

Contextualizing disability: developing southern/ global theory

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Comments and feedback are welcome

Introduction

The purpose of this paper is to attempt to situate disability in a global context. I argue that placing disability in the global context requires an analysis of the power relations between the Global North and the Global South that produce, sustain and profit out of disability. While I have engaged with the epistemologies of the North in doing my own research and writing, it has been evident for me for some time of their limitations. Little is documented about disability in the non-industrialized world. The role of the Global North, which constitutes the metropole, in the production of disability in the periphery is even less discussed. This paper is not simply a critique. It is concerned with doing disability studies better by recognizing the Majority World /Global South and including the 400 million disabled people that live in these regions in our thinking, our practice and our politics.

As the numbers of disabled people in developing and southern countries grow we need a paradigm shift in thinking about disability. We need to understand that the new disability studies has emerged out of the northern metropole and is now being imported/ exported to the southern metropole without reference to the work of southern disability theorists or southern contexts. This is as true about disability studies as it is about theories of globalisation (Connell 2007)

I argue that this process constitutes a form of scholarly colonialism, which needs to be urgently addressed. Disability studies coming out of the north assumes the south. With a few exemptions scholarly work is not located in terms of geography. The metropole is not named. The issues matter: education, employment, care, the theory matters: normalization, social model/medial model, postmodernism, but the *where* does not matter. Only those positioned outside the metropole need to make their geopolitical position clear - eg Children with autism in China ...etc.

Secondly disability studies scholars rarely mention the violence of the Global North. Yet the processes of colonialism, neo-colonialism and post colonialism have resulted in vast numbers of impaired peoples in the global south. Much of control of the South by the North is about economics, about control of resources, about wealthy nations controlling poor nations. Disability is produced in the violence and war that is provoked by the North, either directly or indirectly, in the struggle over the control of minerals, oil and economic resources.

My work has been influenced by historical materialism, critical disability studies, feminism and postcolonial studies. I have also been influenced by Raewyn Connell's book (Southern Theory: The global dynamics of knowledge in social science). But the notion of southern theory is not new. In his article on the southern state Gramsci argued that the "Northern bourgeoisie has

subjugated the South of Italy and the Islands, and reduced them to exploitable colonies” (2006:70)

I was born in the UK of non-Anglo parentage and migrated to Australia in my late twenties. My current situation as a disabled academic is as much about luck as it is about planning. In retrospect it is now clear to me that I was experiencing having symptoms of MS when I applied to migrate. Luckily a drunken Commonwealth of Australia medical officer overlooked these symptoms. Life would have been significantly different if I had been ‘caught’ as under the Migration Act I would have been excluded as a “disabled person”.

Following Ashcroft, Griffiths and Tiffin (1995) what I have been doing in disability studies in recent years is “writing back at the west” from my position in Australia- although perhaps never explicitly. I now seek to understand disability in settler and colonised societies, particularly Australia, not from a European / Northern perspective but from understanding “the political rationalities of colonial power” (Scott 2005: 24).

Disability in the Majority world

Sixty - six percent of disabled people (over 75% if underreporting is taken into account) live in the Majority World (World Bank 2005). Disability and poverty go hand in hand in the Global South/ Majority World. The World Bank estimates that 20% of the world’s poorest are disabled (New Internationalist 2005). These figures are often reported in an attempt to shock the complacency of those who live in more wealthy countries- but they are also part of a discourse which links the south with exotic and unpredictable events like tsunamis and earthquakes and associated images of disability and poverty. We need to ask why disability and poverty are so interrelated in the Global South, who is responsible and who profits? Disability in the Global South is firmly linked to western / northern imperialism, centuries of colonisation and globalisation. As I will elaborate, the idea of racial supremacy and the idealized white male of the northern hemisphere is very much tied to the production of disability in the global south. These are not separate phenomena.

