

# Inclusive Design: Cultivating Accountability toward the Intersections of Race, Aging, and Disability

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As a feminist disability studies scholar working on issues of accessible and inclusive design, my participation in the Critical Health, Age, and Disability Collective (CHAD) in summer 2014 was my first introduction to the field of age studies. I was surprised to find how little my training had taught me about how to think critically about age and aging—that is, without treating age as an indelible biological category of deterioration or conflating aging with disability. I also learned that while design and the built environment are central foci of disability studies, particularly the social model of disability, they are much less significant in age studies. Yet, considerations for aging are unspoken (but historically potent) conditions for the concepts of barrier-free, inclusive, and Universal Design. Particularly in architecture and product design, aging often appears as a synonym for disability when designers are trying to account for variations between users. Products such as the OXO Good Grips line of kitchen accessories for both arthritic and non-arthritic users, and homes built with ramps, grab bars, and low-effort door handles for aging dwellers, represent just some of these points of overlap. I became curious about how aging and disability have materialized as nearly coextensive concepts within the milieu of inclusive design. I also began to wonder what a more critical understanding of aging could contribute to disability studies' treatment of inclusive and supportive design.

From the outset, however, I want to acknowledge the overwhelming whiteness of mainstream disability (and aging) scholarship (Bell 275-78, Overall *Aging, Death* 8; Marshall vii). As a diasporic Iranian and adult disabled person (who often passes as white and non-disabled in mainstream

U.S. culture), my goal here is to establish accountability toward race as part of my discussion of disability, aging, and inclusive design. My understanding of the intersections of race and disability is indebted to Chris Bell, who argued that disability studies has failed “to engage issues of race and ethnicity in a substantive capacity, thereby entrenching whiteness as its constitutive underpinning” (275). This point makes analysis of race in considerations of aging all the more urgent. Widespread police violence against communities of color, particularly the murders of Tanisha Anderson, Sandra Bland, Freddie Gray, Michael Brown, Oscar Grant, Eric Garner, John Crawford, Ezell Ford, Dante Parker, and other young black people—many of whom were also disabled—shows that access to aging is a marker of privilege in a dominant culture that does not anticipate or value black lives (Lee). Recently, disability rights organizations and activists have called for accountability toward people of color in our discussions of disability access, inclusive design, and justice. Racial justice and accountability are crucial to resisting the social and structural barriers that disabled and elderly people experience to participation in public life (National Council on Disability).

To historicize and theorize aging and disability in design, then, I want to think about how to remain accountable to what critical race and disability scholar Mel Chen’s notion of the “racial mattering of locations” and built environments (10). Such accountability, I hypothesize, is crucial if critical disability and age scholars are to attend to what Michelle Alexander refers to as “the new Jim Crow,” particularly the racial inequalities and disenfranchisement produced by segregated neighborhoods, police violence, mass incarceration, and other forms of structural violence committed against people of color (Alexander 4-6). In other words, the conversation about inclusive design must include people of color in anticipated futures and desired inclusive built environments in the same way that it imagines inclusive design as a public good for disabled and elderly people (Kafer 2).<sup>1</sup> What I offer here is a preliminary sketch of the role that race, aging, and disability have played in twentieth-century inclusive design. As a starting point for conversations about the

relationship between disability and aging in the twentieth century, I show that attention to design and environments can enable disability studies and age studies, as majority-white fields, to practice accountability toward the spatial politics of race.

The “disability justice” movement led by disabled people of color offers a useful starting point for thinking about the intersectional stakes of race, aging, and disability in design (Mingus 4-5). The links between aging and disability in design are well-established. Disability scholars and activists often make the claim that “if we live long enough [ . . . ] we will all become disabled” (McRuer 197) to defend the need for inclusive and accessible design. The “disability to come” (to borrow a phrase from Robert McRuer) justifies accessible futures in which buildings (as a rule rather than an exception) anticipate the presence of mobility, cognitive, sensory, and mental disabilities by including ramped access, elevators, well-lit signs in multiple formats, layouts that are easy to navigate and remember, and spaces without overstimulating lights or sounds. Disability comes to matter through the temporal inevitability of access needs related to aging, rather than through a medical imperative for cure or elimination.

Despite disability studies’ understanding of disability as a social and material construction, however, our configuration of aging is often limited to assumptions about medical impairment rather than a more critical conception of aging offered by age studies. Age studies scholarship has made me wonder what disability justice can do to establish accountability toward racism *and* ageist violence, which, as Audre Lorde writes, functions as “an important social tool for any repressive society” (117). Age studies speaks to spatiality, embodiment, and power, but clarifies the role of aging in the spatial politics of exclusion. Feminist gerontologists Janine Wiles and Ruth Allen, for instance, call for a geographic and architectural approach to the phenomenological body, arguing, “Together, we need to develop our understanding of the spaces in and through which the ‘differences’ of old age and disability are produced, embodied, and experienced” (232). Age studies scholars also tell us that aging is not a

self-evidently unfortunate biological process, but rather “socially constructed as a problem” (Cruikshank 7). They reject biologically determinist attitudes about aging, in part, by positing (as Anita Silvers, a philosopher of feminism, disability, and age, does), “An equally important matter [to biological aging] is how to alter the environment to allow people to retain social function and thereby to flourish” (203). Philosopher of aging Christine Overall posits that architectural reforms (and other structural changes), “could redefine the societal context of aging, eliminate or at least reduce ageism, and support increasing rights, opportunities, and freedoms for people who have lived many years” (“Old Age and Ageism” 134). These claims, like those of disability scholars, justify inclusive environmental design as a matter of the public good. Inclusive design (here, the ability to “age in place”) signals that society anticipates and values aging lives.

