

# A feminist/gendered critique of the intersections of race and disability: the Australian experience

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## Introduction

Colonial settler societies, such as Australia and Canada, are characterised by tensions between settler and indigenous communities, and among the ethnic hierarchies inside the settler blocs, to which states respond with a variety of strategies. An examination of the intersection of ethnicity, race, gender and disability points to a significant challenge for all colonial settler societies. In a society that espouses egalitarian social philosophies, how are these multiple dimensions of difference together contained by the state, and how is such containment negotiated and resisted by those individuals and communities thus constrained? This is an ambitious question and dangers of reductionism exist, yet as this paper will attempt to demonstrate intercategory<sup>1</sup> analysis is a necessary prerequisite for a more holistic project of social justice and social change.

The ideologies of disability within such complex societies illuminate the wider dimensions of power on these other axes. The frameworks used by communities to interpret disability can point to where race and gender dimensions are unspoken but never the less fundamentally involved in structuring knowledges and practices. On the other hand, theories of racialised power and domination rarely include an examination of how disability is inextricably linked in the process of marginalisation or elimination of bodies deemed unfit and inferior. This paper argues that disability is a social relationship and not a characteristic of individuals with impairments; the consequences of being in a disability relationship operate at the levels of cultural meanings, social status and power, political citizenship and overarching discourses of exclusion and inclusion.

Once this insight is grasped, differentiated bodies have to be included in the analytic dynamics of social exclusion and the strategies necessary to develop a fully inclusive society. Thus, if gendered, racialised and disabled bodies are part of a broader process of exclusion, strategies for inclusion must similarly be integrated. Such inclusivity necessarily requires an integrated anthropology, sociology, political economy and discursive analysis of the dynamics of power in postcolonial and polyethnic societies. This paper will argue that such an integrated and more holistic theoretical approach is critical for contemporary mobilisation for social change and for articulating a coherent and encompassing social program.

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<sup>1</sup> see McCall (2005) for discussion of this concept.

## Analytical models of social power

A number of dimensions of social power are regularly used in the social sciences, notably class, gender, sexuality, race and more recently stages in the life cycle. Disability studies scholars are aware of the lack of disability as an analytic framework. Gordon and Resemble argue that the inattention by sociologists “conveys that disability is considered to be *unlike* race, sex, or gender - indeed that it is a field not susceptible to one of the conventional sociological frameworks (*i.e. social constructionism*), as if the subject required a specialization in medical anomalies rather than in discrimination and the functioning of the social institutions” (2001: 15). Indeed the criticism of treating disability as an individual/medicalised problem rather than a social problem can be levelled at the social sciences and related disciplines. Moreover we need to be aware that in some non-Western societies human difference as impairment is not imbued with the same exclusionary traits as it is in the West. It may be a significant finding that in advanced western societies impairment becomes only and especially synonymous with functional deficit and thereby loaded with negative meanings.

The language used in talking about these issues of disability and impairment can be confusing. A distinction is required between characteristics of a person, and the power relationships in situations where those characteristics have social meaning. Thus, physiognomic characteristics vary between human social groups and within those groups. Genetic patterns may vary by social groups where they have been separated in different environments over long periods. Even so, genetic variability is as great within racial categories as between them (Brace 2005) (Graves 2004).

These differences only become markers of ‘race’ where the socio-cultural situation imbues them with evaluative significance, and an underlying politics of race provides context and delineates power. In simple terms, physical appearance becomes racialised in a social relationship, where particular features of an individual trigger pre-existing frames of interpretation, linked to social hierarchy, privilege, and exploitation. Gender and sex are similarly distinguishable - sex is a physiological characteristic of an individual, and may include masculine and feminine biological traits. Gender is a relationship where these characteristics are given meaning within a domain of power. Gender is socio-cultural, contested and changeable, and always requires others to give meaning to the cultural expressions proffered in specific situations. Disability is like race and gender, whereas impairment is like physiognomy and sex - impairments become disabilities in specific situations and relationships. These situations are always gendered, racialised and affected by other power relations - of class, religious belief and practice, and generation.

## Disability as an emerging concept

Western societies have been characterised by the development of industrial capitalism and the assessment of individuals for their value in the labour market. That is, those impairments judged as the most disabling are those that apparently limit the economic participation of their bearers, or require significant familial, communal or social investment in their survival and sustained quality of life. Such an approach also suggests that similar impairments may have very different “disabled” readings in societies with different political economies, cultural priorities, and systems of social support (Shuttleworth and Kasnitz In Press).

