

Lockdown sees hostility to

In their Medsoc addresses, Professor Janice McLaughlin (below) and Dr Ruth Pearce (right) spoke about how disabled and transgender people faced increased hostility during the pandemic

Individualism and austerity has produced a society where disabled people are seen as “outside normality” and face hostility from the government and the public, Professor Janice McLaughlin told the conference.

Some disabled people who were exempt from wearing masks in public had been told “if you can’t wear the mask, you shouldn’t be here,” she said.

Professor McLaughlin, of Newcastle University, said that the state had become more hostile to disabled people in recent years and during the pandemic.

“People who are on Universal Credit and Working Tax Credits have during the pandemic been getting £20 more a week to reflect the additional cost that comes with trying to survive a pandemic,” she said.

“This was not extended to those who are on Employment Support Allowance personal independent payments – i.e. disabled people and those with chronic illnesses.

“The government response was that it was too hard for the computer to figure that out. So additional payments have not been given to people receiving those benefits.

“Another – quite bizarre, to be honest – approach of the UK government was to refuse to have a British Sign Language interpreter at the daily [Covid] briefings. They argued, when this was challenged, that the room was too small.

“Perhaps most importantly, the Coronavirus Act 2020, which was passed with no opposition within parliament, gave councils the opportunity to halt their requirements under social care, so they could use the pandemic as a reason to say, ‘We are not going to provide X, Y, Z for disabled people and those with chronic illnesses.’”



Statistics showed that the health of disabled people was more seriously affected by the virus. “The Office for National Statistics in June, three months into the pandemic, produced some initial figures which did seem to indicate that disabled people are dying in significantly higher numbers than other people.

“What that indicated is that men who were in the census in 2011 and were categorised as ‘limited a lot’ had a standardised rate of death involving Covid-19 of 199.7 deaths per 100,000, while for women the rate was 141.1 deaths per 100,000.

“The equivalent rates for men and women categorised as not disabled in the 2011 census were 70.2 and 35.6.

“So, significant differences in the death rates between those groups. What we don’t know, because it hasn’t been understood yet, is why that difference exists.

“Of particular concern has been the experience of people who are learning disabled, and what their death rates are. The Care Quality Commission has produced one figure, again in June, which indicated that deaths of learning disabled people had increased 134% in England during the pandemic. It is unclear what, but something is clearly happening here.”

Rationing of treatment for Covid-19 might disproportionately affect disabled people, she said. “In the early days of the pandemic, much of the concern was on who would get access to critical care and who would be placed on a ventilator if rationing needed to take place. To help us with this, a very difficult decision that clinicians would have to make, Nice introduced guidance. Within the guidance they made use of what is known as the clinical frailty scale as part of the decision-making algorithm. The more frail they were, the less likely people were to be put on a ventilator.

“The understandable concern for disability groups is that this could very easily define the lives of many disabled people who need others to support their personal care and daily living. If this scale is used, then what would that mean for their access to critical care onto ventilators?”

“This led to a series of challenges, after which Nice adapted the guidance by stating that, the frailty scale should not be used in younger people, people with stable long-term disabilities, learning disabilities or autism.

“This, understandably, has not appeased

Attacks on the civil rights and healthcare access of transgender people since the spread of Covid-19 has been “terrifying”, the Medsoc conference was told.

In her address, Dr Ruth Pearce said that the response to the virus has had a “devastating impact” upon the health of transpeople.

Dr Pearce, a transwoman of the University of Leeds, said that “as healthcare providers focus on Covid-19, trans-specific services are already being deprioritised or interrupted, negatively affecting mental health and increasing the risk of self-harm and suicide.

“In the UK there has been a chaotic response from gender identity clinics. Many individuals have found their appointments cancelled, surgeries delayed and their hormone prescriptions suddenly more difficult to access. For example, the Leeds and Aberdeen gender clinics suspended all services in March after staff were redeployed to the Covid-19 crisis.

“Prior to the pandemic, the average waiting time for a first appointment for both adult and adolescent gender clinics was around two years, individual waits being possibly far longer, sometimes up to six years, for example. The actual assessment process when someone arrives at the clinic can take months, if not years.”

She said that this had a “devastating impact upon the mental and physical health of transpeople caught in a seemingly never-ending state of anticipation for treatment that never necessarily comes.

“Concurrently, transpeople in general and trans youth in particular are at increased risk of domestic violence and abuse at home due to stay-at-home restrictions. There have also been reports of increasing transphobic rhetoric in many countries, as well as police misuse of Covid-19 directives to target and attack LGBTIQ+ individuals and organisations.”

For instance, Panama, Peru and Colombia had implemented gender segregated quarantine

the concern that disability or chronic illnesses are themselves a factor for clinical decision making and what this means for those within that category of underlying health conditions.”

