

COVID and Activism:

Negotiating the Accessibility of Activist Spaces in Victoria

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Abstract

This research project explores the intersection of COVID and accessibility in activism. Using Disability Justice and Crip Theory as theoretical frameworks, this study aims to identify how activists' understandings of COVID shape the accessibility of in-person activist spaces in Victoria for people who are disproportionately impacted by COVID. Findings from sixteen surveys and two interviews suggest that there are significant discrepancies in activists' understandings of COVID shaped by various factors, and that such discrepancies are creating inaccessible in-person activist spaces for people who identify as at high-risk for being impacted by COVID. The findings imply that many in-person activist spaces in Victoria lack adequate COVID safety precautions and highlight a pressing need for all in-person activist spaces to implement mandatory respiratory wearing by those who can, increased air filtration and ventilation strategies, and clear sickness guidelines. Through centering the experiences and needs of high-risk identifying activists, this research showcases the importance of integrating Disability Justice into existing activist movements, communities, and spaces throughout Victoria.

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Introduction

This research project and the city it centers on took place and exist on the traditional territory of the Lək̓ʷəŋən speaking peoples. I express deep gratitude to the Songhees, Esquimalt, and WSÁNEĆ peoples whose reciprocal relationships with the lands, skies, waters, and beings of this territory continue as they have since time immemorial. To maintain a small geographical scope and recruit a specific group of participants, this research uses the colonial name “Victoria” to refer to what is indisputably Lək̓ʷəŋən territory. In using the colonial name “Victoria” to ground my study, I also aim to encourage critical reflection on the activist efforts that take place within the core of Victoria and the variety of ways they are shaped by the colonial histories, institutions, and ongoing projects of displacement that define the city of Victoria. Like activism in Victoria is shaped by the histories, socioeconomic realities, and politics of the city itself, this research project is intertwined with that of the University of Victoria and my identity as a middle-class white settler of Italian and Irish descent. More specifically, this research project is a result of my ability to learn and work in colonial institutions such as the University of Victoria and exist freely as a white settler on stolen Indigenous land like Lək̓ʷəŋən territory.

Despite my desire to remain neutral in my research, my role as a researcher is inevitably and continuously shaped by my social position and lived experiences. Alongside my middle-class status, whiteness, and settler identity, my social position is further characterized by my existence as a queer, non-binary disabled person. As a middle-class white settler and student, I hold immense privilege that shapes the way I think, act, and move through space with comfort and security. While as a queer, non-binary disabled person, I am granted an understanding of what it is like to be marginalized on an interpersonal and societal level, though only rudimentarily. Together, these aspects of my identity shape the research I create and the

knowledge I produce. In the context of this research, my various identities position me as both an outsider and insider, creating barriers and biases, and advantages and insights throughout my work. As my social position is complex and contradictory, as most positions are, there are bound to be complexities and contradictions in my work as a researcher. To find a balance between these discrepancies, I practiced self-reflection at every stage of this project. Without hesitancy, I acknowledge that I am both an imperfect person and researcher in hopes that such imperfections can provide nuance and depth to my research.

The COVID-19 pandemic and its complexities are central to this study. COVID-19 is a respiratory disease caused by the SARS-CoV-2 virus that can seriously impact the vascular system (Srakocic, 2022). Despite previous widespread misinformation that COVID-19 is transmitted primarily through large droplets, an excessive amount of research has shown that “COVID-19 is a predominantly airborne disease” (Jimenez et al., 2022, p. 10; Greenhalgh et al., 2021; Prather et al., 2020). As highlighted by Jimenez et al. (2022), the “slow and haphazard acceptance of the evidence of airborne transmission” by governments and major public health organizations in the West significantly contributed to the intensification of the ongoing COVID pandemic (p. 3). Although progress has been made, many government and public health guidelines for COVID still center on mitigating the spread of droplets rather than aerosols and therefore do not recommend adequate precautions (Jimenez et al., 2022; Government of British Columbia, 2025). 5 years into the pandemic, COVID remains a serious issue. As of June 2023, 2.1 million Canadians continued to experience debilitating long COVID symptoms (Government of Canada, 2024a). As of September 2024, more than 7,394 people have died from COVID in British Columbia, with 4,971 of the reported deaths happening between January 2022 and September 2024 (Government of Canada, 2024b). While this research project centers on the

experiences of people who identify as at high-risk for being impacted by COVID, it is essential to note that COVID can impact anyone, regardless of their identity or place in this world. Given this necessary context, this project is relevant to the lives of all readers.

This research project explores the intersection of COVID and accessibility in activism. Inspired by my lived experiences as a disabled activist whose health and access needs have been heavily shaped by COVID, I began this research in pursuit of better understanding how activists in Victoria make sense of COVID in 2025 and how we can collectively increase the accessibility of in-person activist spaces for high-risk identifying community members like myself. With this in mind, the primary research question that my project seeks to answer is “How do activists’ understandings of COVID shape the accessibility of in-person activist spaces for people who are at high-risk for being impacted by COVID?” This project is anchored by the terms “activist” and “high-risk,” both of which encompass an array of experiences and identities, and whose meanings are reshaped by the context they are used within. To address this, self-identification among participants is central to the study. Due to the inherent restrictions of research and language, it is important to highlight that the use of the term “high-risk” in this study does not seek to further ‘other’ or dehumanize disabled and immunocompromised folk by framing how they are disproportionately impacted by COVID as natural or inevitable. Rather, the use of the term “high-risk” is intended to highlight the disproportionate impact of COVID felt by disabled and immunocompromised people as well as other marginalized populations including but not limited to houseless people, incarcerated people, Black peoples, and Indigenous peoples. In consideration of the current nature of COVID and the irreparable damage it can cause to anyone, it can be argued that everyone is at high-risk for being impacted by COVID, serving as a

reminder to listen to the experiences and needs of high-risk identifying people as they could soon become the experiences and needs of anyone.

By exploring the various factors that shape activists' COVID knowledge and related precautions, or lack thereof, I aim to facilitate a critical discussion about the accessibility of Victoria's activist spaces for high-risk identifying community members and showcase the importance of COVID safety practices for all activists. While a diversity of access needs arise in discussions of COVID and accessibility, this study only centers on access needs relating to COVID mitigation as discussed by people who identify as at high-risk for being impacted by COVID. However, there is no one-size-fits-all for accessibility, and I acknowledge that many people have a variety of access needs that cannot easily be attributed to one group of people. At a time when COVID cases remain high and media about COVID is riddled with disinformation in favour of capitalist colonial projects, this project is highly relevant and important as it recenters the ongoing COVID pandemic in discussions of activism and accessibility while offering a framework for increasing COVID safety in activist spaces throughout Victoria.

The following paper begins with a thorough review of the current literature on intersectional pandemic studies and accessible activism. Subsequent to the literature review is a detailed description of the applied theoretical frameworks, Disability Justice and Crip Theory, which gave structure and depth to this project. Following the theoretical framework section is an overview of the research methodology and methods used, entailing a description of the research design and data collection methods as well as the analytical processes employed. After the methodology section, the findings of the research project are introduced based on common themes and trends in the data. A thorough discussion of the findings is then presented with a focus on the factors shaping activists' understandings of COVID and the need to implement

COVID safety and Disability Justice in Victoria's activist spaces. A brief limitations section follows, outlining the inevitable restraints and complexities of this study. The paper ends with a conclusion highlighting the key findings and arguments of this project, as well as a brief discussion of ways to further research on COVID and accessibility in activism.

Literature Review

This research exists at the nexus of literature on intersectional pandemic studies and literature on accessible activism. Together, alongside the theoretical frameworks of Disability Justice and Crip Theory, these bodies of literature provide the necessary groundwork for conducting this study and meaningfully situating it within the greater context of research on pandemics, activism, and accessibility.