The impetus to claim a social and analytic space for disability in industrial societies has emerged from the exclusion of disabled people from all areas of social, political, cultural and economic life. Yet, there is also a growing dissatisfaction with disability as an all-encompassing identity, irrespective of geographical location, cultural and political values and a growing awareness that we must not leave disability unproblematised. Many feel the need to move beyond identity politics in the same manner advocated by feminists in the 1980s. A number of writers have suggested a variety of solutions to these conceptual problems. Adrienne Asch has suggested moving from a “minority group” model (more distinctively a US concept) to a “human variation” model because it moves disabled people from a pejorative labelling as special and exceptional (Asch 2001: 400) to a dimension of human difference, which allows for a very different political positioning of disabled people. Other have argued that disability is a form of ethnicity (Thomson 1997), a question taken up by writers looking at the question of the emergence of disability culture/s. (Jakubowicz and Meekosha 2003) (Peters 2000).

Other standpoints on the dominant representation of disability - usually seen as white, male and Anglo centric and physically impaired- have come from within the disability community; different impairment groups; queer and GLTB communities; women and those outside the metropolises. An acceptance of power relations between individual disabled and impaired people and between diverse disabled groups has slowly been acknowledged. Simply, the experience of disability is not always a unifying factor. Indeed accommodations for one group may disadvantage another group. Acknowledging the diversity of the disability experience, that is acknowledging that impairment may be a universal phenomenon but one that is culturally defined in disability, has constituted a conceptual breakthrough in disability studies.

While the mind/body dichotomy has been a continuing trope in Western social science, this separation muddies our capacity to understand the nature of social embodiment, which is the most significant theoretical mantle on which social analyses of disability rest (Meekosha 1998). Given that disability is a social relationship, only embodied beings can be social actors - and the body in

all its forms has social meaning. As disability is a relationship, the meaning of disability has at least two components - the meanings applied to the individual with impairments by others, and the meanings that the individual assigns herself to the situations in which she negotiates those relationships - and these meanings interact and affect each other. For instance, injured bodies (temporarily wounded but able to recover) have very different meanings to impaired bodies (permanently wounded and unlikely to recover) - not just in the temporality of the condition but also in the trajectory of the wounds.

As will be demonstrated later, disability has been used as a proxy for other power relations such as those between the colonisers and the colonised, between nation states and would be immigrants. The use of language pertaining to fitness and ability has been used to categorise the population into distinct groupings - thereby acting as a form of social control and population control. Thus the social construction of disability can tell us much about deep power relations of societies and their cultural practices, understandings that extend far beyond simple relations between non-disabled people and disabled people.

## Race as a social category

Despite 19<sup>th</sup> and early 20<sup>th</sup> century thought in Australia, race has no scientific validity but has major social meaning. Race is a socially recognisable formulation about physiognomic difference, and a statement about cultural distinctiveness and recognition of cultural power. Race has national histories rooted in the colonial pasts and the way in which racialisation of populations emerged in economic power struggles. Therefore race is not a function of the individual's differentiation from others, but a consequence of social definitions of group power relations

The US census categories have major political impact though little analytical value. The categories of White, Black, Asian, Hispanic, Native American tells us about politics of race, not about realities of life as experienced by immigrant and indigenous peoples. The emergent category 'Mixed' tells us even less about the ethnography of the society, though it helps people to reflect on the complexity of their genetic predecessors. In the current political debates over racial disadvantage in the USA, 'Hispanics' now outnumber 'Blacks', though of course for Black Hispanics this raises complex issues.

In Australia Census categories consist of Aboriginal, Torres Strait Islander, and Non-Indigenous. In addition there are 'ethnic' characteristics relating to various different cultural elements - e.g. language spoken, country of birth of self and parents, religion. Ethnic characteristics largely relate to immigrant communities - a sign of the 'other', the 'outsider' albeit necessary for nation building.

Since the very beginning of colonisation, stereotypes of feeble mindedness, poor physique and disease carriers have been part of anti-Indigenous and anti-immigrant sentiment in settler societies from the US to Canada to Australia. Difference in skin colour and physiognomy became synonymous with different disabilities; they were in fact medicalised as the language and practices of eugenics gained popularity.