Colonialism paved the way for 20th century globalization that allows the disabling of people in the global south. In the export processing zones and free trade zones of SE Asia working conditions and pay rates remain substantially worse than in the metropole. The link between exploitative work, the majority world and disability is not a totally unknown topic in disability studies. Two decades ago Abberley (1987) discussed work as a site of the production of multiple impairments on a major scale; he was one of the first political economists of disability. He also discussed the deleterious and impairing effects of defective drugs exported to the developing world and outbreaks of polio in developing countries (ibid). We are now witnessing further outbreaks of polio in war torn countries such as Iraq, Kosovo, Angola and Sudan where

immunization has been disrupted (Tangermann et 2000:331)- a disabling disease that has been eradicated from the industrialized nations.

The Northernness of disability theory

Connell suggests that the consequences of the dominance of the northern metropole results in four textual moves (2000: 44)

The Claim of Universality

Connell argues that there is a tendency to talk in universals in social science. “..if it were made explicit, universal relevance would immediately be called in question. Intellectuals in the periphery cannot universalize a locally generated perspective because its specificity is immediately obvious”. (2000: 44) This trend is evident in disability studies. *Disability and Society* in its notes for contributors states “Contributors should bear in mind they are addressing an international audience” yet any random search will demonstrate that if your research is conducted in the metropole there is no need for specific geo-political reference whereas if you are writing from the periphery it is necessary to specify your location... Korea, China, South Africa and so on. Writers from the periphery remain fearful of being questioned - what is the relevance of the Australia/ South African experience. What can we learn from a country so far away?

Anita Ghai critiques the western universalising discourse by arguing that it ‘ignores the harsh realities of disabled peoples lives in countries such as India, which are caught in social and economic marginalization’ (2002:96). She continues by arguing that post colonialism can “destabilize the totalizing tendencies of imported western discourse” (ibid 96)

Reading from the Centre

Contemporary debates in disability studies in the Northern Hemisphere, for example concerning the usefulness of the social model (see for example Shakespeare 2006) ignore the lived experience of disabled people of much of the Global South. Key debates around disability /impairment, independent living, care and human rights remain irrelevant to those whose major goal is survival. We need to ask, for example, whether they have relevance to indigenous peoples living in remote Australia. In many remote communities each house may contain over 20 people, sanitation and water is sporadic, there is no fresh food available, there is no employment and alcoholism, rheumatic heart disease and chronic- otitis media are rife .

Forty per cent of Aboriginal communities are over 250 kilometres from the nearest hospital, most without regular public transport... 20% of Aboriginal children younger than 5 years are underweight, and almost four out of five children have hearing disabilities. In some communities the prevalence of chronic otitis media has been recorded as 50%, more

than 10 times that which the World Health Organization regards as a significant public health problem (Gruen and Yee 2005)

In this context, concepts of disability and impairment seem hopelessly inadequate and the concept of *social suffering* may be more appropriate (Kleinman 1995). Social suffering does not equate with the concept of personal tragedy as critiqued by disability scholars. It can be historically and culturally located and relate to group “burdens, troubles and serious wounds to the body and the spirit” (ibid 101). The concept of social suffering allows the experiences of indigenous peoples of Australia to be read through the dispossessing actions of the Global North, without denying the agency of these peoples.

Scholars do venture into the periphery to conduct research- indeed this is the territory of anthropologists - and they have added substantially to our understanding of the intersections between disability, impairment and culture as well as dispelling myths about disabled people in non Western societies (Reynolds et al 2007, Ingstad & Whyte, 1995, Devlieger, 1995). But in this work we still see “methodological projection” where “data from the periphery are framed by concepts, debates and research strategies from the metropole” (Connell 2007: 380). Rehabilitation programs in developing countries are based on models constructed in Europe or North America and cross-cultural analyses of disability usually depend on the metropole as the frame of reference. Furthermore classifications schemes developed by the UN do not fit situations in developing countries (Ingstad (2001: 772).

As Mark Sherry warns “... many epidemiological studies... have produced reports of disability which are largely inconsistent with the ways in which the populations being studied understand their own experiences” (2007: 17). This is hardly surprising since many of these populations would find the concept of epidemiology totally foreign.

