International strategies concerned with disability in developing and transitional countries (DTC) are scrutinised critically, with an historical focus on beneficial traditions and practices in Asia and Africa, attesting the variety and complexity of social responses to disability.

INTERNATIONAL STRATEGIES FOR DISABILITY-RELATED WORK IN DEVELOPING COUNTRIES: HISTORICAL, MODERN AND CRITICAL REFLECTIONS

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CONTENTS

1.0 INTRODUCTION

International planning, conference reports and statements concerning disability and rehabilitation during the past 20 years have been dominated by experiences from West European and North American (WENA) countries, and appear to know nothing of the histories of disabled people and social responses to disability in developing and transitional countries (DTC), and very little about the current situation of disabled people there, apart from small, urban islands of privilege. Development strategies continue to be based on massive ignorance, but that is not inevitable. Knowledge can be acquired that would form a more realistic basis for appropriate strategies.

At a crude data level, when Country A with (say) annual per capita Gross National Product of 30,000 US dollars, under-5 mortality of 8 per 1000, female literacy of 98%, and a strong individualistic, Protestant Christian heritage, offers guidance on strategies to Country B having GNP of 500 dollars, under-5 mortality c. 220 per 1000, female literacy guessed at 30%, and a millennium of Sunni Muslim culture and communal experience, there will very likely be a mis-match of perceptions and applicability. This should be obvious. Indeed, it is usually obvious to people working at the practical level where grand ideological metanarratives must be transformed into a working plan for implementation with existing infrastructure in the day-to-day realities of Country B. Yet those grass-root realities are often concealed, forgotten or never understood, at the level of international strategic spinning where players engage in drafting statements packed with high ideological baloney. As they steer between fiercely competing interest groups, modifying a few words here to placate this or that lobby and redefining a couple of terms there to include ambiguities that will require endless further international meetings, there is no consciousness of how any of this advanced baloney could ever be put into action on the ground and might benefit some actual disabled people in rural regions and urban slums of Country B, or 50 other Asian or African countries in similar socio-economic straits. [1]

Further, there are many highly confusing factors involved. The mass of 'the poor' in DTC, among whom disabled people are heavily represented, is far from a homogenous mass. Gaps seem to be growing between the tens of millions of disabled people in DTC who have a modest level of access to formal services and the hundreds of millions who have no access now and minimal prospects of gaining access during their lifetime (Miles 2006a). Such gaps are likely to grow, through factors such as the changing age structure of populations, the spread of AIDS and other still-unrecognised pandemics, global climatic and environmental changes that intensify competition for water and cultivable land, the gross imbalances of trade and consumption between different population blocs. The gaps are exacerbated by continuing wars of cultural imperialism between the post-Judaeo-Christian (WENA + some) civilisation and three or four other major civilisations that seek recognition as world players rather than as perpetual children and servants. The growth of biotechnology in the 21st century may have some positive impacts, but will certainly generate fresh moral and ethical problems that will increase the friction between world religions and philosophies, making it harder to secure international consensus on intelligent disability and rehabilitation policies. While the 'problem' gaps are widening, a concurrent narrowing of proposed solutions is discernible in the globalising drive to find and enforce the simple 'Best Way' to solve problems, which usually coincides with the latest WENA trend.

The present paper will not solve these large, complex problems. It aims to sketch some aspects, to acknowledge and emphasize their complexity and to suggest that a much wider range of knowledge and evidence-based expertise should be enlisted for tackling them. When faced with extremely varied, complex and poorly understood needs and demands, several *avoidance responses* are common. We may easily deny or despair of the big picture and voluntarily remain ignorant, preferring to tackle local tasks that seem comprehensible and fixable, or that have a nice image (e.g.

hugging a child landmine victim, à la Princess Diana). Another form of denial lies in hyper-confidence that technological innovation will solve global problems. The latter tendency can result in the idealistic rhetoric and simplistic, monocultural slogans often seen in international disability policies. A third form of avoidance is to divert thousands of activists' time and energy into mass campaigns for meaningless Global Declarations of Good Intent (to join hundreds of previous World Statements, Conventions and Pious Wishes, in the waste bins of the UN). Between these extremes, a rational response to the complex challenges of disability service development in DTC is to admit that we have no ready solutions and hardly even understand the nature and extent of the problems [2]; yet it remains open for us to collect and evaluate evidence and build more accurate descriptions of what happened in the past, what seems to be happening now, and possible scenarios for the future.

