recommendation is to commit to continued (and increased) flexibility which would significantly impact the disabled students and specifically those with invisible disabilities. A commitment to flexibility, at its core, is a commitment to Universal Design, creating environments of accessibility for the largest number of populations with the smallest need for individual accommodations. As discussed in my introduction and literature review, those who's disability (or diversity) is largely or completely invisible, often are less connected to resources to assist them in navigating their identities on a college campus. By increasing flexibility, the university removes barriers to access and success.

Recommendations related to attendance, absences, asynchronous participation are further explored in this chapter under implications for practice and further explain how a commitment to flexible learning environments in turn show a commitment to chronically ill populations. To introduce this flexibility into practice, it needs to be implemented and role modeled institutionally. Flexibility and Universal Design needs to be part of the University in ways beyond the classroom and academic learning environment. COVID-19 has shown us ways that not only students, but also staff and faculty benefit from flexible work and learning environments and universities need to embrace this commitment to ongoing flexibility in their current and future plans for university operations.

Universities need to commit to policies which promote flexible environments including flexible work arrangements (remote, hybrid, etc.) and schedules. This commitment to flexibility and adaptability not only ensures a university's preparedness to future emergencies or crises, but

it also commits to an environment of accessibility focusing on the benefit of all community members, including a commitment to physical and mental health, often ignored in within an ableist constructed culture.

Vaccination Requirements or Incentives

On May 24, 2021, the CDC announced that everyone 12 years of age and older is eligible to receive a COVID-19 vaccination (Centers for Disease Control and Prevention, 2021). The enhanced access to the vaccine has also increased questions about whether universities will require their student populations to be vaccinated in order to participate in an on-campus environment for the 2021-2022 academic year. According to a *New York Times* article, “A mandate is seen as the easiest step to protecting students, and for many colleges, the decision is an easy one — especially since many already require other immunizations for the flu or measles, mumps and rubella” (Callimachi, 2021, para. 10). I feel it is important to frame this recommendation by sharing why vaccines matter to overall public health as well as specifically to the chronically ill population.

In general, vaccines save lives, and according to Anderson Alleyne (2021), a communications consultant with the Global Health Council, “Vaccines are one of the safest and most effective ways to protect people from life-threatening and preventable diseases” (sec. 1). In addition to vaccines saving lives and eradicating disease (or outbreaks of diseases), vaccinations also “yield a high return on investment (ROI) in terms of the avoided economic costs of disease, treatment and care. For every \$1 invested in vaccines, there is a \$21 return over the lifespan of an immunized child” (Alleyne, 2021, sec. 2). Having a vaccinated student population in general keeps a college campus healthier and helps to keep health-related costs smaller. Vaccination requirements on college campuses also are necessary for the health and safety of any

immunocompromised students, staff, or faculty. Those with chronic health conditions are at an increased risk for “serious complications from certain vaccine-preventable diseases, including long-term illness, hospitalization, and even death” (Vaccinate Your Family, 2021, para. 1).

Long-term illness and hospitalizations both create significant complications for those in college by imposing barriers to their academic success and ability to participate fully and effectively in class as well as socially.

As of June 3, 2021, more than 400 colleges and universities have released statements indicating that they will mandate that on-campus students be vaccinated for COVID-19 prior to the start of the fall 2021 semester. Some argue that because the U.S. Food and Drug Administration (FDA) issued emergency approval for the vaccine, they cannot mandate that students get it. However, as Harvard Law School Professor Glen Cohen pointed out, universities have been requiring COVID-19 testing with little issue for the past year, under the same FDA emergency authorization. On March 25, 2021, the first major university, Rutgers University, announced they would be mandating vaccination for students. However, like many universities that followed, there remained flexibility based on medical and religious exemptions. These mandates and exemptions are not unlike what many universities already have in place for immunization requirements for measles, mumps, and rubella (MMR).

President Robbins supports a student vaccination mandate, having stated, “I really favor mandating it both [for] COVID-19, but also for influenza vaccine and all the things we commonly do” (Brennan, 2021, para. 2). When I began my recommendations and implications chapter, I firmly believed (and still do) that universities should have a mandatory vaccination requirement (with space for religious and medical exemptions) for the COVID-19 vaccine. However, many universities are limited in their ability to have such a mandate, due to recent

legislation that works against this recommendation. Fifteen states, including Arizona, have introduced legislation barring universities from requiring proof of COVID-19 vaccination. On June 15, 2021, Governor Ducey issued an executive order that does more than just prevent Arizona universities from mandating the COVID-19 vaccine. The executive order, which Governor Ducey is working to codify into state law, also prevents universities from issuing mask mandates or requiring COVID-19 testing (Radwany, 2021). Despite this executive order, K-12 school districts in the state of Arizona have resisted and, in some cases, even defied the law all together. Meanwhile as of August 7, 2021, less than 20 days from the start of classes, the University of Arizona, remains silent on any plans to require mandates related to vaccines, masks, and/or testing. A stark contradiction from a similarly situated institution of higher education (large, 4-year, public), Indiana University (IU), who despite the state's Attorney General, has instituted university policies requiring students and staff to be fully vaccinated against COVID-19 or participate in a fully online program. Students and staff at IU who qualify for a medical, religious, or ethical exemption will be required to wear a mask, participate in COVID-19 testing, and quarantine or leave campus in the case of an outbreak. IU has gone as far to state that students who do not receive a vaccination or an exemption can have their classes cancelled and access to online systems revoked (Lombardo, 2021).

Universities who find themselves constrained by state or local laws in their efforts to mandate vaccinations should still feel empowered to make statements that encourage, recommend, and support vaccination for all students before they participate in an in-person, on-campus experience. Though a university may need to avoid a mandate or policy that requires a student to be (or prove they are) vaccinated, institutions can instead once again utilize their communication efforts to use language that clearly articulates the university's stance and

preference for a vaccinated student (and campus) body. Through university emails and briefings, as explored in this study, university leadership can continue to set a precedent that being vaccinated before coming to campus is the *right thing to do*. As I discussed (and critiqued) in my findings, university leadership during COVID-19 at the University of Arizona used the shared identity of being a Wildcat as an impetus for getting tested, wearing a mask, and following policies. For the University of Arizona, maintaining the idea of “bear down, vax up” should be an ongoing campaign that encourages the vaccination of students and staff, despite Governor Ducey’s executive order. I would encourage other universities to adopt similar sentiments and plans when a requirement is not feasible or legal.