Connell argues that an important example of reading from the centre concerns the progression of time. Early disability theorists have used an historic progression from pre-modern to modern to pre-capitalist to capitalist to explain the emergence of social constructed disability. Finkelstein (quoted in Oliver 1990:26) uses an evolutionary model of 3 stages in the history of disability. Phase 1 corresponds to feudal times; phase 2 corresponds to the process of industrialization and phase 3 to the present day. Gleeson similarly traces the evolution of disabled subject in the transition from feudalism to capitalism and argues that the growth of rural capitalism confronted disabled people with powerfully disabling forces and traces “dependency” on legislation that initiated “parish relief for those physically unable to labour”. (1999:102) While this may be largely true for northern industrialized western societies it cannot be universalized to apply to all societies. In “colonised and settler societies, time involves discontinuities and unintelligible succession” (Connell 2006:45) and cannot be fitted into a neat evolutionary model. In Australia,

indigenous people use dreamtime to refer to the “time before time”, and for them “ the past is still alive and vital today and will remain so into the future” (Australian Museum Online 2008).

3. *Gestures of Exclusion*

Following Connell I argue that disability studies “*almost never* cites non metropolitan thinkers and *almost never* builds on social theory formulated outside the metropole” (Connell 2007: 379). There are exceptions to this rule. Over the decades Miles has steadfastly been critiquing western discourses of disability and documenting the lived experiences of disabled people and the provision of services in Southeast Asia and Africa. Miles argues that much material exists about disabled people in the developing world and his annotated bibliography of 250 articles and books ranging from the mid 1970s to 2006 gives testimony to this claim (Miles 2006). Yet a random check of any mainstream disability studies text from the US or UK in the last decade reveals the veracity of Connell’s claim. In endorsement of this claim, Anita Ghai researching disability in the Indian situation argued that it is essential to conceptualize disability in the Indian context. She argues, “this is not a pedantic requirement...for at root are larger questions about the meaning and nature of disability itself”(2002: 90)

4. *Grand Erasure*

The 5 volume Sage Encyclopedia of Disability neglects to conclude any entries on indigenous peoples and fails to mention imperialistic, militaristic and colonial processes responsible for disabling millions of people across the globe—an example of grand erasure. A more inclusive approach would examine how the metropole acted on the colonies and contributed to the production of disabled people. A number of the Encyclopedia’s entries that look at the experience of disability in the periphery tend to use liberal development models in looking at provision of service and legislation since the International Year of Disabled People (for example see Block and Bieler 2005)

The disability relationships that emerge from the politics of colonialism and neo colonialism constitute a good example of “grand erasure”. Moreover rarely are examples of disabled person’s movements outside the metropole cited. Many writers from the south who use northern theory encounter difficulties of ‘conceptual and theoretical fit’ and confusion of identity. However there remains little choice if we want to publish in mainstream journals.

In addition to Connell’s 4 textual moves, I would argue that there is also a tendency for writers from the South to engage in self-censorship - also a form of colonial oppression. Matshediso (writing on access for disabled students in Higher Education) compares South Africa to the USA and UK and in doing so, notes, “This section is comparative, with the sole aim of highlighting the South African situation. The intention is not to support or to be critical of either the USA or the UK, but to assess the situation in South Africa” (2007: 691.)

The author then attempts to apply the social model into the South African situation and concludes by arguing that it is impossible to follow the path of US/UK in the struggle for disability rights. Two issues emerge from this example. Firstly, an apologetic tone emerges in work from the South fearful that disability studies scholars in the metropole might be offended. Secondly the difficulty of applying western concepts to post-colonial societies particularly is evident, particularly where colonial forms of power still remain entrenched.

For those of us writing from the periphery, an alternative way follows Paolo Freire teachings. Fatnowna and Pickett argue that a “satisfactorily ‘critical’ perspective that does justice to one’s own position... it is necessary firstly to position one’s self (and one’s selves) in all discourse about one’s self (and one’s selves), as *subject(s)* in developing those understandings, not as alienated and marginalized *object(s)* of the discourse of others (2003: 77)

Colonialism.