2.0 HISTORICAL MYTHS & CONSTRUCTIONS

WENA advisors going to African or Asian countries to assist with planning disability and rehabilitation services and environments from the 1960s through the 1990s often assumed that there was no depth of local history of disability and rehabilitation, and no worthwhile cultural heritage or traditional practice on which anything 'modern' might be built. Reports from the period sometimes talked patronisingly of "starting from scratch" or even suggested that "nothing is known about disability in Country B", i.e. they had found no published material in European languages, and ignored the entire national and regional knowledge of disability available among the people of Country B in their own languages and informal knowledge. Myths of the period suggested that all disabled infants were killed, and those becoming disabled later were treated badly because their disability was thought to be a consequence of hidden sins. The only formal services were started by missionaries, to secure "converts" whose disability prevented them from escaping and whose allegiance was assured by lifelong support on the mission station. These distorted pictures eventually generated antithetical myths, e.g. that disabled people were once well cared for in the community, having honoured positions as custodians of religious rites, or at least minding some goats, until the European colonialists and missionaries came and unwittingly trampled on these beautiful, inclusive customs.

That the historical realities were much more complex and ambiguous than the myths is supported by both common sense, oral history, some documentation, and a few comparative studies (Miles 2001a, 2003a). It is true that serious studies in disability histories have hardly begun outside the WENA countries and Japan, yet there is a significant and growing body of materials listed and partially annotated from mainland Asia, the Middle East and Africa, which ensures that some disability histories can be constructed in these vast regions. [3] WENA disability histories, reviewed extensively by Kudlick (2003), also make a useful contribution, while being no more than a small and sometimes misleading part of the global experience. Much of the available Asian and African material comprises merely brief anecdotes about disabled individuals; yet there are also some pointers to policies and strategies on a broader scale.

2.1 Cosmologies   Disability has figured in traditional cosmologies, e.g. in Japan, Samoa, the Middle East and Southern Africa, suggesting that it was a sufficiently important feature of human lives to warrant inclusion in the mythical origins of the world or of the tribe (Selim 2006). Japan's national cosmology shows strange children among the earliest humans: one "even at the age of three years could not stand upright", while another's difficult behaviour led to his banishment (*Nihongi*, transl. 1896, I: 15, 19-21, 59-63). A Samoan myth has the first humans deaf and inert until the "Mischief Maker" gets their bodies working properly (Samoa, no date). The patriarch Jacob was lamed when he wrestled at night with the angel of God, who then renamed him Israel, from whom the Israelites descend (*Pentateuch and Haftorahs*, transl. 1952, Genesis 32). The

extensive Jewish 'deformity mythologies' have been catalogued in detail by Holden (1991), but remain practically unknown to the Christian heritors of Hebrew texts. Credo Mutwa (1998, 5-41) recounts Zulu traditions in which the Great Mother, Goddess of Creation, transmitted her own physical imperfections to the created world. The first deformed baby should have been killed, but it was saved and grew to be a terrifying monster. (This material was omitted from earlier editions of Mutwa's work, apparently being considered too controversial). Some cosmologies may derive from ancient genetic observations and incest taboos, i.e. where the (male) Creator fertilises his 'daughter' (the earth, the dawn, or whatever), and deformed children appear.

2.2 Omens and Lessons   Birth impairments were a concern of rulers in ancient Mesopotamia, being understood (by some) as signs predicting good or bad fortune for the kingdom. Very detailed lists were compiled for interpreting such phenomena (Leichty 1970). In other Asian and European texts, divine anger at national wrong-doing or a ruler's own misdeeds was believed to result in birth impairments in the population at large, or in the ruler's own children. Thus in the *Mahabharata*, Shanti Parva (i), XC (transl. 1970, p. 198), "When the king does not restrain vice, a confusion of castes follows, and sinful *Rakshasas*, and persons of neutral sex, and children destitute of limbs or possessed of thick tongues, and idiots, begin to take birth in even respectable families." Public opinion about the Byzantine ruler Herakleion's incestuous marriage to Martina linked this illegal act with the bodily impairment of their first son, Fabios, and the deafness of their second son, Theodosios (Garland 1999, 63). A contrary idea, that disability is something 'created' by society, can be traced as far back as the writings of Zhuangzi in China two or three centuries before Christ (Chuang Tzu, transl. 1981, 80-81).

Somewhere between these positions, Jaina lawyers in ancient Indian recommended sensitivity when addressing disabled people, avoiding categorisation of people in terms that would inevitably annoy them (*Gaina sutras*, transl. 1884, Part I, 152-53). Some of the earliest international influencing of attitudes toward disabled people appears in the proselytising religious movement that would later be called Buddhism, spreading across Asia during a thousand years after the life of Gautama. In his 'Muga-Pakkha' life, the Buddha appeared deaf, mute and immobile - achieving this by mental concentration. A well-known woman teacher of the Buddha's way, Khujjutara, was portrayed as hunchbacked because she mocked a disabled person in an earlier life. This need not be seen as 'retributive punishment' for wrong conduct. The mistaken behaviour was a consequence of failing to understand the situation of the disabled person. It could be remedied by being reborn with an impairment, as an educational stage on the way to enlightenment (*Jataka*, transl. 1895-1907, VI: 1-19; Burlingame 1921, I: 281-82). These beliefs contributed to the widely held suspicion that there was more to disability and disabled people than appeared on the surface.