For universities who cannot legally require students to get the COVID-19 vaccine, there are ways to innovate and still take a stance that you are committed to a vaccinated campus for the safety of all students and employees despite bureaucratic barriers to vaccine mandates. Institutions who cannot (or will not) require a vaccination are getting creative in providing incentives to encourage people to get vaccinated. Some universities are promising prizes or smaller rewards in exchange for proof of vaccination, while others are thinking bigger. For example:

In Ohio, where the public university system has no plans to mandate the vaccine, 12-to-17-year-olds who have received at least one COVID-19 shot are eligible to win full-ride scholarships to any of the system's 14 campuses. New York, meanwhile, is raffling off college scholarships to the City University of New York (CUNY) and State University of New York (SUNY) systems (Dennon, 2020, para. 12).

My recommendation remains that students who are going to be physically on campus, for the safety of everyone, should be vaccinated. It is the role of leadership, administrators, and all

higher education professionals to do their part to impact local, state, and federal policy to prevent or overturn legislation such as Governor Ducey's executive order that would limit a university's ability to set their own expectations and policies for ensuring the safety and wellbeing of their students, staff, and faculty. Without a vaccination requirement, the message is clear, and not unlike what has been communicated since the start of COVID-19: College campuses are not safe or inclusive of chronically ill students, and while everyone else "returns to normal" their "stay-at-home" order remains intact.

Awareness of & Access to Affordable (Free) Health Care & Insurance

For many people, COVID-19 was the first time they truly had to think about their health or about if their environment was potentially in conflict with their ability to be healthy. For perhaps the first time, terms like *immunocompromised*, *underlying conditions*, and *chronic illness* became regular verbiage both at university settings and around the world. This is an opportunity to not let these conversations disappear and to continue to allow for people with these invisible disabilities to become visible and valued in our universities and in society as a whole. Many able-bodied, "healthy" individuals had a brief glimpse of an immunocomplicated life by having to be concerned about susceptibility to contracting an illness and having serious consequences as a result and worry about being able to attend events or engage fully in social networks and environments.

COVID-19 may have created more questions about access to medical care than answers. Thus far, every American (over the age of 12) has been encouraged to get a COVID-19 vaccine. It has been made explicitly clear that regardless of a person's status as insured, there will be not cost incurred from receiving a COVID-19 vaccine. In addition to the University of Arizona serving as a vaccination POD, they also provided free COVID-19 testing for all students, staff,

and faculty. There was no cost to be vaccinated or tested for COVID-19. This practice raises questions about a university's ability to provide affordable or no-cost health care for its students and employees.

Everyone should have access to affordable health care. COVID-19 has brought with it many questions about access and equity across the health care industry, but for those with chronic illness, these questions and concerns related to access are not a new phenomenon. They are a reality of everyday life.

Access to free vaccines and testing during COVID-19 shed light on an antiquated reality that health care, especially quality health care, is often a privilege and luxury in the United States. While I firmly believe in accessible and affordable health care for everyone, regardless of their enrollment or employment at a university, for the sake of this dissertation, I am going to focus my recommendation on providing fully funded health insurance premiums to all students and university employees as a commitment to providing affordable, accessible health care on college campuses. This commitment would serve all members of the university community as well as the chronically ill community specifically.

Most universities provide optional or mandatory health care plans for students. The University of Arizona, for example, provides student health insurance underwritten by Aetna. The health insurance plan is optional⁸ and requires a student to “opt in.” There is a premium associated with the health insurance plan, which is billed directly to a student's Bursar's Account. At the University of Arizona, the annual premium for student coverage is \$2,861.00

⁸ The University of Arizona Student Health Insurance Plan is optional for domestic students but required for all international students. This is potentially confusing, as the insurance plan is advertised through university marketing and webpages as optional and requires a student to “opt in.”

(University of Arizona, 2021a). This premium is not included in the cost of tuition or even in the information on cost of attendance provided by the Office of Financial Aid. This expense comes as an unexpected addition to anyone seeking health insurance through the university.

In addition to the University of Arizona providing a student health insurance plan, they also offer a separate, non-insurance option called CampusCare, which “serves as an ideal bridge for students covered by any type of health plan, where one may have a high deductible, limited benefits, or no coverage for charges incurred at the Campus Health Service” (University of Arizona, 2021f, box 2). The cost to enroll in CampusCare is \$175 per semester.

Students should not have an added \$2,861.00 included in their annual cost of attendance at a university and then still, for many, be unable to access campus health resources due to the cost associated with co-pays and deductibles. The premium associated with student health insurance plans should be included in the overall cost of attendance and should not be an additional financial burden. Universities can show their commitment to wellness by providing affordable health care instead of printing patronizing posters encouraging students to sleep more, eat healthy, and lay off the booze. Additionally, once health insurance premiums are absorbed by the university or into the cost of attendance, they should not require a student to opt in. Knowing that you need to opt in to insurance is a privilege within itself. The university should enroll students automatically in a health insurance plan at no cost to the student. To minimize concerns related to dual enrollment for a student holding multiple insurance policies (if they are self-insured or covered by a family member's plan), the university should provide clear information at the time of application, acceptance, enrollment, and matriculation about university-sponsored health insurance plans. This information should include university requirements, a waiver for

opting out of the plan, and clear guidance about how and where to submit the waiver and any corresponding deadlines.

I realize that not all universities can make the financial commitment to cover the cost of insurance premiums for each student, though I would encourage them to seriously consider how to plan for this commitment in the future. In instances where premiums cannot not be absorbed by the university, they should be clearly articulated as part of the university's estimated cost of attendance. Additionally, when premiums cannot be covered in full by the university, it becomes even more imperative to examine the costs associated with seeking health care while at college. Universities, at a minimum, should have campus health services or a similar partnership within the community that makes health services convenient and ideally free.

For me, as I write this recommendation, it remains complicated. Campus health would not eradicate my need for specialty physicians, most of whom, even with great insurance, come at a higher cost than more generalized medical facilities and treatment. However, with adequate insurance coverage and a robust index of preferred providers and community referrals, a university health services office can be more than prepared to universally serve the needs of an entire campus.

A benefit of this recommendation that should not be overlooked is what it means to those with suppressed immune systems to be on a college campus that is committed to providing medical care to its community. By ensuring that students (and ideally staff and faculty) have access to affordable (but ideally free) health care, universities encourage students to seek out medical care early and prevent unnecessary transmission of contagious infections, such as strep throat, flu, and COVID-19, creating safer campus environments for those at risk of serious complications to any such contagion.