The first area of literature this project is in conversation with is intersectional pandemic studies. Intersectional pandemic studies is a growing body of literature stemming from research on experiences of the HIV/AIDS pandemic and the intersecting systemic inequalities that characterized them. In recent years, literature on intersectional pandemic studies has evolved to center the COVID pandemic with a specific focus on how COVID is disproportionately experienced by Black peoples, Indigenous peoples, people of colour (BIPOC), and disabled people. Abrams and Abbott (2020) are foundational to this shift as they exemplify how intersections of ethnicity, ability, and gender shape individual experiences of COVID and highlight how BIPOC face higher rates of COVID infections. Their work further analyzes how the term 'pre-existing conditions' has been used to dehumanize disabled people and naturalize their death from COVID and critically questions who is deemed worthy of life. Read et al. (2023) further speak to the misuse of the term 'pre-existing conditions' and its role in othering those at high-risk for being impacted by COVID, arguing that public health responses throughout

the West have empowered ableist narratives that deem people with disabilities as expendable. Building on these discussions, Connon et al. (2024) found that disabled people are increasingly more likely to experience long-term complications and mortality from COVID infections, while Devoto (2023) revealed how occupational segregation and institutionalized racism position BIPOC to be increasingly impacted by long COVID, showcasing how racism is perpetuated in experiences of disability. Similarly, Bilodeau and Quesnel-Vallee (2023) offer a critical analysis of how various COVID protocols implemented by Canadian provincial governments intensified existing inequalities relating to gender, age, and ability that resulted in the most marginalized populations being made the most vulnerable to COVID infection. Mills et al. (2025) further this analysis, insisting that the key connection between COVID and HIV/AIDS is that they both unequally affect those who are structurally marginalized.

Other relevant authors of literature on intersectional pandemic studies include Kuper et al. (2020), who showcase the necessity of a disability-inclusive response to the COVID pandemic and Sitrin (2020), who discuss how structural inequality shapes how COVID is experienced at an individual level. These insights are crucial for understanding how marginalized communities are disproportionately impacted not only by the COVID-19 virus itself but by the various structural responses to it.

The second body of literature grounding my research project is literature on accessible activism. Accessible activism is a small and emerging body of literature with foundations in disability studies and disability theory. As thoroughly discussed by Rice et al. (2021), accessibility must be made a collective responsibility to protect the health and well-being of everyone. Rice et al. (2021) further emphasize the inadequacy of individualized approaches to access and safety during the COVID pandemic, drawing a clear connection between the ongoing

COVID pandemic and activism. The work of Rice et al. (2021) reflects that of Piepznar-Samarasinha (2018), who argues that creating and prioritizing access for everybody benefits everyone, showcasing how accessibility is a tool for building solidarity between social movements and communities. Through the application of an intersectional lens, Shaw et al. (2020) showcase the complexities surrounding collective approaches to access and safety and argue that the most disadvantaged populations must be included in activist communities, something that can happen by acknowledging and addressing the systemic inequities that shape their marginalization. Expanding upon the arguments made by Shaw et al. (2020), Mackenzie (2022) discusses how COVID will become a crucial lens for articulating structural and social inequities and argues for the integration of COVID activism into existing social movements. Mackenzie (2022) offers an important pathway for integrating new and accessible forms of activism into existing efforts while highlighting a wide range of activist efforts taking place during pandemics, including online support groups and mutual aid work.

Both intersectional pandemic studies and literature on accessible activism provide the necessary groundwork for this project; however, there are gaps within it that point to the importance of this study and the themes it explores. While the key authors of intersectional pandemic studies each present detailed and impactful analyses of how COVID is experienced by disabled people and BIPOC on a global scale, none of them address the interpersonal factors that shape how COVID is experienced by high-risk populations on a local scale. Similarly, although the authors of literature on accessible activism provide a strong foundation for making activism more inclusive and accessible, no authors have yet addressed how varying understandings of COVID and its disproportionate impact on marginalized populations have made activist spaces inaccessible to high-risk identifying community members. To date, few authors have made the

connection between intersectional pandemic studies and accessible activism. Those who have made this connection in their research have not used Disability Justice or Crip Theory as theoretical frameworks. As my research is not yet reflected in other literature, this project seeks to merge the foundations of intersectional pandemic studies and literature on accessible activism to offer valuable insight into how activists from different social locations understand, address, and experience COVID on a local scale.

Theoretical Framework

The theoretical foundations of this research project are Disability Justice and Crip Theory. This section provides an overview of each theoretical framework, drawing on literature by Buettgen & Zubrow (2024), Piepzna-Samarasinha (2018), McRuer (2006), Karlsson & Rydström (2023), and several others.

The primary theoretical framework guiding this project is Disability Justice. Disability Justice is a concept and activist practice developed in 2005 by disabled queers of colour, including Patty Berne, Mia Mingus, and Stacey Milbern (Deerinwater et al., 2024, p. 504; Kafai, 2021). As a framework, Disability Justice recognizes “that all bodies are unique and essential, have strengths and needs that must be met, are powerful because of their complexities and confined by ability, race, gender, sexuality, class, nation state, religion, etc. and we cannot separate them” (Buettgen & Zubrow, 2024, p. 12; Sins Invalid, n.d.). In practice, Disability Justice centers on the perspectives, priorities, and needs of disabled and “historically excluded people, such as women, people of color, immigrants, imprisoned individuals, and LGBTQIA2S+ people” (Goulden et al., 2023, p. 734). To encapsulate this, Disability Justice is guided by 10 key principles: intersectionality, leadership of those most impacted, anti-capitalist politic, cross-movement solidarity, recognizing wholeness, sustainability, commitment to cross-disability

solidarity, interdependence, collective access, and collective liberation (Berne et al., 2018, pp. 227-229). As summarized by Piepzna-Samarasinha (2018) and Snider (2021), “Disability Justice is both practical and creative, it is simultaneously scholarly and activist, it considers the everyday lived experiences of disabled people and imagines new futures that might be more just” (Snider, 2021, p. 162; Piepzna-Samarasinha, 2018). The framework of Disability Justice therefore provides a strong foundation for this research project focused on activism and accessibility and serves as a guide for meaningfully analyzing the findings of this study.

The second theoretical framework underpinning this research is Crip Theory. Coined by Robert McRuer in 2006, Crip Theory is a framework centred on the perspectives and practices of disabled and queer folk (p. 3). Stemming from feminist studies and Queer Theory, Crip Theory connects homosexuality and disability through highlighting their shared pathologized pasts and recognizing how compulsory able-bodiedness and compulsory heterosexuality are intrinsically intertwined, where both systems aim to naturalize one another and “(re)produce the able body and heterosexuality” (Karlsson & Rydström, 2023, p. 395; McRuer, 2006, pp. 1, 9, 31). In doing so, Crip Theory resists the idea of able-bodiedness and heterosexuality as non-identities and deconstructs binary categorizations of people by “cripping” and “queering” normativity and ideas of abnormality (Karlsson & Rydström, 2023, p. 395; McRuer, 2006, p. 1). Crip Theory asserts that “society is created by and for the able-bodied” and contrasts this with the fact that able-bodiedness is unstable and precarious, as all living bodies can become ill or die (Karlsson & Rydström, 2023, pp. 395, 400). Because of this, Crip Theory views ableism as a threat to everyone and encourages the active disruption of “the performance of able-bodied heterosexuality” through queer and disabled embodiment (Karlsson & Rydström, 2023, p. 400; McRuer, 2006, p. 24). As summarized by McRuer (2006), Crip Theory is about reimagining “the

kinds of bodies and abilities that are acceptable or that will bring about change” and believing in better systems of being (p. 31). Crip Theory alongside Disability Justice provide meaningful structure and analytical guidance to this research.

Methodology

The primary research methodology used in this project is phenomenology. As a research methodology, “phenomenology attempts to understand the structures of the world by beginning with lived experience” (Hall, 2021, p. 24). Due to its focus on “describing the lived experiences of individuals regarding a specific phenomenon”, phenomenology allowed for an in-depth investigation and accurate presentation of activists’ varying understandings and experiences of COVID and accessibility within in-person activist spaces in Victoria (Prime, 2024). To deepen the application of phenomenology in this project, I turned to Kim Q. Hall’s writing on crippling phenomenology and allowed their descriptions of phenomenology to guide the implementation of this project. As Hall (2021) describes, “cripping phenomenology involves understanding how ableism and heteronormativity work together, along with capitalism, white supremacy, patriarchy, and other structures of violence to shape disability experience and, indeed, the possibility of one’s movement in and through worlds” (p. 17). By centring the various structures and contexts that shape lived experience, I am positioned to better understand and represent the lived experiences of queer and disabled people in my community (Hall, 2021, p. 26).