Long after the arrival of the neurasthenic Jew, the criminally minded Italian, the dirty and, lousy Mexican or the trachomatous or parasite-infested Asian to American ports and borders, their defective genes would multiply and contaminate and the national body. (Markel and Stern 1999: 1328)

Disability collided with race as part of increasingly exclusive policies leading to immigration restriction acts, such as the US Immigration Act of 1891 and the Australian Immigration Restriction Act of 1901. Disability became the rationale for eugenic policies that were destined to become the mechanisms whereby different races and religious and cultural groups were to be excluded from the immigration process or bred out if they were indigenous peoples. Mitchell and Snyder argue that, “disability and race (are) a mutual project of human exclusion based upon scientific management systems successfully developed with modernity” (Mitchell and Snyder 2003: 844)

Race has been used to signify biological inferiority, yet scholars of race and ethnicity have failed to connect these concepts with that of disability. Instead they create a dichotomy (race/disability) in which race has been critiqued as an irrational category, unjustly maligning those to whom the label is attached with its implications of biological inferiority. Yet disability has been left uncritically to survive with similar pejorative overtones. Writing on the eugenics projects that spanned North America and Europe from the end of the 18th Century until the conclusion of the Second World War, Mitchell and Snyder describe the situation thus “...our current theories of racial eugenics exclusively reference race as the social locus of ascribed insufficiency, while leaving disability as the default category of ‘real’ human incapacity (Mitchell and Snyder 2003: 851)

## Gender - race and disability

Contemporary writing on gender has identified the necessity of dealing with both complex subjectivities, and multiple layered social structures. Race is necessarily both a gendered and an embodied concept. (hooks 1989), (Pettman 1992), (Lewis 2000), (Essed, Goldberg et al. 2005). Race and disability both speak to physical and cultural reproduction; they both speak to individual identity and social participation in a gendered world. Women are viewed as

biological reproducers of the race, and carriers of the domestic culture of the society.

Thus the violation of women in war can serve as an act of domination over a race. Sexual exploitation in racially hierarchical societies remains commonplace. Gender roles are embedded in racialisation of societies. In settler societies, the invading males often “took” the indigenous women in order to establish their hegemony over the space they had entered. In the process the domination of the indigenous peoples often resulted in the cultural feminisation of the conquered males, and their forced subordination to settler power.

Settler societies often evinced discordant values and policies in this regard. Miscegenation could be criminalized, wherein racial policies often focussed on controlling sexual and family relations - eg as in the US south and South African. Yet at the same time illicit relations, made more oppressive by their illegality, continued to flourish. In Australia, state control of Aboriginal reserves and the separation of ‘half-caste’ children from their indigenous mothers, was widespread. Race can really only be understood as part of a gendered social order.

Disability is also a gendered concept. People with impairments operate in worlds where gendered roles apply, and gendered expectations abound. However disability modifies the way in which gender may be read, and affects life opportunities. (Meekosha 1998, Meekosha in press) Disabled women have their sexuality and their reproductive rights interrogated, and their fitness to reproduce put in question (Dowse and Frohmader 2001) Disabled men similarly face questioning of their masculinity, and often experience constraints imposed on their wider social participation (Shuttleworth 2001).

Disability, gender and race become intertwined in patterns of dominance and subordination. Thus when the sexual division of labour and the racial division of labour overlap, issues of disability are also present. Racial domination relegates the ‘other’ women to low paid or unpaid domestic labour and menial factory work. Similarly the experience of disabled women in employment is also one of low pay and menial work as in sheltered workshops and institutions.

## Race and colonialism in Australia

The history of European invasion and settlement in Australia contains a sustained search for rationales for Indigenous dispossession. With the rise in the mid-nineteenth century of Social Darwinism, the earlier beliefs that the land belonged to no one - was *terra nullius* - were amplified by the imposition of a hierarchy of racial power, dominated by a white northwestern European

capstone. Indigenous people were perceived as lesser - impaired - beings, and the social and political reactions to them sought to disable them (render them ever more incapable of resistance and force their sustained acquiescence), thereby increasing the power of the invading peoples (Hollinsworth 1998) 87-94

In Australia, race is usually taken as synonymous with indigeneity and used in the context of lack of social, cultural, economic and political power. Race may also be used in Australia to refer to non-Anglo peoples from non-Caucasian genetic stock - thus the Chinese were banned from immigration to Australia because it was argued, they were detrimental to the political economy (undercutting wages and employment standards) but also because of their bio-social impairments - they were incapable of understanding ideas of equality and democracy. Similarly, the Islander peoples brought into northern Australia as indentured labourers, were expelled after 1902, not simply because they threatened white employment, but because they were lesser breeds whose very presence would erode the possibility of democratic society (Hollinsworth 1998: 94-109). We see in these policies the belief that race was in and of itself impairment, a bio-cultural condition that rendered people unfit for white society. As though their very presence represented a disease, people of colour had to be leached from the society.