Diversity

Expanding the concept of “who counts” in relation to diversity is really an implication and recommendation for everyone. Students, practitioners, faculty, administrators, and leadership all have the responsibility of expanding their own pre-conceived notions of diversity in order to cultivate culturally responsive universities. Race, gender, ethnicity, and sexual orientation have been and continue to be how universities qualify and quantify diversity. These are the categories that inform university recruitment, marketing, policies, and retention efforts (Shallish, 2017, p. 19). Diversity is a shared responsibility; it must be more than part of a university’s mission statement and more than a culturally competent curriculum or professor. Diversity must be infused into all that a university does and considered by all students, staff, and faculty who make up the college community. Diversity is housed within the institutional implications section because the expansion and understanding of diversity requires an institutional commitment. Systemic change is fundamental in modeling behaviors and expectations on an individual level. However, the reality is that often individual change and commitment is a critical component in pushing institutions and systems towards change. Regardless of where my recommendation of expanding diversity to include disability and chronic illness belongs, it remains an essential and important implication of this study.

Yunkins and Bernstein (2017) reminded us that “until recently, disability was not a part of the discourse surrounding diversity, although bodily experiences differ” (p. 4). Universities, like other aspects of society, generally exclude disability from the discourse around diversity, and if disability is being excluded from the conversation, then it is fair to imagine that chronic illness is not even being whispered about. Diversity, however, is about more than who is being talked about, but also who is getting to participate in those conversations. Part of that

conversation is a shared responsibility, which finds itself within my institutional implications section because the importance of systemic institutional change in modeling change for those at the institution. Diversity itself needs to be redefined, with less emphasis being placed on what can be seen and a greater commitment to understanding that diversity can and should include characteristics that are invisible and in flux. Diversity itself is evolving and it should be defined as such with a commitment to including more voices, so that even when diversity cannot be seen we are always listening for it.

Implications for Practice

The implications for practice highlighted in this section are designed to allow for higher education professionals, because of their role and relationship with students, to think critically about the university's response to COVID-19 and about the experience of chronically ill students before, during, and after the pandemic. These practitioners, faculty, and administrators are uniquely situated with the ability to influence and impact the experiences of chronically ill college students.

Attendance, Absence, & Asynchronous Participation

Online learning was not introduced because of COVID-19; in fact, many universities, including the University of Arizona, have been working to build their online presence for many years. What did change because of COVID-19 were efforts to adapt classroom settings in preparation for multiple modalities. Instructors were no longer only teaching in person, or only teaching online; they were now expected to shift between these two modalities effortlessly, as well as several modalities that created hybrid approaches between fully online and fully in-person experiences. This idea that learning can happen in a physical classroom space, live online,

or asynchronously can work, in part, to create more equitable college experiences across all students with flexibility in how and where that learning occurs.

Universities should do away with absence and attendance policies, specifically those that penalize a student's grade for missing class or refuse to acknowledge illness (not just chronic illness) as an excused absence. Doing this provides space and understanding for chronically ill students who may need to miss class, and it encourages all students to stay home when they are sick or not feeling well. This idea of not penalizing someone for staying home begins to create an environment where it is acceptable or even expected that if you are running a fever or have other symptoms of illness, you stay home to not only take care of yourself, but simultaneously protect all the students who are in class that day, who may or may not be immunosuppressed.

Faculty, instructors, and administrators need to think beyond the idea of in-class participation as a means of determining a student's grade, or ultimately the perceived success of that course or instructor. Technology today provides us with the opportunity to offer ways for students to participate not only in class, but in virtual formats, both synchronously and asynchronously.

The idea of online or asynchronous participation should also consider programs on a university-level beyond the classroom. Programs like orientation, for example, should continue to offer fully online opportunities for students. This level of access to important university events and trainings provides more options for people with a range of disabilities, including chronic illness. In addition to having benefits for the disabled student population, this approach also can increase access for students and families and ensure they are not being disadvantaged by not having the same level of access to information as their peers or families. For example, orientation programs often come at a cost to students and their families. Not only is there

typically a financial cost to attend the orientation, but there is also a reality that students and their family members often must miss work or other obligations to attend. Hosting these events fully online or with an online option allows for greater participation and access to information at a lower cost to the student and their family.

An important component of these recommendations is how the university and its leadership frame and discuss them. My data showed that universities were quick to discuss that “most” students want to be on campus, and intentionally and carefully created designed and implemented a rhetoric to this point. This in turn led to the focus of COVID-19 plans and preparations being centered on how universities can and should return to the in-person environment. This message of “everyone” eagerly waiting to return to campus is false, for the chronically ill and disabled population the commitment to remote learning and working environments was about more than just access, it was about freedom. “Freedom from dealing with subtle, often unintended expressions of bias known as microaggressions” (Miller, 2021, para. 2). But the flexibility to work and learn remotely benefits more than just the disabled, those historically underrepresented (race, gender, age) are also experiencing fewer microaggression within the remote and online environments.

Despite the desire for and success of remote teaching, learning, and working we revert to ableist notions of “professional” and “academic,” which is evident in the messages related to the University’s “return to normal.” These messages, communicated a tone of dismissiveness to any experience that was not perceived as “normal” or “traditional.” The reality is that this idea of “returning to normal” reinforces stereotypes that an “ideal” student is best and preferred, and thus encourages the university to continue to design their experience around those students. By “returning to normal,” we completely miss the opportunity to explore the fact that “normal”

wasn't really working and that thinking beyond what was previously done could allow us to re-design a college experience based on equity and access that extends beyond the gates of the ivory tower and moves us towards a future where higher education is not only an attainable goal, but also an accessible, inclusive, and safe experience – and I don't just mean in terms of the pandemic.

Education & Training

COVID-19 started a large-scale conversation around chronic illness, comorbidities, and suppressed immune systems that we should continue. Through my findings, it became clear that education around this topic is needed, as the approach and conversation surrounding this issue and population were not always ideal. The findings of this study serve as a starting point to help university leadership analyze the messages they are implicitly and explicitly sending to and about chronically ill college students.

Higher education administrators, staff, and faculty are responsible for creating and informing the policies, expectations, and climate that ultimately make up the campus and college culture. As a result, those individuals must have access to training and education that explore disability and chronic illness. Not only should this training, and education be available, but engaging in these opportunities should also be an expected component of their roles. These trainings can serve several purposes, but first and foremost, it is key that whatever trainings or tools are being used are vetted from a disabled or chronically ill viewpoint. It is important to incorporate disabled voices when designing or selecting a training to be used on your campus. Utilizing a campus disability resource center or similar program can be a great starting point in exploring what trainings may already be available, or as a resource in soliciting feedback for what the disabled or chronically ill community would like to see included in the design of such a

training. Though including disabled voices is, in my opinion, crucially important to creating a sustainable and effective training, it is also important that the burden of these trainings not be the sole responsibility of disabled students, staff, or faculty. Therefore, designing this training should not be simply a job assigned to a campus disability resource or similar office.