Ethical Considerations

Ethical considerations were central to the design and execution of this project. Prior to conducting research, I ensured that my study and related data collection processes aligned with the ethical standards upheld by the Human Research Ethics (HRE) team at UVic. After having

my research design reviewed by the HRE Board, I was granted official ethics approval (Certificate of Approval number: 24-0441), which marked the beginning of my data collection process. Throughout this process, participant consent was prioritized, obtained, and documented. Survey participants were given the opportunity to remain as anonymous as possible, and interview participants were given the opportunity to withdraw their data from this study at any time while practicing ongoing consent. Further, all participants were informed of the potential risks of the study, and various measures were implemented to mitigate such risks and ensure the well-being and safety of every participant.

Survey Design

To address the preliminary part of my research question, “what are activists’ current understandings of COVID?” I created an online qualitative survey using the platform SurveyMonkey. The survey was open to all people who identify as activists or as someone involved in activist efforts and had attended an in-person activist space in Victoria within the past year. The survey consisted of ten multiple-choice questions, two Likert scale questions (one with nineteen statements and one with twelve), and six open-ended questions. Each question was designed to gather concise data about the participants’ social locations, their knowledge and opinions about COVID as it exists in 2025, and their current COVID safety practices. The detailed survey questions and related data can be found in Appendices A, B, and C.

All survey participants were passively recruited through a poster advertisement that displayed a QR code and link to the survey, as shown in Appendix D. The poster was distributed in both online and in-person public spaces, including Instagram, Discord, the Student Union Building at UVic, and various bus stops. The survey was open for four consecutive weeks and

had sixteen participants in total. An implied consent form was presented before the survey to prioritize informed consent among participants, which can be found in Appendix E.

Interview Process

The secondary data collection method used in this study was interviews. The interviews were semi-structured with five questions designed to answer my main research question, “how do activists’ understandings of COVID shape the accessibility of in-person activist spaces for people who are at high-risk for being impacted by COVID?” The five interview questions centered on experiences of safety and accessibility within in-person activist spaces in Victoria are listed in Appendix F. Interviews were open to all people who met the survey participation criteria (people who identify as activists or as someone involved in activist efforts and had attended an in-person activist space in Victoria within the past year) *and* identify as someone who is at high-risk for being impacted by COVID. Interview participants were passively recruited through the final question of the survey, which invited participants who identify as at high-risk for being impacted by COVID to further participate in the study via a thirty-minute Zoom interview or a text-based interview attached to the final page of the online survey. In this context, the text-based interview consisted of interview participation through anonymous typed answers in response to the interview questions, rather than live spoken responses. Although I had initially planned to only conduct live interviews through Zoom, I decided to include an option for text-based interviews through the survey to better accommodate my capacity as a researcher with an energy limiting chronic illness and honor the capacity of the research participants as both time and energy are significant barriers to participation, especially for disabled and chronically ill folk. I approached this aspect of the study with understanding and empathy for people with limited capacities, be it because of disability, illness, or general exhaustion and time poverty under late-

stage capitalism, and prioritized documenting the invaluable perspectives of my community members who are most impacted by COVID over following the traditional data collection process.

Of the seven survey participants who identified as at high-risk for being impacted by COVID, one person chose to participate in a Zoom interview, and one person chose to participate in a text-based interview. As the Zoom interview did not allow for anonymous participation, ongoing consent was practiced and documented through a participant consent form, which can be found in Appendix G. Throughout the Zoom interview, I took a feminist approach by sharing my biography and social location to find common ground with the participant (DeVault & Gross, 2006, p. 179). By describing my experiences as a disabled activist in Victoria who is at high-risk for being impacted by COVID and highlighting my personal motivations and investments in this research, I was able to establish a connection with the participant and destabilize the “power and authority invested in the role of the researcher” (Hesse-Biber, 2014, p. 22). I supported this by practicing active listening and ensuring my voice and perspective were not overpowering those of the participant. My identity as a disabled activist alongside my knowledge about COVID was an asset in further dismantling the power imbalance that exists between researchers and participants. This was true for the text-based interview too, as the participant was able to narrate their experiences of inaccessibility without the fear of it being contested or debated.

Data Analysis

Drawing on the feminist research models presented by DeVault & Gross (2006) and Hesse-Biber (2014), I approached the data analysis portion of this project with an intersectional lens. Doing so ensured that the variety of perspectives shared by participants were interpreted within the relevant socioeconomic and cultural contexts that shape them, allowing for a rich

analysis and a deeper understanding of the experiences that differ from mine. Inductive thematic analysis, a method for examining and coding qualitative data that seeks to understand the experiences and thought processes within a data set, was used alongside feminist research paradigms to analyze the survey and interview data (Kiger & Varpio, 2020, p. 846).

I began analyzing the collected data from surveys and interviews using NVivo, a software program designed to categorize and code qualitative data, then proceeded to manually analyze the organized data. After the survey had officially closed, the SurveyMonkey data was directly imported to NVivo. I then read through each survey response and used NVivo's analysis as a guide to further understand the survey data. Prior to analyzing the interview data, the Zoom interview was recorded and manually transcribed to ensure accuracy. Similarly, the text-based interview was reformatted into a Word document for analysis. Reviewing each survey response and manually editing the interview transcripts served as a way to "become familiar with the data" (Kiger & Varpio, 2020, p. 850). The interview transcriptions were then uploaded to NVivo. NVivo was an efficient tool for identifying the initial data patterns and trends in both the survey and interview data and effectively laid a foundation for the subsequent manual analysis. I then manually coded and analyzed the data sets with a focus on highlighting key quotes and making connections between participant demographics and recurring responses.

Findings

Survey Results

For context, 100% of participants identified as an activist or as someone involved in activist efforts and had attended an in-person activist space in Victoria within the past year. Such in-person activist spaces ranged from rallies to community dinners to union meetings to art

builds. Out of the sixteen survey participants, 50% identified as someone who is at high-risk for being impacted by COVID, 42.8% identified as immunocompromised, and 57% identified as disabled. Half of the participants were between the ages of 19 and 24, a quarter were between the ages of 25 and 34, and a quarter were between the ages of 35 and 44. Roughly a third of participants identified as non-binary or non-conforming, a third of participants identified as women, and another third identified as men. A significant 78.5% of participants identified as queer, while 50% identified as trans, and just 14% identified as racialized. A detailed breakdown of the survey demographics can be found in Appendix A. Several quotes are included throughout the findings to ensure the experiences of participants are accurately represented and that the voices of high-risk identifying activists are heard.

COVID Understandings

Social media and COVID information: 100% of participants identified social media as a source that has helped them to understand COVID and its impact in 2025. One participant stated, “I wouldn’t know anything about Covid safety and masking if it wasn’t for social media, especially twitter” while another shared, “My views on masking are informed by science and the brave people on social media who dismantle the ‘Covid is over/mild’ and droplet dogma propaganda.” In comparison to scientific studies, news outlets, government updates and public health orders, and family, friends, and community members, 56.25% of participants believed social media to be the most influential source on their current understanding of COVID. In contrast, 25% believed the same about scientific studies, 12.5% about government updates and public health orders, and 6.25% about friends, family, and community members (see Appendix H). Participants who believed social media and scientific studies had the greatest influence on their current understanding of COVID showcased being more confident in their COVID knowledge and

related safety practices, whereas participants who believed government updates and public health orders had the greatest influence on their current COVID understanding reported feeling less confident in their COVID knowledge and took fewer precautions.

COVID as a serious issue: A noteworthy 75% of participants reported that they feel COVID has a significant threat to their health and life. Over half of participants strongly agreed that they worry about contracting and spreading COVID on a daily basis, and over half of participants strongly agreed that COVID continues to be a disabling virus that can impact anyone, regardless of their social position.

Uncertainty and gaps in COVID knowledge: Despite most participants indicating an understanding of COVID as a serious issue, only 25% of participants strongly agreed that they feel properly informed about COVID as it exists in 2025. This uncertainty was reflected in participants' responses to a Likert scale about COVID precautions. While half of the participants believed surgical or cloth masks to be effective in minimizing contractions and transmissions of COVID in 2025, half of the participants did not. 0% of participants were unsure about the effectiveness of surgical or cloth masks, showcasing a clear divide in understandings. Contrarily, all participants believed respirators, such as an N95s, to be effective in minimizing contractions and transmissions of COVID in 2025. When asked if they believe taking COVID precautions such as masking in public is important in 2025, 68.75% of participants strongly agreed, while 18.7% of participants felt unsure.