Australia was taken by force of arms and settled as a British colony, in the late 18<sup>th</sup> and 19<sup>th</sup> centuries. Australia's past is a history of genocide of the indigenous population. In order to 'smooth the pillow of a dying race' children of 'white' fathers were removed from their families. This removal aimed to breed out the 'blackness' in a eugenicist policy (Haebich 2000) (Anderson 2002).<sup>2</sup> It was expected that together with illnesses and diseases such as tuberculosis, small pox and influenza, the containment of the remaining communities in secure detention camps would eventually lead to the gradual disappearance of the indigenous peoples (McGregor 1997). Such containment would also ensure that the inferior diseased races would not contaminate the settler communities. These concentration camps for surviving individuals were also often consciously planned to destroy communal cultures through mixing the fragmented remnants of language groups in places where they could only inter-communicate in simple pidgin.

Indigenous people were 'protected' under surveillance and control by Church and government but more harm was suffered as a result of this protection [Hollinsworth: 109-162]. Throughout the twentieth century indigenous Australians existed in a limbo - a small minority admitted into white society, the vast majority restricted to spaces controlled by white power. The overall

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<sup>2</sup> It was not until 1967, after decades of political struggle by communities, that a national referendum of non-Indigenous Australians accepted Aborigines as part of the broad system of rights available to citizens. However their political place in Australia remains an issue of continuing political debate, especially after legal victories in the 1990s validated Aboriginal claims to native title over land - an outcome resisted by many non-indigenous landowners, and the national government (Behrendt 2003.)

quality of health declined generation by generation in Aboriginal communities, with high rates of infant mortality, short life expectation and chronic illness characterising the communities.

## Disability and Impairment in Australian race and ethnic relations

(immigration countries) have had to put considerable intellectual resources into the development of ideologies, law, and policies concerned with colonisation, genocide, dispossession, immigration, race relations and ethnic affairs (Castles 1987:2)

Disability and impairment are critical dimension in race and ethnic relations in Australia. In settler societies, such as Australia, the ideological and material importance, of breeding a 'fit' nation that will reproduce itself and be competitive in a global context has been a major concern of the state and the economic system. An efficient and functioning workforce, as well as systems of social reproduction of the dominant values, is seen as of paramount concern. Disability confronts this agenda - and has generated repeated interventions by government over generations.

In a multicultural society, cultural definitions of disability abound. Ethnic and indigenous communities may carry their own cultural interpretations of causation and response - and may enter environments that induce impairments and intensify disability, for which these cultural forms may offer greater or lesser explanatory and survival resources.

Indigenous communities - urban, rural and remote, and homeland, experience diverse economic and environmental conditions. These conditions can contribute to impairments - from long term problems caused by atomic bomb testing in desert areas to chronic problems from asbestos mining. Cramped conditions allow disease to spread easily causing impairments of eyesight and hearing. Responses may be culturally distorted - both on the part of the communities (how does one explain birth deformities decades after unknowing exposure to radiation?) and by the authorities (how do they deal with such consequences?) (Goodall 1992) Human services responses are mediated by cultural suppositions, ways of acting and stereotype. Intercultural communication on sensitive issues can be confusing, and lead to ongoing misunderstanding and mistrust.

Cultural dislocation itself can create impairments, particularly among people who have experienced severe trauma - as have the majority of Australia's refugees in addition to the indigenous member of the community. Immigrants

may find themselves channelled into occupations with high levels of industrial injury or illness. Disabling processes can be intensified through racism, cultural isolation, marginalisation, discrimination and exclusion.

How do these processes of impairment creation become realised as disabilities in a gendered and racialised society?

## Indigenous Australia and disability

The process of colonisation itself is a disabling experience for the survivors in the invasion. Western diseases and foods caused major death and illness in indigenous groups. As a result there has been a systemic weakening of populations over generations with the result that large numbers of indigenous population have impairments that have become a way of life. For example it is estimated that 50% of Aboriginal and Torres Strait Islander school children have a hearing loss that will affect their schooling. This compares with 5% of non - Indigenous children. (UsMob 2005) Chronic health conditions permeate Indigenous population including diabetes, trachoma, deafness, kidney disease, impaired immune systems, and brain damage resulting from substance abuse and drug and alcohol addiction. Disabling social dimensions include loss of land, loss of identity, lack of meaningful work.<sup>3</sup>