2.3 Early Policy Debate   In January 330 BC, as the invader Alexander prepared to take Persepolis in south-eastern Iran, a large group of mutilated Greeks recently freed by their tormentors approached him for help. Alexander agreed and planned to send them home with money in hand. The men first debated their options: to return to Greece and disperse to their homes, facing down any reaction to their horrific appearance; or to ask for land in Persia and stay together in a mutually tolerant group. The latter option was overwhelmingly popular. This is probably the earliest recorded strategy debate by disabled people; also the first where a ruler's plans for them changed after he listened to what they actually wanted (Miles 2003b).

2.4 Legal Restriction or Enablement   Many ancient law codes had provisions aiming to protect disabled people from exploitation while exempting them from some legal obligations -- thus, they might be assigned the role of minors, entitled to support from their families but not acquiring full adult status or civil rights. However, some more socially enabling laws can also be found in antiquity. In India, for example *upanayana* or initiation into education was obligatory before youths

could get married; and without that they could not undertake adult roles in their families. The ceremony required certain verbal responses; but there was provision for disabled youths to take a form of *upanayana* with simplified responses if they had learning or communication difficulties (Kane 1968-1977, II-i, 297-99). A medieval Persian legal text on inheritance gives the sensible, but highly unusual, law that a son (or his wife) "who is blind in both eyes, or crippled in both feet, or maimed in both his hands" should receive twice the share of an able-bodied son (*Pahlavi Texts*, transl. 1882, ch. LXII: 4) How far any of these laws were applied in practice is quite uncertain. Tzvi Marx (2002, 106-107) reviews a debate continuing over centuries on early Jewish legal provisions for disabled people. Rabbinic interpretation of blind people's status, for example, varied from these people being completely exempt from observing the 613 classic precepts (with some consequent loss of adult status), to their being almost totally included in legal obligations.

2.5 Islamic Laws and Attitudes   Middle Eastern sources have preserved some debate from the 9th century CE between different Muslim legal schools, as to how far the law should protect people with weaker intellect from financial risks, and at what point such protection would so diminish their human dignity as to be a worse injury than the probable financial loss (Marghinani, transl. 1975, 526-27). These early Muslim Jurists also accorded some legal validity to the well-known signs of deaf people, for the purposes of transacting business, a recognition occurring probably several centuries before European Christian legal codes recognised such validity. [4] The status of blind people in the Islamic world also seems to have been significantly more advanced than in non-Muslim parts of Europe, perhaps traceable back to the influence of Ibn Umm Makhtum, the blind companion of the prophet Muhammad, who apparently was given temporary charge of Madinah in Muhammad's absence. During the high centuries of Islamic civilisation a significant number of blind, deaf or physically disabled men played notable roles as philologists, transmitters of the law, teachers, poets and social commentators, outstanding among whom were Abu'l `Ala al-Ma`arri, Abu Othman Amr bin Bahr (Al-Jahiz), `Ata bin Abi Rabah, Bashshar ibn Burd, Ibn-Sirin, Katada ibn Di`ama as-Sadusi, Muwaffak ad-din Muzaffar, and Thalab [5]. Later, at the Ottoman court in the 16th and 17th centuries, deaf servants taught their sign language to courtiers and sultans when it became a recognised means of communication -- during a period when West Europeans were still debating whether deaf people were capable of learning anything or thinking as rational beings (Miles 2000).

2.6 Curious Forgetfulness. The modern Islamic world has begun to retrieve some of its more interesting histories in other fields of endeavour, but disability history still has an extremely small profile. [6] The recorded legal and attitudinal achievements mentioned above remain practically unknown, thus having no impact on national or international disability policies or rehabilitation strategies. This continuing forgetfulness may be linked with the patronising or even contemptuous caricature of Muslim countries by some WENA advisors, emphasizing 'fatalism' and unenlightened attitudes and practices as though there were nothing else. Even books aiming to celebrate Arab achievements in rehabilitation contain comments like the following on Egypt: "Walls of isolation -- fear, superstition, and ignorance -- separate the disabled, their families, the community and the government" (Lababidi & El-Arabi 2002, 18), reflecting a common foreign viewpoint.

This forgetfulness has parallels in modern Germany, where the positive disability views and campaigns of the reformer Martin Luther from the 1520s to 1546 have been almost entirely ignored. Luther is one of the earliest historical public figures and policymakers whom we can still visit 'at home' in his everyday conduct, via the detailed notes of companions and students. His public career developed in a period when European civic policies were being formulated for better responses to disabled people, as well as those who were chronically sick, homeless or lacked familial carers. Contemporary evidence shows disabled people well integrated in Luther's household, his long-time personal assistant being an obvious example. Luther denounced as "a dirty rotten business" the

ecclesiastical restrictions on deaf or blind people getting married, as well as the practice of falsely appearing to include deaf people in holy communion. He strongly affirmed their capacity for religious faith, and that deaf churchgoers must receive the sacrament if they showed by signs that they understood its meaning and wished to participate (Gewalt 1970). When asked about a minister whose physical impairment caused some difficulty baptizing infants, Luther proposed a simple, practical solution that respected the man's ministry (Miles 2001b). Discomfort about the treatment of disabled people during the Nazi period, when a stray remark by Luther, possibly misreported, was used to support evil actions, may account for the modern lack of appreciation of Luther's better-documented writings and actions about disability.