Reluctance towards COVID precautions: Some participants expressed a desire to forget about COVID and viewed taking COVID precautions as barriers to living their lives. As one participant stated when describing their choice to no longer take COVID precautions, "At some

point you have got to live your life!” while another shared, “I am impacted by COVID but I don’t really feel like I care because I can't stop it unless I want to halt my life.”

Recognized gaps in public knowledge and government guidance: Several participants shared that they feel a significant gap exists in public knowledge and government guidance regarding COVID in 2025. One participant shared, “I fell for the propaganda that Covid was over. Then I got Covid. I am disabled and now have long covid. Please, wear a mask. Don’t listen to people who minimize it and push the incorrect droplet dogma” while another participant wrote, “You could end up with long covid. The virus doesn't discriminate. It could be you, like you can be disabled at any time. No one is exempt from that. But I think people love to conveniently ignore certain things for their own comfort and convenience.” These responses echo the above findings, further highlighting the reported gap in collective COVID knowledge, care, and preventative action. A connection between this gap and inadequate government guidance was effectively drawn by a participant who stated, “The complete lack of government and medical transparency about the current state of this virus means that people are not taking precautions and putting vulnerable people at risk.”

Positionality and COVID: Many participants felt that their positionality influenced their current understandings of COVID. Participants specifically felt that their middle-class status and access to higher education allowed them to better understand scientific studies and access the necessary resources to mitigate COVID risk. One participant connected their COVID safety practices to their identity as an Asian health practitioner, stating, “As an Asian, I uphold the principles of acting collectively for the greater good. I am disgusted by the selfish, individualized way of thinking that I've been surrounded by throughout the pandemic.” Several disabled participants also shared that their disabilities were key factors that lead them to learn more about COVID and

COVID safety, with one participant stating “My identity as a disabled person has heavily influenced my learning and the precautions I take for covid because I have had to do my own research and listen to other disabled folk to know how to keep myself and everyone safe.”

COVID Precautions

Mixed precautions among activists: two of the sixteen participants reported being unable to safely wear a mask for medical reasons. 0% of participants felt that they do not have the ability and resources to take COVID precautions, meaning that resource inaccessibility was not a factor shaping their safety practices. When asked about their COVID safety practices, the majority of participants reported masking in high-risk spaces such as healthcare facilities and crowded events. Further, all participants reported that they mask when feeling unwell, 25% very often and 75% always, and the majority reported that they ensure their COVID vaccines are up to date. In contrast, participants reported very mixed practices when it came to masking in public spaces, masking when attending activist spaces, practicing physical distancing, maintaining a social bubble, avoiding spending time in non-essential crowded spaces, avoiding eating in restaurants, and using air purifiers/ventilation strategies when hosting others in an indoor space. When asked if they felt that they are doing the best that they can to limit the spread of COVID in their daily lives, 43.7% of participants strongly agreed, 18.75% agreed, and 37.5% disagreed. All participants who identified as high-risk either strongly agreed or agreed.

Limited COVID precautions in activist spaces: Out of various COVID precautions, including air purification strategies and social distancing, occasional masking was the most reported precaution seen in activist spaces. However, the majority of participants emphasized that the frequency of this action is much less than they feel it should be, with one participant stating they

consistently see less than 10% of activists masking at the in-person spaces they attend. Several participants described the precautions they see in activist spaces as “minimal and inadequate.”

Feeling unsafe in activist spaces due to inadequate COVID precautions: 50% of participants agreed that they have felt unsafe in an in-person activist space in Victoria due to a lack of COVID precautions being practiced by others, while 25% strongly agreed. Notably, 0% of participants strongly agreed that the in-person activist spaces they attend are as COVID safe as they can be, while 37.5% disagreed and 31.25% strongly disagreed. One participant shared, “I have multiple chronic health issues. I have only recently gotten involved in activism/activist spaces and I’m deeply distressed by the lack of awareness of disability justice and the utter disregard for accessibility.”

The need for COVID safety in activist spaces: Majority of participants felt that COVID safety should be prioritized in in-person activist spaces through both individual and collective action. The majority of participants also felt that the issue of COVID is interconnected with the issues that fuel their activist efforts, highlighting the prevalence and widespread impact of COVID in 2025. Several participants emphasized that they would feel much safer if the in-person activist spaces if wearing respirators was mandatory and facilitators provided quality masks for attendees to wear, as well as ensured proper ventilation through the use of air purifiers in indoor spaces.

Masking as resistance and community care: Majority of participants who identified as disabled, immunocompromised, and/or at high-risk for being impacted by COVID consistently equated their COVID safety practices with resistance and community care. For these participants, COVID precautions were regarded as life-giving practices, not as sacrifices or burdens that prevented them from returning to a pre-pandemic “normal.” One participant shared, “Everyone who is able to should be wearing an N95 (or equivalent) outside of their home, and those masks

should be provided for free by the government. My belief is informed by the science around how COVID and other viruses spread (ie via aerosols) and based on the known risks of repeated COVID infection for all people. I want to protect myself and my family, but I also mask because it's an act of community care. It protects others in my community and it helps to preserve our desperately strained health care resources. I also mask because it is an act of resistance against mask bans and the surveillance state.”

Interview Results

The contributions of two participants who both identify as activists at high-risk for being impacted by COVID make up the interview results. Christina is an immunocompromised woman of colour and self-employed Allied health care practitioner operating one of the only remaining practices in Victoria that still enforce COVID precautions, such as masking. As a front-line worker, Christina has experienced firsthand public resistance and apathy to her facility's policies, significantly contributing to her deeply felt exhaustion and exasperation expressed in the following interview excerpts. The second interview participant wished to remain as anonymous as possible.

Avoiding in-person activist spaces that feel unsafe: Participants shared that they avoid in-person activist spaces that feel unsafe due to a lack of COVID precautions being practiced. Christina felt that most events are currently lacking COVID safety measures and is therefore very selective about the activist spaces she enters. She stated, “I just don't need to take that risk” and later shared, “I refuse to expend energy in spaces that are ableist and do not consider the safety of immunocompromised attendees.” When attending spaces that unexpectedly felt unsafe, both participants navigated these situations by physically leaving.

Persistent frustration and exhaustion: Similar to many other survey participants, Christina repeatedly expressed feeling frustrated and exhausted by the continuous lack of COVID knowledge, care, and precautions among the activists that surround her. She shared:

I guess it's not unfortunately your problem until it affects you personally. Or until like, a loved one or someone in your community...yet everyone already knows someone [who has been affected]. That's the thing. I don't really understand why you don't want to protect yourself or others who have already been, like, specifically affected by this. I-, I don't know what this whole mass kind of cognitive dissonance is about...like a vast majority of the community thinks it's over and has like, moved on even though they're still contracting and transmitting respiratory viruses to each other.

Christina further stated that being “COVID conscious during this time of widespread apathy and selfishness is exhausting.”

Accessibility requires more COVID precautions: In their discussions of what an accessible in-person activist space looks like for them, both participants described a space that required masking, provided air filtration, and advertised safety expectations and guidelines to ensure that activists are not attending these spaces when sick. Interview participants, like several survey participants, also strongly emphasized the need for organizers to provide masks for the unmasked as a practice of accountability and resource sharing. Christina reiterated how these safety measures are both attainable and reasonable and should not be considered unrealistic.

The need for Disability Justice: Participants expressed a desire for all activists and organizers to center accessibility in their work and highlighted the pressing need to integrate Disability Justice into activist spaces in Victoria. One participant wished that activists in Victoria would “start organizing with the question of ‘who is missing if we do it this way?’” and emphasized the

necessity of prioritizing accessibility for everyone. Christina echoed this response, stating, “Folks know better. Now they need to DO better. Especially in activist spaces, if you do not consider Disability Justice what are you even doing?”