The meaning of colonisation

Colonisation has come to denote many relationships. Within disability studies the concept of ‘colonisation’ has been used to represent the medical and professional power exerted over disabled people (Hirsch 2000). On the other hand ‘disabling’ is used as a metaphor for negative change that occurred as a result of colonisation in colonial/ postcolonial studies. Scott, for example, argues that colonisation is concerned with “disabling old forms of life by systemically breaking down their conditions” (2005:25) The fundamental business of colonisation involved structural, cultural and economic and political domination usually by peoples from the Northern European metropole over peoples from the South. However it is also important to acknowledge that Western intellectual production reinforces the logic of Western economic expansion (Spivak 1988)

The relationship between, disability, colonialism and Global South are rarely discussed in the literature. Moreover the civil wars and genocide that have swept many post-colonial countries in the 20th and 21st centuries producing mutilation and impairments barely rate a mention in the disability studies literature. There are exceptions. Snyder and Mitchell in their discussion of the Eugenic Atlantic argue colonised peoples in the New World were “ characterised as embodiments of a biological prehistory” (date: 108). Karen Soldatic and Janaka Biyanwila take a southern disabled standpoint when they analyse the December 2004 Tsunami. In looking at how the Southern body is represented in times of natural disasters they argue that the “eurocentric masculine imperialist project situates southern disabled people as a sub species of nature” (2006:2).

Invasion, land dispossession and genocide

The invasion of Australia was deemed legitimate under the rubric of 'terra nullius' (land that belonged to nobody). Unlike other colonial invasions there was no attempt at connection with the established peoples. This sweeping power of terra nullius allowed killings, theft of land, destruction of prior culture and the disabling of Indigenous peoples. Indeed, Australian Aborigines were classed as flora and fauna until 1967. As non-humans they were not considered fit to reproduce and many were forcibly removed and incarcerated in camps. As a doomed race, the most that was expected of the colonial government was "smoothing the dying pillow". (Bringing them Home - The Report, 1997). Disabling the indigenous population was then, as now, specifically related to colonial power. Without wishing to lapse into relativities, in this context the process of disabling has to be seen as a total dehumanizing process and must include the destruction of physical, the emotional, psychic, economic and cultural life.

Appropriation of the land of indigenous peoples was and still is a particularly important part of the disabling process. In Brazil, the impact of colonial consolidation of land into large plantations dominated by single crops destroyed the previous diverse and sustainable way of life and reduced the population to a "humbling set of economic and psychosocial dependencies on their essentially feudal landlords"(Scheper-Hughes 1992:32). These dependencies were disabling and one of the keys to understanding the complexities of the disabling process may well be to understand the nature of enforced dependency. Thus the western differentiation between chronic illness, impairment and disability cannot usefully explain the lived experiences of indigenous peoples. Devlieger reports that "disability as a category of discourse is foreign to sub-Saharan Africa thought" (2005: 693). To analyse the experience of disabled people in the context of the establishment of a new social order of exiled and colonised people ruled over by the British, French or Spanish bourgeoisie requires a different set of methodologies and frameworks from those formulated in the Northern metropole.

Race and/or disability/and/or gender

Race and disability in the Global South are fluid concepts. This has been the case both in colonial and contemporary times. The idea of racial and gender supremacy of the northern hemisphere is very much tied to the production of disability in the global south. So can we meaningfully separate the racialised subaltern from the disabled subaltern in the process of colonisation? 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 & Snyder 2003:844). Parekh discusses fluidity of subaltern identities in the Indian context - transgender, intersex, low caste and

disabled people all interact and argues that there are solidarities and competitions between marginalised groups (2007:154).

How disability was constructed in colonial times is poorly understood and under researched. Both disabled and racialized individuals were institutionalized to contain resistance and prevent “polluting” the wider population. I contend that these categories do more than simply intersect. All convey subaltern status. Removal of children from family and community has for centuries been justified on the basis of disability, as has removal of children on the basis of race and gender. The colonial authorities, with assistance from missionaries, established institutions to contain and control the colonised that were often viewed as dissident and abnormal. The removal of indigenous children in Australia was an attempt to normalize them into European ways and this paralleled the establishment of early institutions for disabled people and ‘wayward’ girls. Race, gender and disability collide in this harsh treatment of many children - removed from families and communities to endure harsh treatment, discipline and retraining for servile low status jobs. In India the beginning of institutionalization of disabled people also began with the British. The promotion of custody rather than care was an attempt to break traditional culture (Bhambhani, 2005:668). Similar initiatives were developed in colonial Africa (Devlieger 2005:694).