Training and education around disability and chronic illness should be conducted from an implicit bias and ableism framework and should be a shared responsibility and institutional commitment. Education on various topics, including disability models, the ADA, universal design, academic ableism, and ableist rhetoric are all ways to help those unfamiliar with disability and/or chronic illness to be better informed about, more comfortable with, and a better support for students who are navigating the complexities of college with their chronic illness. Additionally, universities should focus training on Universal Design, educating leadership, faculty, and staff on how to anticipate difference and embrace and the opportunity to encourage flexibility. This flexibility should go beyond the physical campus and be part of policies, procedures, instruction, and the overall college experience.

In addition to providing opportunities for training and education, as my study shows, university leadership and their communications are very important in creating a foundation of inclusion. Thus, how university leaders communicate about these trainings will be a key part in how the trainings are viewed as a component of the institutional commitment to the chronically ill. Simply offering a training does not in itself show a university commitment to the training or population; instead, this commitment requires appropriate backing from university leadership and dialogue that shows the training and education is valued. University leaders should be required but should also want to participate in these trainings, discuss and communicate about them, and advertise them appropriately as part of their commitment to ensuring that chronically

ill students are not absent in university communications and changing the discourse surrounding who is viewed as ideal within these communications and the university system.

Implications for Future Research

Future research related to college, chronic illness, and COVID-19 is important, but so is thinking about this research beyond COVID-19. COVID-19, however long it continues to last, should have a lasting impact on how we identify, address, and react to future public health emergencies and crises. It is also important to address the fact that with or without COVID-19, chronic illness, and the intersection it has with higher education is real and was real long before institutions were faced with the complications of COVID-19. Chronic illness is part of the construct of public health, and yet its invisible nature allows us as a society to hide it away and ignore its implications and ramifications on the public health domain. Perhaps the most important contribution of this study, and recommendation that I can make, is to just simply continue to include chronic illness within the conversation in higher education and continue the research of this population as it relates to higher education including and beyond COVID-19.

Expansion of the Study

A noted limitation of this study was that the case study was limited to exploring communication related to COVID-19 by one university and its leadership. A suggestion for future research would be to expand the study to include additional universities and different types of universities. By identifying additional, similarly situated (large, 4-year, public research) institutions, as well as exploring smaller, private, and/or 2-year institutions, we can begin to gain a sense of how communication differs among the leadership of various types of universities and how their institutional messaging may or may not be a factor in how institutions and their leadership view the chronically ill student population.

Additionally, this research focused on COVID-19-related messaging to and about the chronically ill student population. The CDC identified greater COVID-19-related risk for those with underlying medical conditions and older adults (age 65+). Both populations are historically underrepresented in literature surrounding higher education, and specifically overlooked when envisioning the ideal or traditional college student. However, just as there has been an increase of chronically ill college students, there has also been an increase of college students who fall outside of the 18- to 25-year age range. By expanding the study to examine age, we can begin to explore both populations within the COVID-19 era while also working to increase awareness about the presence and needs of these populations. This heightened awareness would encourage institutions to be more inclusive of students, staff, and faculty and understand why their identities are valuable within the ivory tower.

International Research

COVID-19 has provided us with a unique opportunity to view crisis response through a world-wide lens, with each continent being impacted by the pandemic. By expanding my current case study to include international research sites, we can not only explore how universities across the globe responded to COVID-19, but also begin to compare how, on an international stage, universities communicate with and about students with chronic illness. This study focused on one public 4-year institution in the United States, but there is much that can be gleaned and learned from a global university response.

International collaboration itself is not a new or groundbreaking recommendation; rather, the rise in such collaborations and the relative ease with which they can be accomplished today, enables exploration of how universities all over the world responded (and continue to respond) to COVID-19 on their campuses. When it comes to collaboration and the increase in co-authoring,

A 2021 *Nature Briefing* article quotes Dr. Jenny Lee as saying, “generally, this is good news for those interested in knowledge being more global” (Maher & Van Noorden, 2021, para. 12).

There is much to be learned and gained from exploring COVID-19-related communications to and about university students across the globe, and how those communications highlight or hide students with chronic illness. However, there is also much to be learned about the topic of chronically ill college students, their experiences, and how universities globally view this population. This specific case study can be useful for allowing researchers to focus on a specific timeframe, but it should only serve as the beginning for future collaborations and efforts to better understand the experiences of chronically ill college students globally and the impact that university leaders and their communication have on these students’ sense of belonging and value in the world of higher education. Exploring these communications, and the perceived value of the population in higher education can further our understanding of how chronic illness and disability are (or are not) stigmatized in differing societies and cultures. In many cultures, for example, those with a chronic illness or disability are purposely hidden, even within their own families because of the negative social judgement which is associate with chronic illness. By better understanding the experience of these individuals within the higher education setting we can better address these stigmas and work to break down systems and institutions of oppression and exclusion for those with chronic illness.

College, COVID-19, and Cost: It's Complicated

The focus and premise of this study was the interplay between college, COVID-19, and chronic illness. However, while I analyzed the data based on these areas, I began to see secondary themes emerging, some of which were directly related to my research questions for this dissertation and thus were included in my findings, and some of which were only mildly

related to the questions, if at all. One theme that I found interesting, which is touched on briefly in my findings, is the idea of the cost of COVID-19. Using the identified methodology for this study, I think it would be of use to code the same data set but for words and phrases related to cost, financials, and furloughs. This consideration was an incredibly important component of the COVID-19 response by the University of Arizona and universities across the country. By exploring university communication, leadership, and public messaging, as this study was designed to do, researchers could better understand the financial component of the university's COVID-19 response and how that impacted the university and specific populations, such as chronically ill students, staff, and faculty.

This study could expand to explore the idea of cost and COVID-19 as it relates to economics, academics, social considerations, and wellness (physical, mental, emotional, medical, etc.). I believe that exploring the costs of COVID-19 on college is the next step in not only understanding the short- and long-term implications of COVID-19 on college campuses, but also in furthering the research from this study and expanding it to address the needs of various populations found within institutions of higher education.