Discussion of Findings

The findings of this study indicate that activists’ understandings of COVID and their resulting safety practices are shaped by several systemic and social factors. The showcased discrepancies in participants’ understandings and safety practices alongside the shared experiences of high-risk identifying participants suggest that activists’ overall understandings of COVID are contributing to the inaccessibility of in-person activist spaces for high-risk identifying community members. The following discussion aims to highlight the complexities surrounding COVID knowledge and safety practices while centring the needs expressed by my invaluable disabled, immunocompromised, and high-risk identifying community members. Guided by the theoretical frameworks of Disability Justice and Crip Theory, as well as my personal interpretations as a disabled researcher and activist, this discussion will connect the findings to the literature reviewed above and to the broader structures that shape the ongoing COVID pandemic and the accessibility of activist spaces.

As summarized by Mills et al. (2025), “if pandemics themselves are mass disabling events, so too are pandemic protocols that create debilitating or deadly conditions of illness exposure” (p. 5). The lack of government guidance and transparency about COVID as it exists in 2025 is evident in both the findings and the literature (Bilodeau & Quesnel-Vallee, 2023; Read et al., 2023; Rice et al., 2021). The trend of all participants identifying social media as a key source for understanding COVID is reflective of this lack, as well as the correlation between increased COVID precautions and a reliance on social media and scientific studies. The contrasting

correlation between decreased COVID precautions and a reliance on government updates and public health orders further indicates that these sources may offer less informative and accessible guidance than social media and scientific studies. Due to the absence of widespread, accurate information about COVID and its long-term effects, many activists in Victoria likely do not have sufficient instruction on how to navigate COVID in 2025 as the responsibility of researching and properly understanding the virus has largely been placed on individuals.

In the absence of sufficient government guidance and transparency in Canada, gaps in knowledge and safety practices are bound to arise among activists in Victoria (Bilodeau & Quesnel-Vallee, 2023). Participants' divide in understandings regarding the efficacy of surgical and cloth masks versus their unanimous confidence in the efficacy of respirators in preventing the spread of COVID suggests that a clear gap remains in activists' overall understandings of COVID transmission and COVID safety. This gap is reflected in the uncertainty expressed by some participants when asked if they believe masking is important in 2025. The differing COVID precautions reportedly taken by participants also suggest that activists in Victoria may more readily adopt safety practices that align with government-recommended precautions in comparison to those that go beyond current government guidance, highlighting the influence of health and political systems on individual actions throughout the ongoing COVID pandemic (Read et al., 2023, p. 38). By providing inadequate guidance and information about COVID, government policies and public health measures have consequently intensified "long-standing ableist narratives regarding which bodies are valuable in society" and amplified "the ableist belief that disabled lives are worth very little" (Read et al., 2023, p. 38; Rice et al., 2021, para. 2).

The ableist narratives perpetuated by insufficient structural responses to the COVID pandemic, as discussed by Read et al. (2023) and Rice et al. (2021), are entwined with individual understandings of COVID and COVID safety (Abrams & Abbott, 2020; Piepzna-Samarasinha, 2022). This connection was exemplified by multiple participants who wished to forget about COVID and perceived taking COVID precautions as barriers to living their lives. Echoing the mainstream desire to return to a pre-pandemic “normal,” these experiences suggest that some activists in Victoria may have internalized the idea that a “normal” and fulfilling life is only possible in the absence of health precautions, resulting in fewer COVID safety practices at in-person activist spaces (Piepzna-Samarasinha, 2022). As Abrams and Abbott (2020) discuss, “in all too common rhetoric, disability moves from a state of life to a state of death, placed in the way of those who might live more meaningful, more productive, more worthwhile lives” (p.170). This rhetoric enforces the idea that disabled people are undeserving of protection or sacrifice as their lives are inherently morbid and empowers non-disabled people to view their able-bodied reality as a rightful “normal”, regardless of who it leaves out. Cashman (2007) further speaks to this issue, highlighting how able-bodiedness “masquerades as a non-identity, as the normative and natural order in society” (p. 702), despite the fact that “all living bodies can become ill” or disabled (Karlsson & Rydstrom, 2023, p. 400). The words of Piepzna-Samarasinha (2022) give further context and depth to this discussion. While the participants did not relate their desires and experiences to any ableist narratives, “internalized ableism is real. A lot of people have had a brush with what it’s like to live a disabled life these last two years, and a lot of them want to forget it as quickly as possible. They’d rather expose themselves to all kinds of harm than continue to be disabled like us — mask, discuss risk, stay home, pass public policies for the safety of all” (Piepzna-Samarasinha, 2022, para. 9). This discussion is not to say that the

participants in this study or their desires to return to a pre-pandemic world are invalid or ableist, but rather to highlight how their resulting actions and beliefs can be related to the harmful and highly influential narratives discussed above.

The lack of COVID precautions witnessed by participants at in-person activist spaces alongside the trend of majority participants feeling unsafe in such spaces due to a lack of COVID precautions suggest that many activist spaces in Victoria are not as COVID safe as they can, or need, to be. For many community members, activist spaces are only as accessible as they are COVID safe. Multiple disabled and high-risk identifying participants reported completely avoiding activist spaces that feel unsafe due to the absence of adequate COVID precautions, showcasing the lived consequences of spaces that do not center accessibility for everyone. These shared experiences reflect the findings of Read et al. (2023) who highlight how disabled people have been socially isolated and abandoned throughout the ongoing COVID pandemic (p. 39). The feelings of distress, frustration, and exhaustion expressed by high-risk identifying participants speak to the collective abandonment of non-able-bodied people during the COVID pandemic and the “grief and anger” that are often prevalent when resisting “mass disablement and death” (Mills et al., 2025, p. 5). Piepzna-Samarasinha (2022) echoes these feelings in her work, sharing how many disabled people are left feeling like the only ones stubbornly remembering the persisting COVID pandemic and therefore left feeling “incredibly alone” in their grief (para. 8).

Participants’ experiences of in-person activist spaces in Victoria strongly indicate the need to increase COVID safety practices in these spaces. This need is reflected in the literature by Mills et al. (2025), which argues for the continuous expansion of strategies for addressing COVID and its long-term impacts at all levels (p. 31). Not only will the prioritization of COVID

safety practices such as mandatory respiratory wearing and air filtration in Victoria's activist spaces make them more accessible for many high-risk identifying community members to attend, but it will protect the health and well-being of everyone (Rice et al., 2021). As many participants felt that the issue of COVID is interconnected with the issues that fuel their activist efforts, the prioritization of COVID precautions in activist spaces is also likely to strengthen and grow the existing social justice movements and activist communities in Victoria (Mackenzie, 2022, p. 9; Piepzna-Samarasinha, 2018). By prioritizing COVID safety and therefore increasing accessibility in activist spaces in Victoria, we can move beyond merely accommodating high-risk identifying individuals and instead undertake accessibility as a collective responsibility that affirms disability and prioritizes the safety and inclusion of all bodies and minds (Rice et al., 2021, para. 9; Piepzna-Samarasinha, 2018, p. 78).

In their discussions of accessibility, high-risk identifying participants emphasized the pressing need to integrate Disability Justice into in-person activist spaces in Victoria. This call to action is central to the work of Mills et al. (2025), Berne et al. (2018), Piepzna-Samarasinha (2018), Abrams and Abbott (2020), and several others that are foundational to this research. As effectively summarized by Rice et al. (2021), "the COVID-19 crisis has proven the necessity of finding ways to do things differently. Approaches to access rooted in disabled people's cultural knowledge provides us with a less well-travelled but more life affirming pathway to a "new normal," one that makes space for differences of all kinds" (para. 22). In the absence of sufficient government and public health support, the experiences of disabled, immunocompromised, and high-risk identifying participants highlight the necessity of community care and accessibility in all activist spaces. As showcased by several respondents, there are several ways forward so long as we center Disability Justice.

Limitations

There are several limitations shaping this study, its findings, and my related discussion. Due to its very small and narrow scope, the findings of this study do not represent the understandings or experiences of all activists in Victoria. As a result, it cannot accurately depict the COVID safety and accessibility of every in-person activist space in Victoria, especially given the range of these spaces. The predominantly white sample size of this study is another key limitation to this work, as the findings do not represent the experiences of racialized activists in Victoria or contribute to the literature discussing the disproportionate impact of COVID on BIPOC. Perhaps the most prevalent limitation to this research as a whole is the fact that activists who do not care about COVID or accessibility for high-risk identifying community members did not choose to participate in this study. The findings and my related discussion are therefore not fully representative of how activists in Victoria generally understand COVID as most of the data comes from disabled, immunocompromised, and high-risk identifying activists who have had to center COVID in their lives out of survival. Finally, although much effort was put into understanding and accurately representing the lived experiences of all participants, it is possible that participant responses were misinterpreted due to the biases I inevitably hold as a researcher.