The working poor, the working disabled and conditions in the colonies

Like confinement, the practice of exiling undesirable members of a population has a long and heterogeneous history (Redfield 2005:55).

In examining that new social order in penal colonies we need to address the issue of who was transported - the criminal classes, the poor, petty thieves and homeless, but also people with mental illnesses and developmental/ cognitive impairments. Moreover, the violence of colonisation inevitably produced impaired beings as a result of the hard life in the colonies. While for indigenous peoples colonisation was catastrophic, for many of those transported or who arrived as free settlers it was not much better.

The same applies to institutionalisation - perhaps more correctly internment. Brendan Gleeson (1999) has examined the social space of disabled people in work on colonial Melbourne in the late 19th Century- that of the institutions, the workplace and the home. In the workplace he found records of “slow”, “unsteady” and a young boy with a “paralyzed hand” which were not tolerated. Those unable to work were confined to the poorhouse and the asylum where conditions were wretched. (1999:114). Street vagrants , described as “cripples” were sent to the gaol. Others became street traders living a liminal life between the shadows of homelessness and cheap boarding houses. Women living on the street hawked themselves and their wares. Swain,

quoted in Gleeson, tells the story of Ada a partially blind single mother and notes that she “was not atypical, for many similar girls were also physically or mentally handicapped and quite alone in the city” (Gleeson 1999: 123).

Colonisation also brought with it the legitimacy of the ‘disabled beggar’ still to be seen on the streets of cities in the Global South. In the mid 19th century the British system of charity was exported to the colony that brought it a particular set of problems. Disabled people in the colony represented a moral threat. The colonial project sought Christian redemption not only of the indigenous peoples, but also those transported in order to build of a new social order without the problems of the Old World.

Power and Control - the exporting of ideology

Eugenics

Colonisation brought along ideologies and influences from the Old World. Much has been written on the influence of eugenics in the US and the UK. Less acknowledged is the influence of metropolitan thinking on the periphery in this regard. The eugenics movement in New Zealand was historically linked to England and the ideas of eugenics imported with the publication in 1903 of Chapple’s *Fertility of the Unfit*. The text argued that - crime and destitution resulted from defective stock. A society was established in NZ replicating the London Eugenics Education society. This led to *Inquiry into Mental Defective and Sexual Offenders* - set up a Eugenics Board for registering people deemed defective. The first institutional care set up in 1929 (Vickery in Albrecht,vi). In Australia, Fox et al (1996) document the history of intellectual disability in Western Australia where ideas of eugenics were pervasive. People with intellectual disabilities were committed to asylums and institution from the beginning of the 19th century in Australia.

Institutions

The establishment of penal institutions in the colonies gave way to institutions for the “mentally defective” or disabled people. They were also confined in the hulks of merchant ships - a practice copied from England (Cocks 1998: 18). The particular development of the colonial state allowed for the institutionalization of disabled people. For example after the Gold Rush many types of institutions were built to keep the population employed. Rural towns that are dying still lobby government to place institutions such as goals in their towns. A reassessment of colonial society in the 1850s and 1860 brought demands for economic and social self development included the abolition of transportation and reformation of the institutions and with the introduction of ‘moral therapy’ (Garton 1988:20-22) These early attempts to break the connection between the criminal justice system and the committal of the insane continue to this day. Today in Australia Aboriginal population have excessively high imprisonment rates - the highest per capita in the world (Fatnowna and Pickett 2003: 67). Similarly the rates of people with intellectual disabilities in Australia are severely high although data collection is poor.

Building the new social order: Immigration restrictions -

Restrictions of immigration from colonial times bring together the collision of race and disability most sharply. In New Zealand, the 1882 Imbecile Passengers' Act (1882) required a bond from ship's captain who brought into NZ anyone who was deemed to be a lunatic or who would become a burden requiring charitable aid'. In New Zealand, the Immigration Act (1899) prohibited any immigrant that was seen to be an idiot or suffering from a disease to enter the country.