3.0 SOME EARLIER TRANSFERRED STRATEGIES

3.1 Early Disability Pensions. The earliest "international strategy" concerned with disability in Asia and Africa is not easy to locate, and would depend on close definition of terms. Some early strategies *transferred* between civilisations and spread across a wide area may be mentioned, such as those implemented by Muslim rulers in India across many centuries (Miles 2002a). For example, Sultan Balban (regn. 1266-1287), while restoring the economy of Lahore and region, learnt that some old military grantees of land "were unfit for service, and never went out", so he ordered reforms (Elliot & Dowson ed. 1867-1877, III: 107); but the reforms were cancelled when he learnt that the earlier arrangement was in fact a kind of 'elderly and disabled veterans pension'. Something similar is described from Persian history (*Dabistan* transl. 1843, I: 164). Sultan Firoz Shah (regn. 1351-1388) arranged probably South Asia's first 'wrongful disablement compensation scheme' to appease the heirs of people mutilated by his predecessor Muhammad Shah (Elliot & Dowson ed., III: 385-86). Under the administration of the Afghan Sher Shah Suri, whose brief rule in the 1540s extended from Eastern Bengal to Western Punjab, it was reported that "Destitute people, who were unable to provide for their own subsistence, like the blind, the old, the weak in body, widows, the sick, etc, to such he gave stipends from the treasury of the town in which they were resident, and giving them the expenses of their journey sent them away" (*ibid*. IV, 423, 549). His heir Islam Shah (died 1554) tried to decentralise the dole, using and extending the system of *sarais* constructed at intervals along main roads, but lacked his father's integrity and talent for administration (*ibid*. IV, 479-80).

Pensions and daily allowances for some disabled people were of course already a practice of Hindu courts since antiquity, as evidenced by Sanskrit, Pali and Tamil literature describing scenes at rulers' courts, with throngs of disabled people apparently present, among whom were also spies pretending to be disabled and using this guise to glean information. A problem with any dispersed scheme of disability pension would be to ascertain that the applicant really was disabled and needy. This may be why Sher Shah Suri made applicants appear at court: credible ones received travel expenses and a warrant for relief at their home town. But a report to Akbar's court (1556-1605) about charity recipients warned that, "undeserving cases have multiplied. If a judicious person be appointed to enquire into the matter, a distinction could be made between the deserving and the undeserving" (Rashid 1978, 5) The problem of fake disabled claimants was familiar to Luther in the 16th century and in the Arab world centuries much earlier (Boswell 1976, I: 36-47, 84-85, 110). Rashid's study (1978) gives evidence of similar abuses up to the 20th century, and ineffectual attempts by Mogul, British or Hindu officials to eradicate or limit them.

3.2 Reverting to Cash. The charitable dole enabled many disabled people, often not clearly differentiated among 'the poor', to stay alive and to use their wits and locally available skills and devices to play some role in their communities. [7] This is still a much-used international strategy, with some variations in what therapeutic skills should be available locally, and who pays. After a few centuries of experimenting with rehabilitation institutions, building up specialised therapeutic

and educational skills then (sometimes) tearing them down again and throwing out the skilled people or dispersing them to roles where their skills are little used, some WENA nations have returned to the monetary strategy used in the Middle East and South Asia centuries earlier; and also sending advisors to those regions to tell governments how to do it. Disabled People's Organisations have also campaigned for individuals to be given money to purchase services of their own choosing, rather than having services provided by agencies over which they have no control. This has worked well for some disabled people; yet for others it has not been without problems. While it feels good to have choice and responsibility, it may also involve a heavy burden of selecting, training and managing personal attendants, without necessarily much real increase of control. 'Care' with loving kindness, respect and dignity is not a commodity that can be bought by measure in the marketplace.

4.0 MORE RECENT TRANSFERS OF TECHNIQUE AND CONTROL

The European 'birth of special education' is often credited to Ponce de León, teaching a few deaf children in later 16th century Spain. In the same period, at the far end of Europe, deaf adults were teaching sign language in an organised way to younger deaf people and to hearing people, at a known location in the Ottoman court buildings (Miles 2000). This ongoing practice, involving hundreds of people, was reported in 16th and 17th century Western Europe, in several languages, by diplomats and travellers. Deaf people's service at court continued to the end of the 19th century: Sultan Abdul Hamid (regn. 1876-1909) imported deaf people from as far as Central Africa (Gaden 1907, 444) and to be useful at court these servants must have learnt the Ottoman Sign Language. Why has this longlasting skill and teaching process not been celebrated as the 'birth of deaf and inclusive education' in Europe? One reason may be that the deaf people were giving 'special education' to hearing people, a reversal that the hearing did not choose to commemorate! Further, it started at the heart of a Muslim empire that posed a major threat to 'Christian' Western Europe and was often portrayed in pejorative terms.