Lessons Learned from COVID-19

COVID-19 provided a window in the world of chronic illness, when, for the first time, many had to grapple with the concept of health privilege. Prior to COVID-19, universities focused their health-related communications based on the assumption that normal, traditional, ideal college students are healthy; thus, the information centered on encouraging students to eat well, exercise, and get sleep. COVID-19 taught universities (and society as whole) a lesson that those in the chronically ill community already knew: that health is a privilege and your status as

“healthy” is not a guarantee, and that higher education and college campuses are designed for the ideal (not chronically ill) students.

The response to the COVID-19 pandemic provided a lot of insight into the ways we as a university community and global community can be more conscious about our own health and safety and the role we can play to keep others safe. The increased awareness on sanitation, social distancing, and masks are all examples that I found during my research of ways that the university committed to an environment that was safer and more inclusive for those permanently or temporarily immunocompromised. As many people start to think about life beyond COVID-19 and university operations beyond the pandemic, universities should embrace this opportunity to continue the social norming on their campuses of some of the most impactful practices for an environment committed to universal health, as learned from COVID-19.

Social Distancing

Having people keep their distance in public is great for people who have autoimmune conditions or any type of compromised immune system. In addition to being a positive contribution to public health, social distancing also normalizes the idea of giving individuals their personal space. Six feet of distance between strangers not only works to limit the spread of disease but can also generally make people feel more comfortable. Real estate does always seem to be a premium, and for large schools with large student populations, there is not always room to accommodate 6 feet of space, especially at sporting events, large lecture courses, and campus-wide events. However, providing information in advance about where and how social distancing can or cannot be enforced helps individuals to make decisions about their own individual comfort, or in this case, health. Additionally, having opportunities for people to participate, watch, or engage in a remote fashion (much like what already happens when sporting events are

televised) can be a way to acknowledge that when social distancing is not possible, there are still ways to respect the health and safety of all students (and for everyone).

Masks Matter

Masks became a social norm, with college campuses embracing them as an opportunity for students to show school pride by wearing masks branded by university mascots, slogans, and colors. The word *mask* appeared so often in email communication and university briefings during my study that I ultimately ended up coding an entirely separate dataset around the word. Masks were found to be a key strategy for the prevention of COVID-19 because they create a barrier that keeps respiratory droplets from spreading. Masks did more than just prevent students, staff, and faculty (and society as whole) from getting COVID-19; they also nearly eradicated this year's flu season. Universities can continue to communicate about the benefits of mask wearing for everyone, which creates a dialogue of support in developing safe(r) campus environments for chronically ill students. For example, Dr. Juthani from Yale Medicine said, "There are many East Asian cultures where the practice is still that if you have a cold or runny nose, you put on a mask" (Katella, 2021, p. 2). The practice of wearing masks in East Asia began long before COVID-19 and became commonplace after the 2003 SARS outbreak. Universities can continue the commitment to masks by continuing to distribute them at no cost to students, staff, and faculty. Additionally, universities who implemented mask-related policies should look at ways that they can continue to communicate expectations related to mask wearing as part of the campus culture and commitment to public health.

Sanitation

Starting in early March of 2020, communication from University of Arizona leadership provided detailed information about expanded efforts being made by university staff to clean and

sanitize the campus. Not only should the university continue to practice increased sanitation, but university communication should also continue disseminating information about what those practices are to show the university's commitment, like with masks and social distancing, to creating environments that are inclusive of the needs chronically ill and immunocompromised students. Communication campaigns focused on inclusive practices for cleaning and maintaining a sanitary environment sends the message that institutional priorities involve the promotion of health for all members of their community, including students with chronic illness.

Thoughts on the “Return to Normal”

From May 2020 through July 2020, the University of Arizona briefings were categorized as part of “The Road Back,” implying that university was working to get back to what it once was, who it once served, and how it once operated. The reality is that there is no going back; COVID-19 has shattered individual and institutional assumptions of normal and made it clear that people are not treated equally, especially in a pandemic. “Normal” does not account for complexity and certainly never accounted for chronic illness. In the context of higher education, *normal* is a word often synonymous with *traditional*, meant to describe the typical or average college experience, but in fact referring to the ideal college student. As previously discussed, *traditional* and *normal* are misconceptions of who is going to college and what their desired college experience is. These norms are perpetuated by the public persona universities present through their communications and media, which ultimately create an exclusionary rhetoric, rife with microaggressions, of who is wanted, who is welcome, and who will be supported. This “normal” does not account for the millions of students attending college with disabilities and chronic illness. The lesson learned is that we should not return to how things used to be; instead, we should forge forward to embrace a new ideal, one committed to dismantling the systemic,

oppressive norms that ultimately create exclusive environments unable to support ever-growing populations of “non-traditional,” “not-normal,” “less-than ideal” college students, like those with chronic illness.

Conclusion: From Crisis to Chronic

In Chapter 1, I shared that “each year in the U.S., more than 500,000 youth with chronic illness, ranging from diabetes to bipolar depression, turn 18 years old” (Lotstein et al., 2005). I also shared that despite this statistic being more than 15 years old, it continues to be cited in recent research. I reshare this information with you now because the reality is that COVID-19 is going to increase that number. “Overall, approximately 10% of people who’ve had COVID-19 exposure experience prolonged symptoms” (Rubin, 2020, p. 1381). The research related to COVID-19 will continue to grow and evolve, and as it does, we will begin to have a better sense of the chronic conditions that may result from COVID-19 infection and the impact that this will have on the chronically ill population.

COVID-19 continues to be a relatively new and evolving health condition, which creates many questions for scientists, medical professionals, and society about its long-term impact. Response to the COVID-19 pandemic has been a crisis response to a rapidly developing and changing pandemic. This crisis response is evident in the communications analyzed for this study, as the messages the university conveyed to students, staff, faculty, and the community changed by the day. With so little known about the disease, the response and plans were often reactive and done as part of the university’s crisis management plan.

Medical professionals and scientists have been studying patients who have survived COVID-19 and similar conditions and are looking for answers to the questions about the long-term impact of the disease. Data is changing daily, and an estimate is not currently known for the

number of individuals impacted by long-term adverse effects of COVID-19. What is known, based on preliminary studies and research focusing on similarly situated infections, is that “the number of people who may face a chronic complication from COVID-19 infection is staggering” (Higgins et.al., 2020, p. 2).