How do aging and disability intersect with race in the built environment? Because the material impacts of racism, ageism, and ableism are forms of structural violence embedded within the construction of the built environment, accessible design is an imperative that cuts across struggles for accessible restrooms, housing, and neighborhoods, as well as access to citizenship, rights, and belonging (Hamraie). In the late-nineteenth and early-twentieth centuries, disabled people, elders, and people of color began to make social justice demands against the pervasive institutionalization of disabled and elderly people (what Harriet McBryde Johnson terms the “disability gulag”) and the overmedicalization, targeted criminalization, and mass incarceration of people of color (Ben-Moshe 4; Metz 11).<sup>2</sup> Many of these demands took shape through strategies for inclusive architecture and urban planning (efforts also supported by feminist architects).<sup>3</sup> Black civil rights activists engaged in direct action, sit-ins, marches, and protests to demand access to desegregated schools, housing, and public transportation (Hampton and Fayer 18), whereas early advocates for inclusive design for disabled and elderly people were often non-disabled experts in architecture and rehabilitation medicine, two fields in which institutional racism against people of color

was pervasive (Wilkins; Linker 136-38). It comes as no surprise, then, that the concept of spatial access that defines disability and age-inclusive design has been embedded in a culture of mid-century American whiteness.

Disability and aging became natural allies in inclusive design precisely because they garnered the attention of experts who believed that better environments could facilitate rehabilitation and productivity. The post-World War II concept of barrier-free design was from the outset about both aging and disability. Though emerging as the “baby boomer generation” was just being born, barrier-free design was concerned with the effects of medical advances on the growing population of people over sixty-five (Hughes 53). Designers such as Alexander Kira addressed the environmental barriers that aging and disabled people face in mid-century living spaces. Yet, barrier-free design was often limited to heavily racially segregated spaces, such as homes, schools, and public transportation. Despite its emergence in the midst of Supreme Court hearings on *Brown v. Board*, the Montgomery Bus Boycott, and the desegregation of Little Rock, Arkansas—all major events in the politics of desegregation, inclusive design, and urban planning—the dominance of medical models in early barrier-free design efforts made practitioners oblivious to racial or economic disparities in access to housing or health care that Jim Crow Laws produced. In the early 1960s, federal agencies and charities pushed for standardized accessibility guidelines. These guidelines relied upon research about the bodies of young, white, wheelchair-using college students at the University of Illinois-Champaign (Nugent 56). ANSI A117.1, the standard that continues to shape today’s accessibility laws, resulted in a notion of disability access tied to and defined by proximity to citizenship—a concept also beholden to whiteness, youthful worker productivity, and access to education in the mid-twentieth century U.S. (Nugent 58).

Under the Johnson Administration’s Great Society reforms, aging, disability, and race became separate legal categories in the provision of civil rights and welfare. The Civil Rights Act of 1964 and Voting Rights

Act of 1965 required racial desegregation and enfranchisement. The Older Americans Act of 1965 mandated community-based services for elders. The Architectural Barriers Act of 1968 required that all federal facilities be designed according to the principles of barrier-free design. Though the latter law should have protected disabled and elderly people of color, it presumed that all disabled people had equal access to citizenship—which people of color did not. Leading up to the Architectural Barriers Act, the National Commission on Architectural Barriers to Rehabilitation for the Handicapped published a 1967 report entitled “Design for All Americans” (Rehabilitation Services Administration). The report characterized the isolation of elderly and disabled people as “inhumane and costly” and argued that “accessibility [must be] made an integral part of all design” for all citizens (2, 4). By defining accessible environments as a right of citizenship, however, the report drew no explicit connections to the recent Civil Rights or Voting Rights Acts or the march from Selma to Montgomery, Alabama to demand the enforcement of these laws. Nor did it consider the disproportionate spatial isolation of communities of color by racial and economic segregation in the mid-twentieth century as a violation of the rights of citizenship. These were not simple omissions, but actively materialized conditions of the influence of rehabilitation and ergonomics expertise on disability access. The focus on the technical aspects of accessibility—measurements, best practices, costs, and available technologies—foreclosed an intersectional understanding of the category of “All Americans.”