Conclusion

In summary, this research aimed to better understand how activists in Victoria make sense of COVID in 2025 and identify how their resulting safety practices shape the accessibility of in-person activist spaces for high-risk identifying community members. Through the application of Disability Justice and Crip Theory as theoretical frameworks, this research design facilitated a rich and contextualized discussion about COVID knowledge and accessibility in activist spaces. Further, the use of phenomenology as a research methodology allowed for the identification of

various structural and social factors that influence activists' understandings of COVID through centring the lived experiences of the participants, bringing depth and nuance to the data analysis.

While the small scope and sample size of this study limit the generalizability of the results, the overall findings provide key insight into the current COVID safety of many activist spaces in Victoria, particularly for high-risk identifying folk. By analyzing activists' various COVID knowledges and precautions alongside high-risk identifying activists' experiences of COVID safety and accessibility, this research suggests that the discrepancies in activists' understandings of COVID are creating inaccessible in-person activist spaces for high-risk identifying people in Victoria. Shaped by the lack of widespread guidance and information about COVID, the COVID safety precautions in many in-person activist spaces appear to remain inadequate. To address this issue and ensure the accessibility of all activist spaces for high-risk identifying community members, the findings call for mandatory respiratory wearing by those who can, increased air filtration and ventilation strategies, and clear, advertised sickness guidelines in all in-person activist spaces. Additionally, the findings highlight the need for organizers to provide quality masks for the unmasked as a practice of both accountability and resource sharing. Further ways forward could also include activist-led education initiatives and workshops to bridge the gap in activists' COVID knowledge and related safety practices.

In consideration of the limitations shaping this study, further research is needed to understand how BIPOC experience COVID and accessibility in Victoria. This research could specifically explore cultural understandings of COVID safety and the connection between one's ethnicity or experiences of racialization and their COVID knowledge or identification as high-risk. To achieve this, research of a similar design could be undertaken at a larger scale with a more diverse, representative sample size. As the sample size for this study was predominantly

white, queer, middle-class, disabled, and high-risk identifying individuals, the experiences of racialized, heterosexual, lower-class, houseless, and able-bodied activists have yet to be adequately accounted for.

This research and its findings have showcased the necessity of integrating Disability Justice into existing activist movements, communities, and spaces throughout Victoria. As one participant emphasized, activists in Victoria must start organizing with the question “who is missing if we do it this way?” By doing so, cross-disability solidarity, collective access, and collective liberation can become defining aspects of activist spaces in Victoria. To the reader, may the experiences shared by activists who are disproportionately impacted by COVID serve either as an affirmation to the work you are doing or as a call to action to center COVID safety in your activism and the countless spaces it takes place in. I echo the words of Piepznar-Samarasinha (2022), who calls on the abled left to not abandon their high-risk identifying community members, stating, “We need each other to stay alive. You may be us, or may become us quite quickly. We are you. We are all each other’s beloved community” (para. 17).

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Appendix A
Survey Demographics

Total Number of Participants	16
Do you identify as an activist or as someone who is involved in activist efforts?	n(%)
Yes	16 (100%)
No	0 (0.0%)
Have you attended an in-person activist space in Victoria within the past year?	
Yes	16 (100%)
No	0 (0.0%)
Age	
19-24	8 (50.0%)
25-34	4 (25.0%)
35-44	4 (25.0%)
45-54	0 (0.0%)
55-64	0 (0.0%)
65+	0 (0.0%)
Gender	
Non-binary/non-conforming	6 (37.50%)
Genderfluid	0 (0.0%)
Woman	6 (37.50%)
Man	4 (25%)
Other (please specify)	0 (0.0%)
Prefer not to answer	0 (0.0%)
Identity Markers	
Racialized	2 (14.29%)
Disabled	8 (57.14%)
Immunocompromised	6 (42.86%)
Queer	11 (78.57%)
Trans+	7 (50.0%)
English as your second language	0 (0.0%)
Unhoused	0 (0.0%)
Other (please specify)	1 (7.14%)
<i>Other (please specify)</i>	
1	Gender nonconforming
Cultural Background	
Indigenous (please specify)	0 (0.0%)
African	0 (0.0%)
Caribbean	1 (6.25%)
East Asian	1 (6.25%)
South Asian	0 (0.0%)
Southeast Asian	0 (0.0%)

European	13 (81.25)
Hispanic or Latino	1 (6.25%)
Middle Eastern	1 (6.25%)
Other (please specify)	3 (18.75%)
<i>Other (please specify)</i>	
1	White
1	Jewish
1	Metis
Do you identify as someone who is at high-risk for being impacted by COVID?	
Yes	7 (50.0%)
No	7 (50.0%)

Appendix B

Survey Results: Multiple Choice

What sources have helped you to understand COVID and its impact in 2025? Select all that apply.	n(%)
News outlets (please specify)	2 (12.50%)
<i>News outlets (please specify)</i>	
1	CBC
1	Google
Government updates/Public health orders	4 (25.0%)
Social media	16 (100%)
Scientific studies	13 (81.25%)
Friends, family, community members	10 (62.5%)
Out of the sources listed above, which do you feel has been most influential on your current understanding of COVID?	n(%)
News outlets (please specify)	0 (0.0%)
Government updates/Public health orders	2 (12.50%)
Social media	9 (56.25%)
Scientific studies	4 (25.0%)
Friends, family, community members	1 (6.25%)
Are you unable to safely wear a mask for medical reasons? If yes, please indicate below to give context to your following responses.	n(%)
Yes	2 (12.50%)
No	14 (87.0%)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
I feel I am properly informed about COVID as it exists in 2025	6.25% 1	6.25% 1	25.00% 4	37.50% 6	25.00% 4
I feel that COVID has a significant threat to my health and life	0.00%	12.50% 2	12.50% 2	37.50% 6	37.50% 6
I worry about contracting and spreading COVID daily	6.25% 1	12.50% 2	12.50% 2	6.25% 1	62.50% 10
I am aware that the COVID pandemic is ongoing, but I do not think about COVID on a daily basis	37.50% 6	25.00% 4	6.25% 1	18.75% 3	12.50% 2
To my understanding, COVID is now equivalent to the common cold	62.50% 10	31.25% 5	0.00%	6.25% 1	0.00%
To my understanding, COVID continues to be a disabling virus that can impact anyone, regardless of their health or social position	0.00%	0.00%	6.25% 1	25.00% 4	68.75% 11
I feel that the in-person activist spaces I attend are as COVID safe as they can be	31.25% 5	37.50% 6	18.75% 3	12.50% 2	0.00% 0
I feel that most in-person activist spaces in Victoria are accessible to me	18.75% 3	25.00% 4	12.50% 2	37.50% 6	6.25% 1
I have felt unsafe in an in-person activist space in Victoria due to a lack of COVID precautions being practiced by others	12.50% 2	6.25% 1	6.25% 1	50.00% 8	25.00% 4
I feel discouraged to take COVID precautions while attending in-person activist spaces because the people around me do not	12.50% 2	37.50% 6	12.50% 2	25.00% 4	12.50% 2
I feel that I have the ability and resources to take COVID precautions	0.00% 0	0.00% 0	6.25% 1	31.25% 5	62.50% 10
I have people in my life that are high-risk for being impacted by COVID	0.00% 0	37.50% 6	0.00% 0	25.00% 4	68.75% 11
I feel that I am doing the best that I can to limit the spread of COVID in my daily life	0.00% 0	37.50% 6	0.00% 0	18.75% 3	43.75% 7
To my knowledge, wearing a surgical or cloth mask is effective in minimizing contractions and transmissions of COVID in 2025	31.25% 5	37.50% 6	0.00% 0	18.75% 3	12.50% 2
To my knowledge, wearing a respirator mask such as an N95 is effective in minimizing contractions and transmissions of COVID in 2025	0.00% 0	0.00% 0	0.00% 0	12.50% 2	87.50% 14