The Immigration Restriction Act was passed by the new Commonwealth of Australia Parliament in 1901, and given Royal Assent in December 1901. The Act was aimed to control the entry of unwanted people, who were defined in terms of 'race', criminal status and certain forms of disability. The Act emerged from a mix of British imperial worldviews and the developing eugenicist ideologies to 'purify' the White race. The Act gave power to Customs officials to decide whether or not they would 'test' the European credentials of prospective entrants, through the application of a dictation test. A person became 'prohibited' if "when asked to do so by an officer fails 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". This approach was derived from the Natal Act of 1897, developed in South Africa to control entry by non-Europeans. More recently the Disability Discrimination Act (1992) allows the Immigration Department to exclude disabled people from coming to Australia on the basis of health costs

Postcolonial theorizing and disability

Postcolonial theorizing has come to radically change social theorizing so that questions of impact of colonialism are routinely asked in social sciences and the humanities. But while the colonial/post colonial subject may be gendered and radicalized, it is not disabled. Othering (a term popularized by Spivak and Said) has come to mean the process of defining the nation by excluding the racially or gendered othered. But many others whose bodies and minds did not fit into the newly formed nation remain unmentioned, constituting serious gap in postcolonial scholarship and disability studies. Postcolonial literature deals with the resistance by the colonized - fighting back and writing back, but little has emerged about the anti colonial politics of disabled people.

Maybe the horrors of invasions: such as torture, rape and mutilations are so great that disability scholars avoiding discussion of what happened to those who survived. Maybe it is too confronting for to deal with the disabling of people in the Global South because in trying to claim the positives of a disability identity it becomes difficult to acknowledge the overwhelming disabling processes in the Global South as a result of colonisation, war, famine,

and poverty. Thus there exists an intellectual and political tension between pride, celebration and prevention. Furthermore the disabled people in the colonies have yet to “write back” to the west in any substantial way.

The experiences in the Global South suggest the concept of human suffering (Kleinman et al 1997) may be a useful way forward. In Australia, the Aboriginal community use concepts of reconciliation and healing to assist in dealing the major traumatic experiences of invasion and colonisation. Yet disability studies have failed to provide conceptual frameworks and paradigms for both understanding these disabling and distressing events that have occurred on large and communal scale. We have the tools to understand the collective experience of oppression in western industrialised nations, so we need to develop frameworks to understand the collective sufferings of the Majority world’s disabled peoples.

Colonialism was not only an economic process, but also one of imposing Eurocentric and westcentric knowledge on the colonised. So post colonialism has some resonance for disability studies and helps explain the dominance of perspectives from the metropole. Post colonial has also led us to understand how colonial projects were concerned with rearranging social relations - so that traditional ways of supporting impaired people would be undermined - the kinship, family and community systems. Mark Sherry argues that post colonialism has the potential to challenging ethnocentric foundations of disability studies (Sherry 2007). It also clearly allows a space for colonised peoples to reclaim their agency and subjectivity and it allows for multiple discourses to emerge.

Post colonial perspectives demand that the historical specificity in the colonial situation involves recognizing that an indigenous population existed and was brutally treated. But postcolonial theory has limited applicability disability studies - it is used predominantly by literature and humanities scholars, not by social and political scientists and has been supplanted to some extent by theories of globalisation

Globalisation and Neo colonialism

Production of disability

Acquisition of new lands constituted a major *raison d’être* for colonialism. These lands were to prove very useful in the mid 20th century as testing grounds for nuclear weapons. Fall out from testing mainly by the US, the British and the French has proved disastrous for many indigenous peoples of the south and living in Oceania. In Australia, Yami Lester protestor lost his sight through exposure to the British testing of atomic bombs at Maralinga in the 1950’s. He is now a prominent Aboriginal leader, an anti nuclear campaigner and a disability activist.

While still a young boy, he was blinded by a "black mist" from the south. After the mist passed, his family's camp experienced sudden deaths, outbreaks of skin rashes, vomiting, diarrhoea and temporary and permanent blindness. It is generally accepted that this black mist was fallout from British nuclear tests at Maralinga and Emu Junction which were taking place at that time - (Yami Lester Wikipedia)

Uranium mining and radioactive dumps on traditional Aboriginal Land have similarly had deleterious affects on water supply, which becomes contaminated, and land, which becomes unusable. Environmental activists and Aboriginal activists have joined forces and have for many years campaigned against the expansion of uranium mining and the practices of dumping contaminated water on Aboriginal land.