In my introduction, I shared that the chronic illness definition being used for the basis of understanding of my dissertation was: a health condition that negatively impacts an individual for 12 months or more (Herts et al., 2014). I would encourage universities to think about their responses to those with chronic illness in a similar chronic fashion. The past 12 months of the university’s response to COVID-19 required universities for perhaps the first time to address and consider the chronically ill populations on their campuses, but they did so in a reactionary and short-term fashion. This crisis response should be just the start, a mere foundation that evolves into a long-term commitment, or in other words, a chronic response. It has never been more important to expand our knowledge as it relates to chronic illness and the chronically ill population. How university leadership communicates with and about chronically ill college students will continue to impact the students’ sense of belonging. Universities need to start thinking beyond the “ideal” college student and be willing to embrace the immunocomplicated (from 6 feet away).

REFLECTION SIX

For a moment, during the COVID-19 pandemic, I realized the added stressors, concerns, and even fears that come with being a chronically ill college student, were being experienced by all college students as they learned to accommodate life during a pandemic.

The daily focus on health was, perhaps for the very first time, not just a concern for the immunocomplicated.

I had hoped and continue to hope that this, however brief window into my world, would and will be used to remove barriers and open doors.

For the time-being I face the reality that while others "return to normal" I continue to balance College, Chronic Illness, and COVID-19.

And it's still complicated.

References

- Acker, J. (2006). Inequality Regimes. *Gender & Society*, 20(4), 441-464.
<https://doi.org/10.1177/0891243206289499>
- Ahmed, S. (2012). *On being included: Racism and diversity in institutional life*. Duke University Press.
- Alleyne, A. (2021, April 27). Why Vaccines Matter [web log]. <https://globalhealth.org/why-vaccines-matter/>.
- Americans With Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990).
- Arizona Office of the Governor. (2021, March 21). *State adopts a unique hybrid model for covid-19 vaccine prioritization*. [Press release].
<https://azgovernor.gov/governor/news/2021/03/state-adopts-unique-hybrid-model-covid-19-vaccine-prioritization>
- Arnett, J.J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-480.
- Astin, A. W. (1993). *What matters in college? Four critical years revisited*. Jossey-Bass.
- Bazeley, P. (2013). *Qualitative data analysis: Practical strategies*. SAGE Publications.
- Beeler, S. (2016). Undergraduate single mothers' experiences in postsecondary education. In L. Wolf-Wendel, A. M. Kulp, & K. Ward (Eds.), *How ideal worker norms shape work-life for different constituent groups in higher education* (pp. 69–80). Jossey-Bass.
- Bernard, H. R., & Ryan, G. W. (2009). *Analyzing qualitative data: Systematic approaches*. SAGE Publications.
- Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: A research note. *Qualitative Research*, 8(1), 137-152.

- Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, 9(2), 27-40. <https://doi.org/10.3316/qrj0902027>
- Brennan, B. (2021, April 19). University President Dr. Robert Robbins favors mandatory vaccinations for students. *KGUN9*. Scripps Media Inc. <https://www.kgun9.com/news/coronavirus/university-president-dr-robert-robbins-favors-mandatory-vaccinations-for-students>.
- Brown, K., & Broido, E. M. (2015). *Student engagement in higher education*. Routledge.
- Callimachi, R. (2021, May 23). For colleges, vaccine mandates often depend on which party is in power. *The New York Times*, p. 6. <https://www.nytimes.com/2021/05/22/us/college-vaccine-universities.html>
- Carbajal, A. (2017, July 5). Dorm Life at Ua: The Disability Resource Center. *LivAbility Magazine*. <https://ability360.org/livability/education-livability/dorm-life-ua-disability-resource-center/>.
- Carnevale, D. (2005, June 10). To size up colleges, students now shop online. *Chronicle of Higher Education*, 51(40), A25.
- Centers for Disease Control and Prevention. (2021, May 24). *COVID-19 Vaccines for Children and Teens*. Centers for Disease Control and Prevention. Retrieved May 29, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html>.
- Center for Universal Design. (2011). *The principles of universal design*. https://projects.ncsu.edu/design/cud/about_ud/udprinciplestext.htm
- Couser, G. T. (2005). Disability as diversity: A difference with a difference. *Ilha do Desterro: A Journal of English Language, Literatures in English and Cultural Studies*, (48), 95–113.
- Creswell, J. W. (2003). *Research design: qualitative, quantitative, and mixed methods approaches*. SAGE Publications.

- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). SAGE Publications.
- Davis, L. J. (2011). Why is disability missing from the discourse on diversity? *The Chronicle of Higher Education*. <http://chronicle.com/article/Why-Is-Disability-Missing-From/129088/>
- Dennon, A. (2021, June 3). Can Colleges Make the COVID-19 Vaccine Mandatory? [web log]. <https://www.bestcolleges.com/blog/can-colleges-make-covid-19-vaccine-mandatory/>.
- Dolmage, J. T. (2017). *Academic Ableism: disability and higher education*. University of Michigan Press.
- Duquaine-Watson, J. M. (2007). "Pretty Darned Cold": Single Mother Students and the Community College Climate in Post-Welfare Reform America. *Equity & Excellence in Education*, 40(3), 229–240. <https://doi.org/10.1080/10665680701334785>
- Edelman, A., Schuyler, V. E., & White, P. H (1998). *Maximizing success for young adults with chronic health-related illnesses. Transition planning for education after high school*. American Council on Education.
- Erikson, E.H. (1959). *Identity and the life cycle*. W.W. Norton & Company.
- Evans, N.J., Forney, D.S., & Guido-DeBrito, F. (1998). *Student development in college: Theory, research, and practice*. Jossey-Bass.
- Falvo, D. R. (2014). *Medical and psychosocial aspects of chronic illness and disability* (5th ed.). Jones & Bartlett Learning.
- Freeman, D. (2015, October 12). Ableism and the Academy: What College Has Taught Me About My Disabled Body. *Model View Culture*. <https://modelviewculture.com/pieces/ableism-and-the-academy-what-college-has-taught-me-about-my-disabled-body>.
- Ford, K. S., & Patterson, A. N. (2019). "Cosmetic diversity": University websites and the