I believe that taking COVID precautions, such as masking in public, is important in 2025	0.00% 0	0.00% 0	18.75% 3	12.50% 2	68.75% 11
Because of my current health, it feels unnecessary to practice COVID precautions, such as masking in public, in 2025	50.00% 2	25.00% 1	0.00% 0	25.00% 1	0.00% 0
I feel that my health influences my engagement with COVID precautions	0.00% 0	9.09% 1	0.00% 0	63.64% 7	27.27% 3
I feel that COVID safety should be prioritized in in-person activist spaces through individual and collective action	0.00% 0	0.00% 0	12.50% 2	25.00% 4	62.50% 10
I believe the issue of COVID is interconnected with the issues that fuel my activist efforts	0.00% 0	0.00% 0	12.50% 2	25.00% 4	62.50% 10

	Never	Rarely	Sometimes	Very often	Always
I mask in public spaces	0.00% 0	12.50% 2	25.00% 4	25.00% 4	37.50% 6
I mask in high-risk spaces (eg. healthcare facilities, airports, crowded events)	0.00% 0	0.00% 0	31.25% 5	18.75% 3	50.00% 8
I mask when attending in-person activist spaces	0.00% 0	6.25% 1	25.00% 4	25.00% 4	43.75% 7
I mask when I am feeling unwell	0.00% 0	0.00% 0	0.00% 0	25.00% 4	75.00% 12
I practice physical distancing	0.00% 0	25.00% 4	37.50% 6	37.50% 6	0.00% 0
I test for COVID when I am feeling unwell or am in close contact with someone who is symptomatic	0.00% 0	6.25% 1	12.50% 2	43.75% 7	37.50% 6
I maintain a social bubble	25.00% 4	18.75% 3	31.25% 5	12.50% 2	12.50% 2
I avoid spending time in non-essential crowded spaces	18.75% 3	0.00% 0	31.25% 5	25.00% 4	25.00% 4
I avoid eating in restaurants	31.25% 5	6.25% 1	6.25% 1	37.50% 6	18.75% 3
I use nasal sprays and CPC mouthwash	50.00% 8	6.25% 1	25.00% 4	6.25% 1	12.50% 2
I use air purifiers/ventilation strategies when hosting others in an indoor space	37.50% 6	0.00% 0	18.75% 3	12.50% 2	31.25% 5

I ensure I am up to date with my COVID vaccines	0.00% 0	6.25% 1	6.25% 1	6.25% 1	81.25% 13
Other (please specify)	3 (11.11%)				
<i>Other (please specify)</i>					
1	I mask in all indoor public spaces and at other people's homes.				
1	One of the main reasons I don't test is because my lack of foresight to get tests, and that I do not leave the house when I do get sick if I can help it.				

Appendix C

Survey Results: Open-ended Questions

- Q1. What kind of in-person activist spaces have you attended in Victoria?
- Q2. What kinds of COVID precautions did you witness or participate in when attending the spaces mentioned in your previous response?
- Q3. What are your views on masking in 2025 and what are they informed by?
- Q4. How have your COVID safety practices changed over time?
- Q5. Do you feel that your social position (race, gender, class, ect.) has influenced your current understandings of COVID? Explain why or why not.
- Q6. Is there anything you would like to add to your survey response?

Appendix D

Recruitment Poster

 University of Victoria

CALL FOR RESEARCH PARTICIPANTS
COVID and Activism: Negotiating the Accessibility of Activist Spaces in Victoria

Do you self-identify as an activist or as someone involved in activist efforts?
Have you spent time in an in-person activist space in Victoria within the past year?

If so: You are invited to participate in a Gender Studies research project!

The purpose of this research is to gain insight into how COVID is currently understood by activists in Victoria and examine how such understandings shape the accessibility of in-person activist spaces for people who are at high-risk for being impacted by COVID. All perspectives and experiences are welcome.

Your participation in this study would involve taking 10-15 minutes to complete this survey.

You must be 19 or older to participate.


<https://www.surveymonkey.ca/r/CL6DVJC>

SCAN THIS QR CODE TO FILL OUT THE SURVEY!

To learn more about this project, please contact undergraduate student Ky Bubola at kymbubola@gmail.com
 This project is supervised by Dr. Cacchioni who can be reached at tcacchio@uvic.ca

Appendix E



GENDER STUDIES

Implied Consent Form

COVID and Activism: Negotiating the Accessibility of Activist Spaces in Victoria

You are invited to participate in a study entitled COVID and Activism: Negotiating the Accessibility of Activist Spaces in Victoria that is being conducted by Ky Bubola.

Ky Bubola is a student in the department of Gender Studies at the University of Victoria. You may contact them if you have further questions by email at kymbubola@gmail.com.

As an undergraduate student, I am required to conduct research as part of the requirements for a degree in Gender Studies. This research is being conducted under the supervision of Dr. Thea Cacchioni. You may contact my supervisor by email at tcacchio@uvic.ca or by phone at 250-721-6261.

Purpose and Objectives

The purpose of this research project is to gain insight into how COVID is currently understood by activists in Victoria and examine how such understandings shape the accessibility of in-person activist spaces for people who are at high-risk for being impacted by COVID. This study is NOT intended to judge, shame, or reprimand participants whose COVID understandings and safety practices differ from those of the researcher. All identities, beliefs, and experiences are valued in this study.

Importance of this Research

Research of this type is important because there is minimal existing research on the connection between COVID, COVID precautions, and the accessibility of in-person activist spaces. This research will facilitate a critical discussion about accessibility for high-risk community members within in-person activist spaces and provide a framework for implementing disability justice into existing social justice movements and spaces in Victoria.

Participants Selection

You are being asked to participate in this study because you self-identify as an activist or as someone involved in activist efforts and have attended an in-person activist space in Victoria within the past year.

What is involved

If you consent to voluntarily participate in this research, your participation will include taking part in an online 10-15 minute survey.

Please be advised that the information about you that is gathered for this research study uses an online program (SurveyMonkey) located in the U.S. that can be accessed from the U.S. As such, there is a possibility that information about you may be accessed without your knowledge or consent by the US government in compliance with the US Freedom Act.

Inconvenience

Participation in this study may cause some inconvenience to you, including using some of your time.

Risks

There is minimal potential risk to you by participating in this research. Such potential risks include emotional or psychological discomfort. To prevent or to deal with these risks:

- You are free to withdraw from the research study without consequence or explanation before submitting the survey.
- You can take a break at any point while filling out the survey.
- You can leave questions unanswered in your survey submission as you wish.

Benefits

The potential benefits of your participation in this research include the following.

To participants: an opportunity to reflect on and become conscious of the factors that inform your COVID knowledge and prevention practices. This study may also encourage participants to expand their understandings of COVID and accessibility and validate the current efforts that some activists are making to limit the transmission of COVID and protect the health of others.

To the state of knowledge: furthering understandings of accessibility by including COVID in discussions of access while implementing the framework of disability justice in analyses of in-person activist spaces.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without consequence or explanation before submitting your survey. After submitting your survey, the researcher will be unable to withdraw your information from the database and research study. If you meet the criteria to participate in an interview and choose to provide your email in the final question of the survey, only then will you have the opportunity to withdraw your data from the research study after submitting your survey. To withdraw your survey data, contact the researcher at kymbubola@gmail.com and let them know that you no longer want your data to be used in the study.

Your decision to take part in this study, or your decision to withdraw from the study, will not affect your relationships with the researcher or others.

Anonymity and Confidentiality

In terms of protecting your anonymity and confidentiality, you can choose to keep your survey data fully anonymous by not including any identifying information about yourself. In the final question of the survey, some participants will be invited to further participate in a Zoom interview by providing their email address in their survey response. While most survey submissions will be fully anonymous, submissions that include email addresses for the purpose of interview participation will not be anonymous. Interview participants will then have their survey data linked to their interview data. Email addresses included in survey responses will only be accessed by the researcher and used for the sole purpose of contacting potential interview participants. Because this study uses an online program with servers located in the US, there are limitations to fully ensuring your confidentiality.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: being presented to students in a GNDR 400B course; being stored in an online Gender Studies Brightspace forum; ~~and~~ being stored in the Gender Studies reading room at the University of Victoria; being shared on a public blog titled Humans of Heart and Hands which is ran by the

Heart and Hands Health Collective, a grassroots community acupuncture and holistic health clinic in Victoria, and in similar social-justice community spaces online.