This attitude towards disabled people was mirrored in wider society, she said. “Part of the way in which that also filters in and becomes part of social reality is the way in which that state enforcement is socially enforced in everyday social interactions. The ways in which people take on that social enforcement becomes another source of the reduction of rights for disabled people and those with chronic illnesses.

“What is happening in the public sphere is

disabled and transpeople

rules that meant that men and women were allowed out in public on different days.

“The effect of this, in practice, has been that transpeople have been subjected to harassment, abuse, fines and police violence, especially when their identification document’s gender markers have not been consistent with their identity and presentation.”

In the past few months the US state of Idaho banned transpeople from changing the sex marker on their birth certificates, the Romanian senate passed a bill that would ban the discussion of gender identity ideology in schools and universities, and the Russian State Duma introduced a bill to limit the rights of LGBT people in law.

“In the UK there have been a number of increasingly concerning comments from the Women and Equalities Minister, Liz Truss. In June, the *Sunday Times* reported that Truss’s office was planning not only to scrap long-awaited reforms to the UK’s regressive gender recognition laws but also to bring in new laws that would effectively bar transpeople from gendered spaces such as public toilets and changing rooms.

“Truss has also said that transpeople under the age of 18 should be, and I quote, ‘protected from any decisions they could make regarding their gender’. The government has since distanced itself from these leaked comments but, in the meantime, there has been a great deal of fear and worry expressed within trans communities.

“To step aside, again, from this slightly

‘I just want to say, as a transwoman, that this has been terrifying’

that we are seeing lots of occasions where someone explains why they are not using a face mask and the response from others is, ‘Well, if you can’t wear the mask, you shouldn’t be here’ – a rejection of this person as belonging in the public space.

“What this means is that disabled people have to navigate the restrictions in their social interactions with others and then navigate the willingness of others to accept their right to be different and in the public space.

“We are seeing some of the arguments about whether disabled people and those with chronic illnesses have a right to the public space.



academic way of putting things, I just want to say, as a transwoman, this has been terrifying.

“As with the socio-economic factors that have deepened the impact of the pandemic, the anti-trans movement that has grown in influence through 2020 has deep roots.

“Since 2017 the UK media has been in the grip of an unprecedented anti-trans moral panic, with hundreds of columns...seeking to position trans experience as a matter of psychopathology, of mental illness, of mental error, rather than social diversity.

“In turn, this moral panic draws on decades of transphobic ideas developed both within conservative Christianity and, strangely, within radical feminism. To understand this strange alliance, the similarities and differences between anti-trans discourse within countries like Hungary and the UK are important.

“In both cases, government figures appear to be taking advantage of the pandemic to push back on formal recognition of transpeople through centring biological sex as a determining factor of social and legal identity.

“The difference is, in the UK, appeals to

“We can’t understand that particular dynamic without placing it in a broader dynamic where disabled people and those with chronic illnesses are framed as outside the normal.

“There is already an existing social dynamic which polices the rights of disabled people and those with chronic illnesses in public space. In particular, that dynamic is one in which disabled people and those with chronic illnesses are seen as outside the normal, as beyond normal society.

“Therefore, that dynamic of treating people who are different, and as therefore unwelcome, feeds its way into the dynamics of social enforcement of restriction policies

religious and social conservative values have been less successful in recent decades. We have therefore seen a laundering of anti-gender talking points through forms of respectable, middle class, white feminism.

“Numerous campaigning organisations have formed in recent years to defend women’s rights against the supposed transgender menace – that’s me. High profile examples include a Woman’s Place UK, Fair Play for Women, and Transgender Trend.

“Both myself and many of my colleagues have been subject to formal complaints, social media harassment and malicious freedom of information requests from supporters of these groups. For example, a freedom of information request means they could access our work emails.

“All of this is in the name of defending women’s sex-based rights. We have been told that we don’t understand the difference between females and males, that we are forcing young girls to live as boys or vice versa if they don’t conform to gender stereotypes, that research on topics such as menstruation and childbirth among transpeople poses a threat to women. As if researchers, such as myself, are not feminists, as if we are not women, as if our lives and our bodies are merely the illusion of a psychic outbreak.

“England’s sole NHS gender identity service for young children and adolescents is facing a judicial review into the prescription of hormone blockers to a small number of trans teenagers. This is a reversible intervention intended to buy time for them to consider their long-term options regarding possible gender transition.

“Right at the centre of these campaigns is this notion that sex as distinct from gender, defined by biology, cannot be changed and should be the basis for definitions of manhood and womanhood. As a feminist and as a transhealth researcher, I argue that all of these premises are false.”

in Covid societies.”

She said that an attitude that disabled people had to prove their eligibility for those benefits had developed.

“We can connect this to a time of individualism and austerity that has rejected care interdependency and vulnerability as values worth recognising and supporting within the state and in society.

“As many have identified, we need to reinvent social and healthcare to move past the clapping of hands to the valuing of those who work and use social care, as an important marker of a society that recognises that disabled people and those with chronic illnesses are entitled.”