Nuclear testing did not just affect Aboriginal communities in remote Australia. In March 1954 the United States exploded a 15-megaton bomb on Bikini Atoll. People on some nearby Marshall Islands received a tragically high dose of radioactivity, with tragically clear results: thyroid disease and cancers, for which the United States belatedly paid compensation. Between 1966 and 1974, France exploded 41 atmospheric tests in French Polynesia (James 1995).

The exporting of pollution including air pollution, water pollution, ground pollution and dumping of radioactive waste constitutes yet another example of the rich/ poor country, north/south relationship. The receiving countries have been termed 'pollution havens'. In 2007 it was estimated that " about 70 percent of the 20-50 million tons of electronic waste produced globally each year is dumped in China with most of the rest going to India and poor African nations"(Bodeen 2007). Recent TV coverage in Australia suggested that China is no longer the major dumping ground and exposed electronic waste being dumped in the slums of cities in Ghana. The computers were clearly labelled as having once belonging to London tertiary education establishments. Children living amongst this e-waste earn a meagre living by setting fire to the computers in order to release the valuable copper fragments. This process releases toxic fumes, in particular, large amounts of lead.

War and civil strife

Some military leaders may find it more advantageous to wound rather than to kill enemy personnel, military or civilian, since the opponents must then consume valuable resources to take care of their wounded. The vast majority of the weapons being used today are antipersonnel weapons (Sidel 1995: 1677)

War remains a major cause of disability worldwide. "More than 85% of the major conflicts since the second world war have been in poor countries"

(Southall, 2002: 1457). These include the imperialist wars of the US and its allies - most recently in Afghanistan and Iraq, but also the post colonial civil wars that have emerged in Africa, Latin American and with the break up of the old Soviet Union. At the same time 80% of disabled people live in non-industrialized countries reminding us of the catastrophic events that have taken place in places such as Liberia, Somalia, Rwanda, the Congo, Kosovo, Cambodia, Chile, Guatemala. Figures from UNICEF suggest that more than 6 million children were injured or disabled between 1986 and 1996 (ibid 1459) yet war and civil strife remain outside the purview of disability studies. Clearly we must be careful not to place the blame entirely on the Global North - this would be to deny agency of peoples in the Global South and to deny the political realities of despots, dictators and ruling elites in these countries.

Arms trade-

The increasing militarisation of the globe demands attention by disability studies. The growth of the arms trade has a direct relationship to the increasing numbers of disabled people in the Global South. In looking at the political economy of disability we need examine the international Arms Trade. Most weapons are manufactured in the metropole and sold to countries in the periphery. Leading suppliers of arms are the US and the UK with China and Russia also becoming major players. In 2006, the 5 out of the top 8 international arms companies were from the US (Schofield 2008) .The Arms Trade is increasingly relevant to us as academics and scholars. The British based Campaign Against Arms trade recently revealed that Oxford Colleges own £5 m of shares in arms companies and another 45 British universities were also involved (including Lancaster) (<http://www.caat.org.uk/>). While figures from the US wars are relatively easy to obtain - 500 amputees the beginning of 2007 from the Iraq war we know very little about numbers of Iraqi people disabled as a either soldiers or civilians. We also know that some industrialised countries have in the past given 'aid' in the form of weaponry.

'New' sweatshops

The plight of garment and shoe industry workers been well documented by global activists such as Naomi Klein, the magazine Adbusters, NGOs such as Oxfam and War on Want. Currently Tesco and Primark are under scrutiny in the UK for their labour practices in India and Bangladesh. The average sweatshop worker lasts just 5 years in a garment factory before forced to retire because of injuries. The factory managers consider these workers disposable—there is always a younger girl to take an injured worker's place. Hazardous working conditions where chemicals, dust, and unsafe machines are present lead to accidents and injuries. Research into the new sweatshops of SE ASIA and Latin America have documented muscular-skeletal disorders, eyesight injuries, stress and fatigue, skin complaints and reproductive hazards. Sweatshops in Indonesia, Bangladesh, Thailand, China, Burma, Peru all offer cheaper wages, little or no trade unions protection, poorer and health protection. Disability

scholars rarely venture into this territory - leaving these issues to scholars in feminism and international development.