The concept of disability is problematic when applied to indigenous peoples. Ariotti argues that most probably people with impairments were treated no differently from other members of the community prior to colonisation, though communities would have had various ritual practices to normalise people with impairments. Five explanations of causation of impairment and disability exist among the Anangu people of north western South Australia - environmental causes, spiritual beings, supernatural causes, natural causes and Piranpa (white person) causes have been documented (Ariotti, 1997 quoted in (Burns and Thomson 2003))

There are major, sometimes competing, indigenous cultural interpretations of the category of disability - foregrounding the political implications for them of such labelling. Firstly that the category of disability is another attempt to erode community solidarity and cultural identity. Disability was introduced by white people to stress the individual nature of the human subject, rather than

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<sup>3</sup> Life expectations very much lower than for other Australians on average twenty years lower than non indigenous Australians and this gap has increased over the period 1997-2001. This compares with the life expectancy gap between indigenous and non-indigenous in the USA and New Zealand, of between 5-7 years. About 45% of deaths among Indigenous males, and 34% of deaths among Indigenous females, occur before age 45. The corresponding proportions for other Australian males and females were 10% and 6%, respectively. Most Indigenous males (76%) and Indigenous females (65%) die before age 65. The reverse is true for other Australians: most males and females (73% and 84%) live beyond age 65. (Ring and Brown 2002). These deplorable differences continue through areas of infant mortality, low birth weight, death from preventable conditions and chronic disease. ([http://www.antar.org.au/health/health\\_stats.html#3](http://www.antar.org.au/health/health_stats.html#3))

their group relationships. Thus ability is an individual concept not a communal one. Secondly, when disability is used it should include chronic illness and addictions - such as diabetes, kidney disease, and drug addiction - as chronic conditions are disabling in environments with poor health care and widespread deprivation. Thirdly, loss of land, loss of children and lowered self-esteem as a result of the former should be seen as disabling conditions. (Burns and Thomson 2003: 469.)

Many Indigenous children with impairments were removed from communities to white institutions. These children were then a source of white constructions of Indigenous disability, where the physical impairments were the focus of professional attention, but it could be argued that the removal from family and land were significant causes of the subsequent disability the children experienced. The long-term psychological disability that the process of removal more widely has caused has been the focus of Human Rights Commission inquiries, and court cases by survivors against the government (as yet unsuccessful). (Human Rights and Equal Opportunity Commission 1997.)

The extent and range of impairment in the many Indigenous communities would require a separate study - and one that has yet to be fully undertaken. However examinations of health issues reveal that many chronic health and illness scenarios might better be understood as impairments in disability relationships. A short listing of some of these impairments indicates what might be involved - and points out the genetic, social, environmental, and industrial factors contributing to the disabling environment many Indigenous people experience. Deafness, blindness and trachoma foetal alcohol syndrome, brain damage from petrol sniffing, diabetes, substance abuse, mobility impairment, mental health issues (social and emotional wellbeing), renal failure, work based disability (musculoskeletal problems), prenatal, perinatal and postnatal risk conditions are but some of the major conditions currently facing the indigenous communities. Social and economic disadvantage can play a part in all of the above conditions. For example, poor housing and unemployment may be associated with mental health issues. Alcohol, drug and tobacco misuse are similarly linked to disadvantage and poverty. They in turn lead to low birth weight and pre natal, peri natal and post natal problems.

## Migrant selection and settlement

Australia is a multicultural settler society, with about 25% of the population being born in a non-English speaking country or to parents who were born in a non-English speaking country. The term multicultural, first used in Canada, came into prominence in the 1970s. Australia then developed a reputation as a country with a harmonious, but culturally diverse, population where immigrants had a right to display and continue with their cultural heritage and had equality

of opportunity. However a number of factors led to the emergence of neo fascist groups such as Pauline Hanson's One Nation Party in the late 1990s. One Nation ran a platform of reducing Australia's ethnic diversity and moving back to a monocultural Australia, an agenda largely taken up by the conservative government of Prime Minister John Howard (Markus 2001).