Disposal of Data

Data from this study will be electronically and physically disposed of upon completion of the research report in April 2025.

Contacts

Individuals that may be contacted regarding this study include the researcher, Ky Bubola, and the supervisor, Dr. Thea Cacchioni. Please refer to the beginning of this consent form for related contact information.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

By completing and submitting the questionnaire, **YOUR FREE AND INFORMED CONSENT IS IMPLIED** and indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Please retain a copy of this letter for your reference.

Appendix F

Interview Questions

Q1 How has the COVID pandemic shaped your engagement with in-person activist spaces in Victoria?

Q2 As someone who is at high-risk for being impacted by COVID, what does an accessible in-person activist space look like for you?

Q3 How do you navigate in-person activist spaces that feel unsafe?

Q4 What are your hopes for the future of in-person activist spaces in Victoria as the COVID pandemic persists?

Q5 Is there anything you would like to add?

Appendix G



GENDER STUDIES

Participant Consent Form

COVID and Activism: Negotiating the Accessibility of Activist Spaces in Victoria

You are invited to participate in a study titled **COVID and Activism: Negotiating the Accessibility of Activist Spaces in Victoria** that is being conducted by Ky Bubola.

Ky Bubola is a student in the department of Gender Studies at the University of Victoria. You may contact them if you have any questions by email at kymbubola@gmail.com

As an undergraduate student, they are required to conduct research as part of the requirements for a degree in Gender Studies. This research is being conducted under the supervision of Dr. Thea Cacchioni. You may contact their supervisor by email at tcacchio@uvic.ca or by phone at 250-721-6261.

Your decision to take part in this study, or your decision to withdraw from the study, will not affect your relationships with the researcher or others.

Purpose and Objectives

The purpose of this research project is to gain insight into how COVID is currently understood by activists in Victoria and examine how such understandings shape the accessibility of in-person activist spaces for people who are at high-risk for being impacted by COVID.

Importance of this Research

Research of this type is important because there is minimal existing research on the connection between COVID, COVID precautions, and the accessibility of in-person activist spaces. This research will facilitate a critical discussion about accessibility for high-risk community members within in-person activist spaces and provide a framework for implementing the framework of disability justice into existing social justice movements and spaces in Victoria.

Participants Selection

You have been invited to participate in this part of the study because you self-identify as an activist or as someone who is involved in activist efforts, have attended an in-person activist space in Victoria within the last year, and self-identify as someone who is at high-risk for being impacted by COVID in addition to indicating in your survey submission that you are interested in being interviewed.

What is involved

If you consent to voluntarily participate in this part of the study, your participation will include a 30-minute Zoom interview with the researcher. The interview will take place at a time most convenient to you. As it will take place on Zoom, you are free to participate in the interview in a quiet and comfortable location of your choice. In this interview, you will be asked a series of questions about your experiences of activism and accessibility within in-person activist spaces in Victoria during the COVID pandemic.

For transcription and data collection purposes, the Zoom interview will be screen recorded. This means that the audio and visuals of the interview will be recorded and documented. The collected audio and visuals of the Zoom interview will only be accessed by the researcher, Ky Bubola, and used to transcribe the interview so it can be analyzed and referenced in the research report. Once the interview is successfully transcribed, the audio and visual recordings of the interview will be deleted.

Possible harms and discomforts

If you take part in the interview portion of this study, there is some chance that you might experience emotional or psychological discomfort given the grief associated with COVID and your lived experiences as someone who is high-risk for being impacted by COVID. To prevent or address these risks:

- You are free to withdraw from the study without consequence or explanation at any time. If you decide to withdraw your data from the study after completing the interview, you can contact the researcher at kymbubola@gmail.com and they will dispose of your data accordingly.
- You can end the interview at any time.
- You can skip interview questions that feel uncomfortable or upsetting.
- You can take a break during the interview when discomfort arises.

During the interview, you do not have to answer any questions that you do not want to.

Possible benefits

You may benefit from the study by feeling heard and validated in your experiences of COVID, accessibility, and activism. You may further benefit by deepening your understandings of yourself and feeling empowered to advocate for your safety and access needs within Victoria's in-person activist spaces and elsewhere.

Your participation in this study may also benefit the state of knowledge by (re)connecting the issue of COVID to discussions of accessibility and activism.

Data collection and confidentiality

Interview data will be collected and documented via a Zoom recording. While any identity-revealing information shared in the interview will be recorded, identifiers such as names and

affiliations will only be used in the dissemination and storage of the research data if you formally consent to this.

You will be asked to indicate your preferred level of anonymity below. If you choose to remain as anonymous as possible, the researcher will change your identifying information and use a pseudonym to refer to you in the data. Given that Victoria is a smaller city with an even smaller population of self-identifying activists and in-person activist spaces, your confidentiality cannot be fully ensured. Only the researcher, Ky Bubola, will have access to the interview data during data collection.

All data collected for the purpose of this research will be stored on a password protected laptop that only the researcher has access to. Any physical data will be stored in a locked filing cabinet located in the researcher's private residency. The data will remain secure in these locations until the final research project is submitted for grading in April 2025. After this date, the data will be deleted and destroyed.

Dissemination of results

Once the research report is completed in April 2025, the research and the data you consented to being used in this study may be shared with others in the following ways: being presented to students in a GNDR 400B course; being stored in an online Gender Studies Brightspace forum; ~~and~~ being stored in the Gender Studies reading room at the University of Victoria; being shared on a public blog titled Humans of Heart and Hands which is ran by the Heart and Hands Health Collective, a grassroots community acupuncture and holistic health clinic in Victoria, and in similar social-justice community spaces online.

In terms of protecting your anonymity, please indicate your preference below:

I consent to be identified by name and have my affiliations shared in the results of the study:
_____ (Participant to provide initials)

I prefer the use of a pseudonym but consent to having my affiliations shared in the results of the study:
_____ (Participant to provide initials)

I wish to remain as anonymous as possible in the results of the study:
_____ (Participant to provide initials)

Please note:

You may end the interview at any time.

You may change your mind and withdraw from this study at any time. You will not need to explain why you have changed your mind.

If you withdraw from the study, you will be asked permission to use your contribution in the analysis and final report of this study. You may agree or refuse this request without explanation.

If you have any questions or if you would like to discuss this study further, please contact the researcher by email at kymbubola@gmail.com

You can also contact the Human Research Ethics Office at the University of Victoria at 250-472-4545 or ethics@uvic.ca to check the ethical approval of this study or to raise any concerns you might have.

Please remember that participation in this study is voluntary.

Consent:

I have read this consent letter.....yes.....no

I have had the opportunity to ask questions.....yes.....no

I understand that my participation in this study is voluntary.....yes.....no

I understand that I can withdraw my consent at any time.....yes.....no

I agree to take part in the study.....yes.....no

I agree to have my interview audio and video recorded for transcription purposes.....yes.....no

Name of Participant

Signature

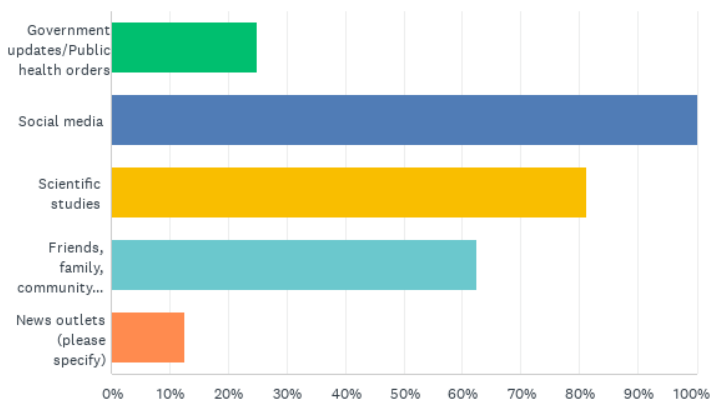
Date

Please retain a copy of this form for your reference.

Appendix H

Graph 1

Q7 What sources have helped you to understand COVID and its impact in 2025? Select all that apply.



Graph 2

Q8 Out of the sources listed above, which do you feel has been most influential on your current understanding of COVID?

