Speaker 1:

Welcome to the Michigan Minds Podcast, a quick and informative analysis of today's top issues from University of Michigan faculty.

Speaker 2:

Thank you so much for joining Michigan Minds. I'm really excited to talk with you today, and I'm so glad that you are able to take some time to meet with me. Could you please start by introducing yourself and telling us about your academic career at the University of Michigan?

Kara Mannor:

Thanks so much for this opportunity. My name is Kara Mannor. I use she, her pronouns. I'm a graduate of the School of Public Health Master of Population and Health Scientists Program, and I'm currently a doctoral student and Rackham Merit Fellow in the Department of Epidemiology at the School of Public Health. And my research interests are in advancing conceptual and methodologic approaches to studying ableism and its relationship to the health outcomes of disabled people. Ableism is a name in a way that we describe the oppression that disabled people experience in society. And my research interests are informed by my academic training, my experience as a disabled person, and some of the work I've been able to do over the past several years as a community organizer.

Speaker 2:

Fantastic. Thank you so much. And I'm so glad that you defined ableism. I really appreciate you giving everyone who's listening that foundational knowledge. Thank you so much. Can you tell us what led you to work in the public health space?

Kara Mannor:

Sure. Public health wasn't an automatic choice for me. I was studying biology in undergrad at a time when courses and degrees in public health weren't as common for undergraduates as they are today. And so, I didn't have a lot of exposure to the field. However, at that same time, I was taking a lot of classes in humanities, in philosophy, and history, and I was getting exposed to some foundational work like the conditions of the working class in England by Friedrich Ingels, and even the Black Panther Parties 10 point program. And what those works were engaging with is how social and economic systems influence entire groups of people's wellbeing and life chances through access to housing, access to employment, access to food, and other basic necessities. And as a disabled person, that really resonated with me, that your social conditions impact the opportunities that you have in life.

So I was trying to find a way to connect my interests in biology and health with these other interests that I had in how social structural forces influence people's lives. And for me, that bridge was public health and social epidemiology, especially because it's focusing on health at the population level.

However, even at that time, studying disability issues wasn't an obvious choice for me either. I came out of my hard sciences training with this pretty dogmatic view of the role of objectivity in science investigation. And to be honest, I really didn't think that people would take me seriously as a disabled scholar studying disability issues. And this is really where the importance of community organizing comes in my life.

One of the really fabulous activities you get to do as a community organizer is to engage in collective analysis with people who experience marginalization in ways that are similar to you, and with people who experience marginalization in ways that are very different from you. And I also had this wonderful opportunity to learn with others about disability history, about all different kinds of ways we can think about disability. And that really taught me a lot of lessons. And an important lesson that I get out of that is that there are so many ways of knowing and we need to bring those ways of knowing to public health.

Speaker 2:

That's incredible. Thank you. Can you tell us about the medical model of disability and the social model of disability?

Kara Mannor:

Okay. The medical model of disability and the social model of disability are names for two ways that we can think about what disability is. The medical model of disability tends to represent the dominant and everyday assumptions that we make about disability, particularly in a western context like the United States. So under the medical model, disability is an abnormality or a deficit in functioning that's usually diagnosable by a physician. And when we limit our definition of disability to those terms, we can really only understand disability and disabled people as problems and as inherently having some lesser form of human experience. And these ways of thinking are very pervasive. We see them in our social and public policy, we see them in our culture, and we see them in our public health research and practice, but nobody's going to tell you that they're using a medical model of disability to do their research or conduct their analysis. It's a dominant model. So oftentimes these assumptions are unspoken.

The reason that we have a name for the medical model of disability is because of the work of disability scholars and activists who recognize, if we're serious about advancing the dignity of disabled people, we have to have a way to identify and analyze the ways that ableist logics function in our society. And it's out of that same work by disabled scholars and activists that we get social models of disability. And you may encounter many different social models of disability out there in the world. The thing that they have in common is that they identify the social and physical environment as the problem of and solution to the marginalization of disabled people.

We can go through a quick example to understand how these two different models work in practice. Let's take the idea that students who are deaf in heart of hearing are underrepresented on most university campuses. Under the medical model, we don't have a lot of ways to ask questions about that. That underrepresentation is not so much a problem as it is a logical conclusion, that students on university campuses have to be able to communicate in particular ways in order to interact with their professors, their classmates, their counselors, in order to succeed in higher education. The social model has a lot of questions about that. And these are questions like, what assumptions are we making about modes of communication when we're imagining who's part of the student body on campus? And how are those assumptions informing the ways that we write our curricula, the ways that we set up our classroom, and some of the ways that we invest our higher education resources?

Speaker 2:

Disability justice within public health is something that you have written about for the School of Public Health, The Pursuit. Could you elaborate on this topic and explain some of those important elements to our audience?

Kara Mannor:

Sure. The first thing that's really important is that disability justice is not a synonym for disability rights. They're not the same thing. Disability justice is a framework that's been developing over the past couple of decades, mainly through the work of queer folks of color who also identify as disabled. And these are really important folks like Mia Minguez, and Patty Burn, and Leroy Moore, and others. And they've developed this framework as a way for us to understand and systematically address ableism in society and to chart a new path forward for new ways of how we relate to each other.