4.1 European Techniques and Flaws. Mutual visiting took place between a small number of practitioners in various European countries with transfers of technique, such as methods of teaching deaf or blind children and adults, at least as early as the 18th century. Some of the flaws that would afflict later policies and strategies can be seen early in this process. There was a tendency to build up particular teachers as miracle-workers. Demonstrations of pupils' abilities were given at royal courts, and battles flared between users of rival techniques, amidst accusations (sometimes plausible) of people plagiarising one another's ideas and making money by publishing them. No doubt there were also some teachers who patiently learnt whatever they could from any source, to widen their repertoire of techniques and suit the sometimes very different capacities of their pupils; but the 'public' image of specialised teaching underlined competition, arguments, and political trickery. In deaf education, the battles led to a conference at Milan in 1880, where the idea of facilitating deaf people's use of sign language was seen as antithetical to the hearing world's imperative of teaching deaf people to use spoken language. This unwarranted polarisation, based more on ideology than serious evidence, led to a century of WENA special education in which futile efforts were made to prevent deaf children from using sign language, particularly in residential schools. The battles and divisive outcomes were exported across Asia and Africa, though in practice seldom applied as rigorously as their denouncers now believe.

Wild enthusiasms for particular techniques, with idolisation of the supposed originator (often mis-identified), and denunciation of alternatives, continued to sweep the disability and rehabilitation field. For blind people learning to read, materials in Lucas's embossed symbols had a vogue in the 1840s and 1850s, with advocates and arguments reaching as far as India and China. Lucas's

material was replaced by William Moon's large embossed script derived from Roman capital letters, much used for integrating blind children in ordinary schools in 1860s-1870s Britain, and carried across the world by missionaries from the mid-century onward (Miles 1998). Braille's code of raised dots took much longer to learn, and there were fierce battles about different versions and adaptations to different language groups; but Brailled materials were much cheaper to produce, and blind people could make their own notes and communications in Braille. These factors decisively altered the balance of control of this medium, which had no serious challengers through the 20th century until the rise of electronic media.

4.2 Textual Bias. WENA battles over reading methods distracted attention from the excessive focus on text in this kind of blind education. This WENA bias was exported thoughtlessly across the world, to regions where blind people's formal education by the spoken word and memorisation had been more successful over centuries, in predominantly oral cultures. For example, evidence from the history of Egypt exhibits a remarkable continuum, with clear evidence of trained blind musicians in deep antiquity; the blind theologian and teacher Didymus at Alexandria in the 4th century; blind cantors in the early Coptic church, and a recent revival of this tradition; blind muezzins and Qur'an reciters being trained at Al-Azhar from the 12th to the 20th century (all references in Miles 2006b). All of those from the past two millennia were men who had been educated in the religious literature of their time, by oral teaching. East Asian countries also had centuries of useful experience of vocational education, as in the work of Japan's powerful Guild of the Blind from the 17th to 19th centuries (Groemer 2001) and activities in northern China in the 16th century and later (Handlin 1983, 149, 161-63, 181-82; Mackenzie & Flowers 1947). Mathematics and solid geometry, as learnt with a tactile system by the blind Persian princes who were visited and described in the 1660s by Jean Chardin at Isfahan (1711, VIII: 55-59), were further branches of education that did not require a focus on text.

The useful contribution these well-documented activities could have made to international development strategies seems to have been excluded through a combination of ignorance and intransigence on the part of Eurocentric policymakers, together with amnesia and lack of confidence on the part of modern Asians. Much later, the excellent example of rural education of blind boys in pre-Independence Zimbabwe, combining total integration into village life with a modest access to Brailled literature (Wilson 1957), or the experience of successful integration of blind children in ordinary small-town schools of Pakistan in the 1950s (Grant 1963) had no discernible effect on exporters of 'Inclusion' in the 1990s. The latter still seem to imagine they are taking something new and wonderful to the 'backward countries' of the Third World, which they see as 'starting from scratch' and therefore not needing to unlearn any 'bad habits'. (Purposeful inclusion of children with disabilities in ordinary schools in India, between the 1790s and 1890s is documented and discussed in Miles 2001a).

5.0 RHETORIC OR RESEARCH?

5.1 Fix, Buzz, Echo. The craze for quick fixes, and for ignoring the past and even destroying current rehabilitation work if it does not chime with the latest aid fashion, has been reinforced by rapid, global, and often inaccurate communications in which the new slogans and buzz words are eagerly picked up and echoed onward by urban trendsetters in DTC. The latter are usually keen to appear to be singing in tune with WENA sources, regardless of whether there is any real pertinence to their own country and region. The 'rapid echo' effect lends credibility and almost inevitability to the latest scheme, which is soon inflated to appear as the universal and well-considered opinion of everyone in the field. However, the shelf-life of the 'latest craze' seems to be shortening, as critical research and evaluation reports may also receive wider and faster dissemination, revealing the gap between sales hype and observed realities.