- transformation of race categories. *Journal of Diversity in Higher Education*, 12(2), 99–114. <https://doi.org/10.1037/dhe0000092>
- Glaser, B., & Strauss, A. (1967). Grounded theory: The discovery of grounded theory. *Sociology—The Journal of the British Sociological Association*, 12(1), 27-49.
- Glesne, C. (2015). *Becoming qualitative researchers: An introduction* (5th ed.). Pearson.
- Goodley, D. (2016). *Disability studies*. Sage Publications.
- Goodwin, S.A., & Morgan, S. (2012). Chronic illness and the academic career. *Academe*, 98(3), 33-38.
- Hart, J. (2006). Women and feminism in higher education scholarship: An analysis of three core journals. *The Journal of Higher Education*, 77(1), 40-61.
- Henslin, J. M. (2013). *Sociology: A down-to-earth approach* (12th ed.). Pearson.
- Herts, K. L., Wallis, E., & Maslow, G. (2014). College freshmen with chronic illness: A comparison with healthy first-year students. *Journal of College Student Development*, 55(5), 475-480.
- Higbee, J.L. (2004). Universal design principles of student development programs and services. In J.L. Higbee & E. Goff (Eds.), *Pedagogy and student services of institutional transformation: Implementing universal design in higher education* (pp. 195-204). National College Learning Center Association.
- Higgins, V., Sohaei, D., Diamandis, E. P., & Prassas, I. (2020). COVID-19: From an acute to chronic disease? Potential long-term health consequences. *Critical reviews in clinical laboratory sciences*, 1–23. <https://doi.org/10.1080/10408363.2020.1860895>
- Houman, K. M., & Stapley, J. C. (2013). The college experience for students with chronic illness: Implications for academic advising. *NACADA Journal*, 33(1), 61-70.
- Individuals with Disabilities Education Act, 20 U.S.C. (2015). <https://sites.ed.gov/idea/>

- Kapoor, S. (2016). *Perceived stigma, illness invalidation, sleep difficulties, and psychological distress in emerging adults in college with persistent pain*. University of Alabama.
- Katella, K. (2021, May 14). 8 Lessons We Can Learn From the COVID-19 Pandemic. *Yale Medicine Family Health*. Yale Medicine. <https://www.yalemedicine.org/news/8-lessons-covid-19-pandemic>.
- Kezar, A., & Eckel, P. (2008). Advancing diversity agendas on campus: Examining transactional and transformational presidential leadership styles. *International Journal of Leadership in Education*, 11(4), 379–405.
- Korbel, D. M., McGuire, J. M., Banerjee, M., & Saunders, S. A. (2011). Transition strategies to ensure active student engagement. *New Directions for Student Services*, 134, 35-46.
- Kraus, A. (2008). *The sociopolitical construction of identity: A multidimensional model of disability*. <http://hdl.handle.net/10150/193722>
- Lombardo, C. (2021, July 19). *Indiana university's Vaccine requirement should Stand, federal judge rules*. NPR. <https://www.npr.org/2021/07/19/1018010489/indiana-university-vaccine-requirement-should-stand-federal-judge-rules>.
- Lotstein, D. S., McPherson, M., Strickland, B., & Newacheck, P. W. (2005). Transition planning for youth with special health care needs: Results from the National Survey of Children with Special Health Care Needs. *Pediatrics*, 115, 1562-1568.
- Magolda, M. B. (2003). Identity and learning: Student affairs' role in transforming higher education. *Journal of College Student Development*, 44(2), 231-247.
<https://doi.org/10.1353/csd.2003.0020>
- Maher, B., & Van Noorden, R. (2021). How the COVID pandemic is changing global science collaborations. *Nature*, 594, 316–319. <https://doi.org/https://doi.org/10.1038/d41586-021-01570-2>
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). SAGE Publications.

- Maxwell, J. A. (2013). *Qualitative research design: an interactive approach*. SAGE.
- Mayring, P. (2004). Qualitative content analysis (B. Jenner, Trans.). In U. Flick, E.V. Kardorff, & I. Steinke (Eds.), *A Companion to Qualitative Research* (pp. 266-269). SAGE Publications.
- Merriam-Webster. (n.d.). Microaggression. In *Merriam-Webster.com dictionary*. Retrieved June 19, 2021, from <https://www.merriam-webster.com/dictionary/microaggression>
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014) *Qualitative data analysis: A methods sourcebook* (3rd ed.) SAGE Publications.
- Miller, K. L. (2021, May 13). Microaggressions at the office can make remote work even more appealing. *Washington Post*. Retrieved September 12, 2021, from <https://www.washingtonpost.com/business/2021/05/13/workplace-microaggressions-remote-workers/>.
- National Association for College Admission Counseling. (2011). *State of college admission report*. National Association for College Admission Counseling.
- Olney, M. F., Newsom, M. A., Kennedy, J., & Brockelman, K. F. (2004). Do you have a disability? A population-based test of acceptance, denial, and adjustment among adults with disabilities in the U.S. *Journal of Rehabilitation*, 70(1), 4.
- Preiser, W. F. E., & Ostroff, E. (2001). *Universal design handbook*. McGraw-Hill.
- Prevenas, N. (2021, January 27). *Arizona Online leaps into the top 10 in U.S. News & World Report rankings*. Retrieved February 20, 2021, from <https://news.arizona.edu/story/arizona-online-leaps-top-10-us-news-world-report-rankings>
- Radwany, S. (2021, June 15). Ducey bans public universities from requiring COVID-19 vaccine. *KGUN 9*. Scripps Media, Inc. <https://www.kgun9.com/news/coronavirus/ducey-bans-public-universities-from-requiring-covid-19-vaccine>.

- Rhoades, G. (2006). The higher education we choose: A question of balance. *The Review of Higher Education*, 29(3), 381–404. <https://doi.org/10.1353/rhe.2006.0015>
- Rhoades, G., Castiello-Gutierrez, S., Lee, J. J., Marei, M. S., & O'Toole, L. C. (2019). Marketing to International Students: Presentation of University Self in Geopolitical Space. *The Review of Higher Education*, 43(2), 519–551. <https://doi.org/10.1353/rhe.2019.0109>
- Rosenbaum, J. E., Deil-Amen, R., & Person, A. E. (2009). *After admission: From college access to college success*. Russell Sage Foundation.
- Rubin, R. (2020). As their numbers grow, COVID-19 “long haulers” stump experts. *Journal of the American Medical Association*, 324(14), 1381–1383. <https://doi.org/10.1001/jama.2020.17709>
- Saichaie, K., & Morpew, C. C. (2014). What college and university websites reveal about the purposes of higher education. *The Journal of Higher Education*, 85(4), 499-530.
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. SAGE Publications.
- Salazar, K. G., Jaquette, O., & Han, C. (2021). Coming Soon to a Neighborhood Near You? Off-Campus Recruiting by Public Research Universities. *American Educational Research Journal*. <https://doi.org/10.3102/00028312211001810>
- Schwenk, H. T., Lightdale, J. R., Arnold, J. H., Goldmann, D. A., & Weitzman, E. R. (2014). Coping with college and inflammatory bowel disease: Implications for clinical guidance and support. *Inflammatory Bowel Diseases*, 20(9), 1618-1627. <https://doi.org/10.1097/MIB.0000000000000124>
- Shakespeare, T. (1997). The social model of disability. In L.J. Davis (2010), *The Disability, Studies reader*. Routledge.
- Shallish, L. (2017). A Different Diversity? Challenging the Exclusion of Disability Studies from Higher Education Research and Practice. In E. Kim & K. C. Aquino (Eds.), *Disability as*