Racism towards ethnic minorities has been a fundamental part of social fabric of Australia. The history of immigration is one of seeking to restrict immigrants to suitable categories and classes of people. The Immigration Restriction Act (1901), which heralded the introduction of the White Australia Policy, was introduced to control entry in Australia. Restricted persons were defined in terms of 'race', criminal status and disability. Non-desirable immigrants were asked on arrival to "to write out at dictation and sign in the presence of the officer a passage of fifty words in length in an European language directed by the officer". These texts were actually devices to exclude - so that a Sri Lankan might be quizzed in French, or an Egyptian in German (Jayasuriya 2003, Jupp 2002). From the early days of migration race, criminal status and disability were juxtaposed in the language of exclusion in order to safeguard the vision of a white able-bodied Australia.<sup>4</sup>

Towards the end of the 20<sup>th</sup> century, issues of migrant and refugee intake emerged as a divisive issue under the leadership of a neo-conservative government. Australia's hardline and punitive policies, especially towards refugees, were under attack internationally. Rising hysteria towards asylum seekers and refugees is exemplified by the connection between asylum seekers and 'terrorists' made by the Minister for Immigration in 1999 (Crock and Saul 2002:1)<sup>5</sup>

Currently, the Disability Discrimination Act 1992 allows the Immigration Department to exclude disabled people from coming to Australia, and the Australian Government's maintained that position in submissions to the UN Draft Convention on the rights of people with disabilities. The most dramatic occasion concerned Shahrzad Kayani, a refugee granted immigrant status, whose daughter with cerebral palsy was refused entry on health grounds; in frustration he set himself on fire at the door of Parliament House, and died

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<sup>4</sup> Prohibition was extended to

- (b) any person likely in the opinion of the Minister or of an officer to become a charge upon the public or upon any public or charitable institution ;
- (c) any idiot or insane person ;
- (d) any person suffering from an infectious or contagious disease of a loathsome or dangerous character"

quoted in (Jakubowicz In Press)

<sup>5</sup> One of the major arguments of the neo-liberal and conservative groups concerned economic dependency of migrants, especially those migrants brought in under the Family Reunion and those who arrived under the Humanitarian program. This underlying theme of capacity to be economically productive recurs time and again in debates around commitment and loyalty to Australia. This theme is also played out in the disability arena.

soon thereafter. The government maintained its ban on his daughter's immigration, though her mother, his widow, was accepted.

## Ethnic Australia and disability

As a colonial settler society, Australia has been an immigrant society from the outset. While the nineteenth century drew in peoples from Europe, the Pacific, the Americas and Asia to the colonies, with Federation in 1901 immigration policy focussed on building a White Australia. White Australia was also supposed to be an able-bodied Australia - and Immigration policy, as indicated above, restricted the entry of people with impairments. Thus ethnic Australia today reveals patterns of impairment that reflect this history - exclusion of people identified as impaired, alongside the generation of specific impairments within Australia formed by the class and environmental experience of different immigrant communities. However, the prevalence of disability varies and may be affected by age with the highest rates among those born in UK, Ireland and New Zealand and the lowest rates among those born in South East, North East, Southern and Central Asia (Bradbury, Norris et al. 2001:11).

The demand for labour has been a continuing feature of the building of an Australian nation. The largest intake was post Second World War and immigrant males filled the unskilled labour demand in the manufacturing, construction and steel and mining industries. These heavy industries have had a high incidence of industrial injuries and impairments and migrants have experienced the impact of unsafe practices. We now have a situation where middle-aged immigrant males are being targeted as unacceptable recipients of the Disability Support Pension and forced to look for work (Meekosha and Dowse 2002).

Stereotypes of malingering have long been associated with immigrant workers - labels such as 'Mediterranean Back' being used as terms of racist and ablest abuse. Immigrant women on the other hand working in clothing sweatshops and white good industries have been susceptible to overuse injuries and subsequent impairment and have been stereotyped as 'hysterics'. (Meekosha and Jakubowicz 1991) The work patterns of immigrants have not been so much a result of their capacity and/or qualification for the job but rather have been a result of the demands of the labour market and the vagaries of the immigration program.

There are high rates of mental illness in some groups due to torture and trauma. Torture and trauma may have resulted from the detainees' prior experience causing them to flee repressive regimes such as those in Iraq and Afghanistan, or the trauma can result from detention and rejection by Australian authorities. In Australia, allegations of attempted suicide, self-harm, abuse of children, chemical sedation, and mass disturbances are frequent in

government detention centres. Cases of depression and self-harm officially diagnosed in detention but have been left untreated for years.

The false imprisonment of Cornelia Rau, an Australian citizen with a mental illness, in an immigration detention centre raises questions beyond treatment of mentally ill people and/or the treatment of refugees. The case of a mentally ill Australian citizen, Vivian Alvarez, disabled in a car accident, was deported to a Hospice for the Dying in the Philippines, suggests race, gender and disability together can be a very potent locus for extreme exclusion. These cases go to the heart of the rights of citizenship and who is deemed to be part of the nation. Here again, gender, race and disability collide in an abuse of human rights and the politics of recognition.