5.2 The CBR Craze. A cumulative, systematic review of research published in refereed journals on Community Based Rehabilitation (CBR) in developing countries examines more than 120 papers forming the peer-reviewed evidence base (Finkenflügel 2004, chapter 3). The study suggests that the evidence base has grown significantly in the past five years, but continues to be fragmented and incoherent. Some CBR practice is reported as being quite successful, while other practice has run into considerable problems. There is seldom enough evidence, control and uniformity in published research reports to form an adequate basis for comparing the reported results in one study with those in another (Miles 2004). It is not surprising then that a highly experienced worker in the leprosy rehabilitation field, while welcoming the increase of experiences with Community Based Rehabilitation, cautions against any hasty dismantling of mature and effective specialised programs under the impression that the tasks can easily be transferred to CBR programs (Watson 2003). The evidence is far from conclusive, people's lives and wellbeing are at risk, and there is a growing number of factors in economically weaker countries that already impinge adversely on CBR development, or are likely to do so in the future (Miles 2004; 2006a).

Meanwhile David Werner, who has, with his colleagues in Mexico and translators worldwide, done more than anyone to develop worldwide availability of practical, affordable and effective village disability rehabilitation knowledge and lateral thinking, continues to highlight "the Achilles heel of CBR", i.e. the continuing major flaw at the grassroots level: "One reason for the technical inadequacy of many CBR programs is that the local workers are usually part-time volunteers who receive very little training. Because their CBR activities are unpaid, they must fit themselves around their other work and home obligations. Thus they never get enough experience to gain the skills and confidence to respond adequately to the therapeutic and technical needs of those they help. Consequently, many disabled persons fall far short of meeting their potentials, physically and therefore socially." (Werner 2005, 2) Werner had earlier given further explanation for the deficiencies: (a) brevity of initial training; (b) inadequate follow-up and continued training of CBR workers and their supervisors; (c) the top-down, cook-book methods of information transfer, piling up fixed knowledge while leaving no room for practice in problem-solving, adaptability and lateral thinking skills for a creative, customised application of knowledge (Werner 2004, 4).

Indeed, after compiling the very widely used manual *Disabled Village Children*, Werner wrote another experience-based and peer-reviewed manual dedicated to helping people find creative solutions to individual village-level disability problems (Werner 1998) The second manual arose partly from his repeated experience, while visiting CBR work worldwide, of seeing technical and therapeutic deficiencies in CBR workers' practice through their failure to adjust and adapt their knowledge to the individual person, lame leg, damaging environment, or whatever they were working with. Another reason for that book was his personal long-term experience of a progressively disabling ailment, which a succession of therapists and technicians had preferred to treat 'by the book', rather than paying any attention to what he, as a boy and later a man actually having the condition, informed them about the inappropriateness of the 'book' treatment, and his suggestions for what might be more successful.

5.3 Inclusion, Confusion. Similarly with educational 'Inclusion', there has been some growth of analysis of the confusion and complexity in the usage of this term, at least in Western Europe. Dyson (1999) shows that several quite different rationales for inclusion are offered, e.g. discourses of rights and ethics, of educational efficacy, of political vested interests, of pragmatism; and advocates often make eclectic use of the arguments, on the way to the required 'answer', i.e. the (supposed) superiority of inclusive education. Yet the serious discussions needed for movement toward more inclusive practices, and practices inclusive of more disadvantaged groups, is easily stifled by the ascendancy of the notion that there must be a single 'Best Way' on inclusion.

Researchers are also now reporting from DTC where WENA aid agency pressure resulted in children with disabilities and special needs being thrust into mainstream classes in an ad hoc way, ignoring all existing experience with 'casual integration', and without additional resources (e.g. Okech 2000; Opdal *et al* 2001; Mushoriwa 2001; Lomofsky & Lazarus 2001; Price 2003; Garuba 2003; Filmer 2005). Not surprisingly, teacher responses have been largely unfavourable. The authors, ranging from Nordic international advisors to researchers working in DTC, broadly favour inclusion, but admit that the needed resources are unavailable, or have low perceived priority. [8]

There is a reasonable amount of evidence that both CBR and educational 'inclusion' have made some positive impact on adults and children having mild to moderate levels of impairment. These strategies were not designed on a basis of working experience with people having severe, multiple or profound impairments and disabilities. In the initial phase of development, it was never imagined that those people's seriously complicated needs should be met by advice to their families from well-intentioned volunteers and staff without specialised training. Yet the enthusiasts and ideologues (who are not personally going to engage with the tasks) have insisted on inserting 'everyone' into the same bracket, to be managed by the ordinary front-line village teacher or health aide or CBR worker, with their modest training and ineffectual back-up arrangements.