An emerging source of concern is E sweatshops where the workers are involved in data processing, telephone sales and so on. Workers in the electronic sweatshops of India report digestive diseases, hair loss, back pain and stress. The rise of digitising projects being undertaken in sweatshops in countries such as Barbados, India and Mexico affects those of us who work in education. In Cambodia disabled people are being hired as data entry workers by companies subcontracted by Harvard University (Farrell and Olsen 2001) As well as universities increasingly seeking to use cheap southern labour to digitise their data, commercial archiving businesses such as ProQuest are following suit. Rebecca Dingo, in an analysis of the World Bank development projects and policies, argues that the Bank depends on representations of 'third-world "backwardness" and "the disabled" victimhood' (2007:95) and by bringing disabled people into economic mainstream life makes them "controllable, organized, comprehensible, and ultimately safe" (ibid 96).

The global disability marketplace

Albrecht and Bury's examination of the political economy of the disability market place reminds us that the disability market is global (Albrecht and Bury 2001:597) and disabled people living in the periphery must purchase, if they can afford to, good and services coming from industrialised northern countries. The major multinational medical and pharmaceutical suppliers now operate in Australia, Asia, Latin America and Africa. But many millions of Africans cannot afford HIV/AIDS drugs and in Bosnia, Cambodia, Thailand, Rwanda, Guatemala and Iran and Iraq those who have lost limbs due to landmines cannot afford the prosthetics being marketed by the multinational suppliers). It is not just pharmaceuticals and assistive devices that are being exported but also services and policies. Albrecht and Bury report, "Cigna has entered the managed care market in Mexico, Brazil, Argentina and Chile" (ibid 597)

Developing southern/majority perspectives on disability

The time is ripe for developing southern/Majority World perspectives on disability. The UN Convention, despite still not having been ratified by some of the most powerful nations, gives some disabled people rights for the first time. It opens up the opportunities for greater debate about the lived experience of disabled people in the South. We need to develop southern theory of disability that challenges the implicit values and concepts of contemporary disability studies and includes the lasting impact of colonialism.

But southern theory requires the politics of solidarity between northern theorists and southern theorists. As disability theorists it is important to learn from the feminist theorists from the Global South have argued for the centrality of decolonization in feminist thought. As well as critiquing northern

discourses we must also be engaged in “building and constructing” - otherwise find ourselves isolated (Mohanty 2003: 17). Universal needs of disabled people can be articulated: the need for education, employment and meaningful personal relationships, safe environment, but it is evident that disability must be contextualized in geopolitical terms. Parekh’s work examines both texts and films of the India- Pakistan partition with specific reference to disabling violence against women in the form of, mutilation and injury. As a result she argues that a theoretical re-envisioning means “analysing the specific historical and culture-specific meanings of disability, physical and mental differences.” (Parekh 2007:150)

We must recognize the validity of non-metropolitan experiences of disability and challenge the terms in which the dominant theory currently constituted. By looking at the inadequacy/ irrelevance of northern concepts we come to see the need for developing southern theories. Impairment/ disease/ disability cannot be so easily separated. Lack of clean water and sanitation and poor housing give rise to HIV-AIDS, ill health and disability. The ultimate goal for many disabled people in the Global South is survival. Finally, acknowledgement of indigenous knowledge is now on the agenda in the academy as well as in the community. Indigenous scholars and authors challenge ‘expert’ thought in many areas - particularly in humanities and anthropology. We have yet to see this occur in disability studies. Issues of indigenous control of medicinal knowledge and practice constitute one area of relevance to disability studies (Fatmowna & Pickett 2003). This is not to reify traditional indigenous knowledge, nor to suggest that colonialism is the only defining force. There are many different influences of indigenous peoples - including the exchange of ideas between indigenous peoples.

Conclusion

1. Intellectual decolonization; thinking differently about disability studies
2. Geopolitical specificity in theorising about disability... the south and the periphery in all its various meanings....
3. Recognise the privileged discourses and the excluded discourses in disability
4. Take up the fight against the global production of disability!
5. Conditions now possible for organising on a global scale eg the UN Convention
6. <http://wecando.wordpress.com/>
<http://www.apids.org/>

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