And so, disability justice starts with this recognition that the disability rights movement and the passage of the ADA represent very substantial gains for disabled people in the United States. However, disability rights is an incomplete vision. And so, one thing is disability rights tends to be a single issue politic. And what we mean when we say that is that it doesn't account for all of the myriad ways that disabled people experience ableism, particularly for folks of color, for LGBTQ folks, for immigrants, for incarcerated people, and for other disabled groups who experience multiple forms of oppression.

Disability justice has 10 principles. The first one is intersectionality, which is what I just described. Another really important principle, I think, for folks to understand is this idea about interdependence. And in order to understand what interdependence is, we have to spend a little bit of time talking about independence. Independence is this idea, this concept that got mobilized in the disability rights movement and the messaging around independence was, if society commits to making public and other spaces accessible for disabled folks, disabled people will be able to do all the things that non-disabled people do independently and for themselves.

And what the Disability Justice framework asks us to do is to investigate that concept a little bit further. And so, when we do that digging and look at what independence is and means, we often find that independence is this big myth that we tend to cling to, especially in the United States. It's a myth about who gets to be part of the productive citizenry and the body politic. And it's a myth that says, those productive citizens are self-reliant and they provide everything that they need for themselves and for their families.

And when we look a little bit across history, we see that idea show up in a lot of harmful ways. We can think about the ways that the enslavement of African peoples has been rationalized throughout history. We can think about the eugenics movement, which public health was deeply entwined in. Some of the subjugation of women that have happened across our history, as well as some of the more punitive ways that folks have to go through to access social services today.

And so, what Disability Justice says, if we see independence show up in all of these kind of harmful ways, this idea, what we need to do is not try to replicate that, but we need to pull that up at the root and plant a new seed. And that new seed is interdependence. And what interdependence says is that none of us survive or live on this Earth in isolation or alone. We are always in relationship with others. And I think this is a really important idea for public health, especially for disability research because it orients us to a different set of questions. So instead of asking, what disabled people can do independently or for themselves in relationship to their health, we can ask a question about what disabled people can do and what capacity they have to do things together.

Speaker 2:

You've also written about public health's commitment to disability communities. So could you expand on that please?

Kara Mannor:

Yes. I think it really starts... And some of this work is happening, but it's not enough. It really starts with this idea that we need to really question and interrogate some of the basic assumptions and concepts that we use in the field. And I think that the COVID-19 pandemic has brought these issues into sharp relief.

For example, we know that disabled people have been denied access to life saving treatment because of the incorrect assumption in healthcare systems and public health systems that some disabled people, by definition, do not have quality of life that's worth saving. And unfortunately, these concepts and ideas are ideas that get used in public health every day. So we really have to commit ourselves to do some of this unlearning and forging a new path. And fortunately, disabled people have formalized their knowledge about these things in models like the social model of disability and in frameworks like Disability Justice. So we have a lot of paths forward. We just really need to be serious about engaging them and committing to new ways of doing things.

Speaker 2:

On top of the time that it must take to be a PhD candidate, taking the time to write these articles and to come and do interviews — How do you see that element of communicating to the public the information and the expertise that you have? How do you see that work into everything else that you're doing?

Kara Mannor:

I think that that work is hard. It takes a lot of effort. It takes a lot of time. It takes a lot of effort and time that no one has seen over many, many years. And I think, given the position I'm in, it's the work that I must do. I cannot be satisfied with getting in through the door and having opportunities for myself. I have to create ways to hold the door open. But the best case scenario is that I can bring others along with me and we can all hold the door open together.

Speaker 2:

That's beautiful. Thank you. So I like to ask everyone who joins us on Michigan Minds for one key takeaway that you would want everyone who's listening to remember from all of this really valuable information you've shared.

Kara Mannor:

I really hope, especially for public health folks, for researchers and practitioners who don't typically think of themselves as doing work related to disability, that they will know and understand that they have a role to play in undoing ableism in our field. I think if that we are going to have a rigorous public health and a public health that lives up to the ethical demands of our field, we have to have a public health that affirms the dignity of disabled people. And we have to have a public health where disabled people can see themselves doing public health work. And public health doesn't begin and end with any individual's research proposal or manuscript. It includes the way we teach our courses, the material we bring into the classroom, the culture that we create at our training institutions, and our messaging to the broader public, and more.

And so, in order to get to that place where disabled people are studied and included in public health with dignity, we need to have everyone commit to understanding how ableism and other systems of oppression operate in our field. We need to have everyone commit to uplifting the knowledge that disabled people and other marginalized groups bring to our field. And we need to have everyone commit to incorporating anti-ableist practices in their everyday work.

Speaker 2:

Well, thank you so much for joining us today. I really appreciate your time. We will link to the articles that you've authored in the show notes, as well as in the article that will accompany this podcast. And again, thank you.

Kara Mannor:

Thank you for the opportunity. I really appreciate it.

Speaker 1:

Thank you for listening to the Michigan Minds Podcast, a production of the University of Michigan. Join the conversation on social media with hashtag umichimpact.