Meaningful 'inclusion' is hardly a realistic proposition in the typical hugely crowded classrooms where isolated teachers with little support, no equipment and tiny (often unpaid) salary, struggle to give a smattering of education to half the world's children, many of whom have unnoticed impairments, chronic illnesses and disabling nutritional deficiencies. Even the Salamanca report accepted that if special education was initiated because ordinary schools failed to cater for special needs, there was no point in switching the children back to ordinary schools unless those schools were substantially improved (UNESCO 1995, 98-99). What is actually happening looks more like using disabled children as guinea pigs in an experiment to try to force schools everywhere to produce wonderful, inclusive results with nothing more than they had before. Nine years after the Salamanca meeting, Reena Sen (2002) reflecting on experiences of special needs in ordinary schools of Calcutta, poses exactly the same question: "if the special needs of non-disabled children are not met in the classroom, how do we ensure that the needs of those who have multiple disabilities will be met?"

5.4 Data Masala. In any case, Indian education bureaucrats have radically contradictory data on the education of disabled children, offering estimates that vary between less than 1% of school-age disabled children being enrolled in schools (data from 1998 and 1999), to more than 60% being educated (data from 2004 and 2005). This is not surprising, as official Indian estimates of the total number of disabled children vary between 6 and 30 million, depending on definition, and another government office suggests 1.6 million "children with special needs" (Singal 2006). In 2001, with annual population growth rate around 1.8%, India was estimated to have approximately 210 million school age children, so in 2006 the total would be around 230 million. Numerous South Asian studies of 'casual integration' suggest that between 2% and 20% of children in ordinary schools have a noticeable mental or physical impairment when, forgetting the 100-millions, the inquisitive observer focuses down to the level of individual children. Scaling up again with these figures, it is not hard to see how the number of children in school, whose education is likely to be adversely affected by an impairment (leaving aside the effects of under-nutrition, micro-nutrient deficiencies and other hazards) can be 3 million to one official, 30 million to another. The budget-cutting planner will obviously use 3 million, writing down 1 million as possibly sometime requiring special educational measures. Another official, entertaining a delegation of visiting European educationists, might prefer 30 million, amazing the guests with the advanced level at which Indian schools are modern and 'fully integrated'. Singal (2006) in fact eschews such choppy waters of interpretation, but does show how the official rhetoric glides effortlessly around the terminological inexactitudes

so that "the shift from 'integration' to 'inclusion' has been linguistic and devoid of engagement with the more fundamental issues."

5.5 *Twists and Turns*. In fact, organisations in DTC have had a lot of trouble trying to follow the rapidly shifting policies of western disability aid agencies during the past two decades. Predictably, many DTC resort to large-scale 'painting of scenery' that resembles the utopia promised in international policy documents and demanded by aid agencies as a condition of further funding, while having no connection with reality. Now researchers in China and Japan have begun to remark that their emperors are wandering naked amidst these scenes of artificial joy. China made huge efforts to bring about school 'integration', claiming that the numbers of children with disabilities enrolled at ordinary schools rose from 6% to 60% between 1987 and 1996. It is admitted that many of the children are learning nothing; and that some are only notionally 'enrolled' -- the name is on the register, but the child is actually at home (Meng Deng & Manset 2000). An earlier report from Japan showed a slow decline from 1980 to 1995 in the number of children in special schools, and a sharper decline in the number in special classes in ordinary schools. At the same time, there was a sharp rise of children who are enrolled in ordinary schools, but have "long absences", i.e. less than 50 days schooling per year, a major reason being "unmet educational needs" (Toshiro Ochiai 1994). Neither China, nor Japan, nor India is a small country easily bullied or bamboozled by WENA advisors or aid donors. One must ask what drove them to pretences, deceptions and bogus data -- and whether these are really a great leap forward for their children.

6.0 ABUSES OF 'RIGHTS'

6.1 *'Notional Rights'*. People in Britain are now theoretically endowed with a full 'advanced country' set of rights and entitlements. A whole new cadre of professionals and intermediaries has been invented so that the public can know about these rights - but the public cost of the 'rights' increasingly comes into conflict with local and national government's wish to limit spending on public services (which often means that those services are obliged to reduce costs by recruiting cheaper doctors, nurses and teachers from poorer parts of Europe, or from DTC, stripping those countries of assets which they have trained and can ill afford to lose). The British public is slowly being reminded that their 'rights' are only notional rights, with little cash value and no certain future. 'Of course' it would be wonderful if everyone could work at well-paid and secure jobs, send their children to successful schools, enjoy excellent free health service in every locality etc, but there are limits to the number of people for whom these benefits can be afforded, and those limits have long been reached. This charade occurs in one of the world's wealthiest countries, and is denounced every day in the serious media.