Given the diversity of the origins of Australia's population a variety of genetic disorders linked to ethnicity exist, the best known being thalassemia. Community organizations exist to advocate on the behalf of some groups, though in general specific disability in ethnic communities is not well identified or resourced.<sup>6</sup>

While research is limited, there are some key disability questions confronting ethnic communities in Australia:

- What are the particular conditions that create impairments and intensify disability in the ethnic communities of Australia?
- How to provide information in a culturally diverse community?
- How to communicate with a person from a certain culture with a particular disability?
- How to understand and make sense of disability within a cultural context, or how to make sense of culture within a particular disability context?

There is clear evidence that gender differences are critical in responding to these questions, as women's roles as carers, workers, and people with impairments remain complex and not well understood.

## Gendering the intersection

Gender is often understood to refer to the cultural interpretation of sexed bodies, embedded in the whole apparatus of a society's roles and norms.

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<sup>6</sup> One of the major lobby groups, and a provider of community based interventions on ethnic disability, the Multicultural Disability Advocacy Association of NSW has argued that ethnic groups are significantly disadvantaged in terms of access to disability services, "At the beginning of the new millennium and after 30 years of multicultural policies and programs, the access rate to disability services for people from a non-English speaking background in NSW is still at least 4 times lower than their numbers in the community. While the causes are manifold, the responses over the past decade have been piecemeal at best and had a negative impact at worst." (Babel in Procter 2004: 3)

Gendered analysis of disability has been particularly valuable in demonstrating the web of social and biological factors that disable people, not just women. Disabled people have often been represented as without gender, as asexual creatures, as freaks of nature, monstrous, the “Other” to the social norm. (Pointon and Davies 1997) (Thomson 1996) In this way it may be assumed that for disabled people gender has little bearing. Yet the image of disability may be intensified by gender—for women a sense of intensified passivity and helplessness, for men a corrupted masculinity generated by enforced dependence. Moreover, these images have real consequences in terms of education, employment, living arrangements, and personal relationships, victimization and abuse that then in turn reinforce the images in the public sphere. The gendered experience of disability reveals sustained patterns of difference between men and women (Meekosha In Press)

When we gender the intersection between race and disability, we arrive at a complex web of cultural interpretation. Gender, race and impairment have been medically pathologized throughout the 20<sup>th</sup> century. Women’s bodies, racialised bodies and impaired bodies have been rendered anomalous and grotesque. Yet, we know that for racialised groups as well as for disabled people, gender may appear to be of less relevance in the process of ‘othering’, where failure to live up to the white able bodied norm is sufficient grounds for exclusion. Yet, at other times gender is of intense significance in the way that bodies are inscribed with meaning.

The point is not to deny the importance - both material and discursive - of categories but to focus on the process by which they are produced, experienced, reproduced and resisted in everyday life. (McCall 2005)

It is possible to examine many social situations to understand what needs to be done to build an effective analysis - we could take for instance, poverty or violence. In this paper I want to limit the examination to two areas - reproduction and work, as they typify the private/public divide that women are continually required to negotiate. Women are seen as out of control when they reproduce against the wishes of the dominant order - indigenous women and disabled women are both seen as targets for reproductive and fertility control with the use of sterilisation and Depo Provera. Sterilisation of disabled women and girls has been the subject of law reform and a focus for human rights bodies in UK, Canada and Australia. (Jones and Basser Marks 1997). Neither indigeneity nor impairment provides a medical reason for such interventions - the reproductive capacity of disabled and indigenous women is seen as ‘dangerous fertility’, essentially a question of social power. The overall fertility patterns of indigenous communities are much higher than for the non-indigenous community and the fertility of young Indigenous women, especially teenagers, remains very high.

During the population boom in the Australian economy post-war, the labour

market was structured to exclude Indigenous people and disabled people, focussing on healthy Caucasian and Asian locally born and immigrants. While a hierarchy of rewards tendered to mirror the race/class power structure, the employment sector was also heavily gendered, with most women more poorly paid and working in industries where most other workers were also women.

People with impairments were more heavily disabled due to these patterns of exclusion, a situation markedly worse for women. However in recent years the rhetoric of government responses to these issues has changed. In the face of two significant trends - an ageing population with a falling proportion of taxpayers, and a rising roll of people on the disability support pension, the emphasis has shifted to pushing people with impairments into the labour market.