- diversity in higher education: policies and practices to enhance student success* (pp. 19-30). Routledge.
- Sherwin, K. (2016, April 24). *University websites: Top 10 design guidelines*. Nielsen Norman Group. <https://www.nngroup.com/articles/university-sites/>
- Slaughter, S., & Rhoades, G. (2004). *Academic capitalism and the new economy: Markets, state, and higher education*. Johns Hopkins University Press.
- Smeltzer, S.C. (2007). Improving the health and wellness of persons with disabilities: A call to action too important for nursing to ignore. *Nursing Outlook*, 55 (4), 189-195. <https://doi.org/10.1016/j.outlook.2007.04.001>
- Squire, D., Nicolazzo, Z., & Perez, R.J. (2019). Institutional response as non-performative: What university communications (don't) say about movements toward justice. *The Review of Higher Education*, 42(5), 109-133. <https://doi.org/10.1353/rhe.2019.0047>.
- Stake, R. E. (1995). *The art of case study research*. SAGE Publications.
- Swain, J. S., French, S., & Cameron, C. (Eds.). (2003). Controversial Issues in a Disabling Society. *Journal of Social Policy*, 32(4), 639–640. <https://doi.org/10.1017/s0047279403337195>
- Taylor S. J., Bogdan, R., & DeVault, M. (2015). *Introduction to qualitative research methods: A guidebook and resource*. (4th ed.). Wiley.
- The Center for University Design. (2008). *About UD*. Retrieved June, 24, 2018, from http://www.design.ncsu.edu/cud/about_ud/about_ud.htm
- The University of Arizona. (4 June 2020a). *June 4th, 2020 Weekly Briefing on Campus Reentry Plan*. [Video]. YouTube. www.youtube.com/watch?v=fMTeNNAexLg&t=1639s.
- The University of Arizona. (23 July 2020b). *July 23rd, 2020 Weekly Briefing on Campus Reentry Plan*. [Video]. YouTube.

https://www.youtube.com/watch?v=wAf__QvXuac&list=PLMrsYOKrP2J-iWc35Q2Jpd6zVM0N1Zl25&index=44.

The University of Arizona. (5 Oct. 2020c). *October 5th, 2020 Virtual Campus Reentry News Conference*. [Video]. YouTube.

<https://www.youtube.com/watch?v=emzlb09yP2g&list=PLMrsYOKrP2J-iWc35Q2Jpd6zVM0N1Zl25&index=30>.

The University of Arizona. (22 March 2021). *March 22nd, 2021 Virtual University Status Update*. [Video]. YouTube.

<https://www.youtube.com/watch?v=bSr07S5RTwA&list=PLMrsYOKrP2J-iWc35Q2Jpd6zVM0N1Zl25&index=8>.

University of Arizona. (2020a). *COVID-19 response*. <https://covid19.arizona.edu/reentry-plan/guiding-principles/>

University of Arizona. (2020b, May 20). *UArizona names Surgeon General Carmona to lead campus reentry plan* [Press release]. <https://news.arizona.edu/story/uarizona-names-surgeon-general-carmona-lead-campus-reentry-plan>

University of Arizona. (2020c, August 31). *Diversity policies & statements*. Retrieved June 25, 2021, from <https://diversity.arizona.edu/diversity-policies-statements>

University of Arizona. (2021a, June 14). *CampusCare*. Campus Health. Retrieved June 25, 2020, from <https://health.arizona.edu/campuscare>

University of Arizona. (2021b). *Disability access statements*. Retrieved June 25, 2021, from <https://drc.arizona.edu/planning-events/access-statement>

University of Arizona. (2021c). *Disability resource center*. <https://drc.arizona.edu/>

University of Arizona. (2021d). *Non-discrimination and Affirmative Action statements*. Retrieved June 25, 2021, from <https://equity.arizona.edu/information/statements>

- University of Arizona. (2021e). *Our History and Founder*. SALT Center.
<https://www.salt.arizona.edu/about/our-history-and-founder>.
- University of Arizona. (2021f, May 18). *Student Health Insurance*.
<https://health.arizona.edu/student-health-insurance>.
- University of Arizona. (2021g, June 03). *Diversity advisory councils*. Retrieved June 25, 2021,
from <https://diversity.arizona.edu/diversity-community-councils>
- U.S. Office of the Surgeon General & U.S. Office on Disability. (2005). *The surgeon general's call to action to improve the health and wellness of persons with disabilities*. U.S. Department of Health and Human Services.
- Vaccinate Your Family. (2021, March 4). *Chronic Diseases*. Vaccinate Your Family.
<https://vaccinateyourfamily.org/adults/chronic-diseases/>.
- Vash, C. L. (2003). *The psychology of disability*. Springer.
- Ward, B.W., Schiller, J.S., & Goodman, R.A. (2014). Multiple chronic conditions among U.S. adults: A 2012 update. *Preventing Chronic Disease, 11*.
- Weis, L., & Fine, M. (2000). *Speed bumps: A student-friendly guide to qualitative research*. Teachers College Press.
- Wodka, E. L., & Barakat, L. P. (2007). An exploratory study of the relationship of family support and coping with adjustment: Implications for college students with a chronic illness. *Journal of Adolescence, 30*(3), 365-376.
- Wolcott, H. F. (1994). *Transforming qualitative data: description, analysis, and interpretation*. Sage Publications.
- Wolf-Wendel, L., Ward, K., & Kulp, A. M. (Eds.). (2016). *How ideal worker norms shape work-life for different constituent groups in higher education*. Jossey-Bass.
- Yin, R. K. (1994). *Case study research: Design and methods* (2nd ed.). SAGE Publications.

Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). SAGE Publications.

Yunkins, C., & Bernstein, E. R. (2017). Supporting Students with Non-Disclosed Disabilities: A Collective and Humanizing Approach. In E. Kim & K. C. Aquino (Eds.), *Disability as diversity in higher education: policies and practices to enhance student success* (pp. 3–18). essay, Routledge.