Race, aging, and disability did, however, drive in tandem the most public and visible event in the history of disability rights activism. In 1977, disability activists protested the federal government’s failure to enforce disability access laws through a twenty-five-day occupation. They used the tactics and arguments of black civil rights protesters to frame accessibility as a matter of human rights.<sup>4</sup> And as disability activists and scholars have documented, their occupation was made possible by the efforts of the Black Panther Party—which had recently allied itself with efforts to remove disabled and elderly people from nursing homes—to

provide crucial leadership and food for the occupiers (Schweik; “Nursing Homes”; O’Toole 48). Many of the legal protections that followed the successful occupation, including access to accessible transportation, benefitted both aging and disabled people (Fleischer and Zames 66-67). Unfortunately, in the 1980s, barrier-free design became a matter of legal and technical regulation and did not ally itself with anti-racist struggle. Nor did its conception of the public good include strategies for ensuring people of color equal access to cities, education, and healthcare, or safety from police violence.

In 1985, disabled architect Ronald Mace defined the concept of “Universal Design” in response to the failures of legal access codes (147-148). While Universal Design has a historical relationship to the disability rights movement, its practitioners also draw from the insights of feminist architects about the effects of socially-discriminatory environments, as well as gerontological and lifespan approaches to planning buildings and cities for aging in place.<sup>5</sup> In practice, however, Universal Design practitioners often take great care to distance the concept from barrier-free design, an approach that they understand to focus on technical legal strategies to accommodate the access needs of disabled users, rather than a more expansive design philosophy geared toward a wider range of users.<sup>6</sup>

Universal Design practitioners insist that the practice of inclusive design is about “good design” for all users, not the particular needs of disabled users (Welch). I have reflected elsewhere on the politics of such a claim, which reifies the association of disability and aging with marginal or “special needs” and fails to recognize the collective stakes of disability justice (Hamraie). But while Universal Design often claims to be about *more than* including disabled users, it rarely claims to be about *more than* aging. The design of private homes for wealthy retirees who can “age in place” is, after all, a lucrative practice. Terms such as “Design for All,” “transgenerational design,” and “design for the lifespan”—close cousins of Universal Design—demonstrate the persistence of gerontological and age-related concepts on the marketing and promotion of

inclusive design. The critical insights of age studies, particularly that aging, like disability, materializes as a kind of social oppression on the basis of embodied marginality in social and built environments, have not yet reached this work.

Critical attention to race also rarely appears within the Universal Design literature, except to draw parallels between the concept of accessible space and racial desegregation.<sup>7</sup> So I end this piece with a few open questions as provocations for age studies and disability studies as we co-articulate our collective futures: What would a practice of Universal Design that attends to the intersectionalities of race, aging, and disability do to address the historical whiteness of inclusive and barrier-free design? What can the concept of disability justice offer to age studies' conception of bodies and spaces? And what insights does age studies offer to strategies for intersectional environmental design that seek to foreground accountability toward the intersections of race, aging, and disability?

#### NOTES

<sup>1</sup>It is crucial to note that race is a persistent topic in discussions of non-built environments, such as in scholarship on environmental toxicity. See Kafer (129-48) and Chen.

<sup>2</sup>The case of Junius Wilson, a black disabled man wrongfully incarcerated for most of his life, speaks to these intersections. See Burch and Joyner.

<sup>3</sup>Feminist architectural theorists and practitioners have proposed new spatial arrangements that address gender, race, and poverty. See Weisman.

<sup>4</sup>For an account of these strategies, see Cone.

<sup>5</sup>On feminist approaches, see Weisman. For gerontological approaches, see Steinfeld.

<sup>6</sup>See Mullick and Steinfeld; Steinfeld. The exception to this, of course, is when designers claim that Universal Design can be a tool for rehabilitation. See Sanford.

<sup>7</sup>For example, see Smith 49-76

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## Feeling Frail and National Statistical Panic: Joan Didion in *Blue Nights* and the American Economy at Risk

Kathleen Woodward

“I find myself increasingly focused on this issue of frailty,” writes Joan Didion in her memoir *Blue Nights*, published in 2011 when she was seventy-seven (106). How might we understand this “issue” of frailty? Turning first to Didion’s portrayal of her experience as an older widow who has recently lost her only child, and second, to the dominant rhetoric in the United States regarding population aging, I suggest that the all-pervasive discourse of risk provides a productive way to frame two distinct yet intersecting issues of frailty: risk in relation to the health of individuals who are old as well as risk in relation to the economic health of “advanced” nations—the United States in particular—in the context of globalization. Risk references a certain temporality; it points to the future from the perspective of the present. We are . . . at risk, and today virtually everything seems to be a risk factor—especially age itself. Among many other conditions, age is a risk factor for disability, and I will close with some thoughts about aging and disability through the lens of frailty.

Aging is a “normal” process. Aging is also understood as a risk factor that, well, increases with age. Indeed, age is itself a mega-risk factor (and yet, generally, the best “outcome” is to increase our age, revealing the contradictions in the discourse itself). Associated with advanced old age, frailty is a condition of vulnerability—one, I will suggest, that can be intensified by the discourse of risk.<sup>1</sup> Risk underwrites, or overwrites, frailty, producing feelings of fear.

Like aging and old age, frailty has a history. Over the past thirty-five years frailty has emerged as a biomedical concept, understood not as a