One critical move taken in the May 2005 Australian Budget was to reduce the benchmark for disability support from capacity to work 30 hours per week, to a capacity to work 15 hours. Anyone over this figure would be moved into the severe environment of income support - with its intensive surveillance and systematic demands for active job search. For women and people of colour with impairments, who have to negotiate structures of sexism and racism to secure employment, these new constraints sharply focus the options - exploitation in poorly paid, dangerous and insecure jobs, or the threat of being cast adrift with no income support and a dependence on charitable organizations for survival.

One ironic implication of the new regime affects women as carers - an unpaid role that will have no purchase in an environment where the emotional labour of care has no commercial value. Somehow that work will still have to be done, while the newly targeted trudge the streets looking for work that will likely pay less than their pension. Issues of race, gender, class and disability come together in the new philosophy of 'independence' and economic efficiency, with its language of 're-balancing welfare' and its effect of eroding networks of interdependence and community. Wherever social stratification exists - and it is evident in all complex societies - gender, race and disability are mutually inflected, and carried in the broader class structure. No one dimension takes precedence in this array - rather the interwoven social relationships that people experience and manage are held by multiple dualities - enabled/disabled; male/female; age privileged/age oppressed; culturally powerful/culturally powerless; visibly majority/visibly minority. These conceptual dualities in practice generate seamless webs of difference, and relative power. The situations call up specific power resources, or disable those with fewer resources. Where multiple dimensions of power are enabling, the scope for action is wide and the outcomes more positive; where the dimensions are limiting and multiply reinforced, the outcomes are highly constrained.

## Integrating gender race class and disability as a framework for social analysis

Social analysis and action for social change are challenged to integrate the various factors that contribute to a disabling society and to suggest directions for moving towards an enabling society. While gender, race, class and disability constitute discrete areas for analysis, they are also inextricable aspects of the foundations of societies and nation states. As this paper has argued, the boundaries between gender, race, class and disability are permeable, especially as the concepts are often used in a derogatory, discriminatory and sometimes interchangeable manner. They are all social constructions of exclusion and processes of naming and classifying who does and who does not constitute a full citizen.

Yet a new framework for analysis should not be reduced to a universalising of experience. This in itself would constitute exclusionary politics. Central to contemporary identity politics is the damage done to minority and/or oppressed groups by lack of recognition [or misrecognition] by the dominant culture:

[O]ur identity is partly shaped by recognition or its absence, often by the misrecognition of others, and so a person or group of people can suffer real damage, real distortion if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves. Nonrecognition or misrecognition can inflict harm, can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being (Taylor, 1992, quoted in Stokes 1997:6)

The concept of Deleuze and Guattari's transversal politics, as expanded by Nira Yuval Davis can be very useful to disability studies. Yuval Davis argues that transversalism

- 1) Is based on dialogical standpoint epistemology
- 2) Follows the principles of encompassment of difference by notions of equality
- 3) Differentiates between positioning, identity and values. (Yuval-Davis 2004)

A dialogical standpoint epistemology requires us to move beyond our boundaries into dialogue with women's groups, ethnic groups, indigenous groups and so on. It calls for different methodologies to be brought to bear. Otherwise our knowledge is only partial. We need to acknowledge our differences, not in a hierarchical way, but by being cognizant of differential social, economic and political power. We need to interrogate the process of boundary making. So, for example, disabled people may have different

positions, identity and values depending on variables such as class, gender, sexuality, religion ,personal politics, stage in the life cycle and so on..

For disability scholars and activists there are a number of practice implications of transversal politics. Firstly as disabled people, we need to be reflective and conscious of our multiple positionings. Secondly advocates for disability rights do not have to be disabled people, although visibility as disabled leaders in the movement is important. In adopting this perspective care needs to be taken that we note the imagining of others' positions is not a fluid and unproblematic path, though empathetic understanding can offer a way forward once the complexity of the parameters framing peoples' lives are recognised.

In Australia the national government has recently agreed to implement a Family Impact statement on all Federal policy proposals, at the behest of the Christian evangelical Family First Party (<http://www.familyfirst.org.au/policy.php>). In the past there have been gender and multicultural impact statements, and even for a time the hope of a disability impact statement. These have now disappeared into history. The 'values debate' has flourished in Australia as in North America (Maddox 2003) The challenge for disability activism is to redraw the values at stake to be inclusive of the questions of equity in relation to the complex of disadvantage that constrains the freedom to realise human potential. For disability studies this means integrating the analytical models of power to address key points of social distress, through including different embodiments and cultural orientations to the world as part of the analytic process, not as occasionally remembered footnotes.

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