6.2 *Exporting the Charade*. Enthusiasts still go from Britain, taking the notion of disability rights (a notion that works poorly in this very wealthy country) and spreading it across countries without a tenth of Britain's resources, and with a very short history of any kind of legally enforceable public entitlement. Such aid programs may be well-intentioned, but there is something arrogant and contemptible in exporting policies and strategies that are experimental, that seem to work poorly in practice, and that are keenly contested in their countries of origin. WENA countries can afford to play about with 'rights' slogans if they wish. It is much less clear that they have any right to impose such notions on countries where they are inapplicable, are used by governments as a rhetorical substitute for service structures, and where the only beneficiaries are a tiny segment of urban middle classes.

What 'right' does anyone have to experiment on disabled people and families, living in serious poverty, without carefully sifted evidence suggesting positive outcomes? Advice is often being given by theorists with no actual experience of doing, at the front line of the health and education

system of DTC, what they are recommending there. Extremely few of the WHO 'experts' in the 1970s and 1980s had personally lived and worked in rural towns pioneering CBR schemes, learning from their mistakes and modifying their scheme to something realistic, before they foisted the experiment on the world. UNESCO enthusiasts for inclusion had no experience as head teachers of poorly equipped, traditionally didactic, underperforming, Third World ordinary schools in which they tried to create welcoming, inclusive learning environments for children of all abilities levels. The majority of these advisors are also not trained and experienced in social research, so their own "evaluations" of attempts to implement their theoretical schemes have large methodological flaws. Prominent among the errors is the failure to report adverse evidence and outcomes. The world of scientific knowledge production still has some resistance to spin and hype - when scientists are caught making false claims by leaving out adverse results, their careers end abruptly. Yet in the flaky world of international NGOs and UN agencies, such people seem more likely to be promoted.

7.0 INTERNATIONAL POLICY BOXES

7.1 Baloney In The Roof Space. Roof spaces, lofts and cupboards of a hundred million WENA homes are filled with colourful cardboard cartons that once contained the consumer goods and flat-pack furniture filling the rest of the house. People keep the boxes for a year or two because the warranty on the contents requires that, if repairs are needed, the item must be safely packed for factory return. When the warranty expires, the boxes have no further use but are mostly out of sight, so they stay for years as useless guests. They contain 'nothing', yet are half full of polystyrene packaging blocks or chips, bubble-wrap and polythene bags. These are all tasteless, odourless, almost weightless and potentially lethal to small children. They may slightly increase the insulation of your house from the cold winds outside. There are obvious similarities with international policy documents and carefully massaged conference statements in the disability field, which are preserved as useless tokens of the good intentions and self-esteem of elderly do-gooders, youthful 'development tourists' and dedicated middle-aged conference-goers. They provide some slight insulation from reality. One difference is that the empty 'policy boxes' never did contain anything useful, but they still occupy a lot of space, puffed out with large but weightless assertions of how things should be in an ideal world, if one could only leap there without having to navigate the thousand small obstacles of everyday life.

7.2 Dream Cargo. Those pretty boxes of useless baloney are distributed to DTC as a modern form of ideological 'cargo cult', to help people dream of the wonderful life they might have if only they could, by some miracle, fly away to America, Britain, Sweden... In the actual WENA countries, houses are filled with labour-saving machines and leisure amusements; yet in some parts of every town or city there are streets, public spaces, hospitals and schools that also witness massive and intractable social problems and miseries, the drunks, muggers, bigger children bullying smaller ones, heroin addicts, broken glass, derelict men, severely disturbed women, pools of vomit, youths who will one day kill themselves, sexual predators, unemployed migrants, and wary, defensive, 'normal people' hurrying past with averted gaze. It is far from obvious that 'experts' who have failed to solve the longstanding social problems of such wealthy countries are qualified to solve the problems of countries distant geographically, historically and in socio-economic status.

8.0 NO SURPRISES

8.1 Painful History. There is nothing surprising in the often irrelevant and damaging nature of disability and rehabilitation advice aimed at DTC. The disability field is merely the latest in a long, painful history of exporting inappropriate and damaging WENA advice and development inanities in the fields of agriculture and water supply, urban design, education, health services, and economics. Development analysis grew from the later colonial period, e.g. Blunt (1939), an official

reflection on the efforts of young Britons from some islands in the Atlantic to facilitate improvements in a vast and ancient oriental civilisation where they somehow acquired power during trade wars with their European rivals and ruled with typical British stupidity and occasional flashes of insight. For neo-colonialism, Wiarda (1985, 2, 3) examines how a "deeply engrained American ethnocentrism" led both US political wings to exhibit "the same appalling ignorance of Third World areas, the same patronizing and superior attitudes, the same inability to countenance models of development other than our own, and the same insistence that we know best for the Third World." Similar "knowing best" by "selfish altruists" in non-government aid organisations is criticised by Vaux (2001) after long participation in such organisations. Robert Chambers (1997) has repeatedly extended and updated his exposure of the inflexible mindset of advisors in agricultural and economic aid. On a larger scale Joseph Stiglitz (2002), the Nobel laureate in Economics, has lambasted the damage done by IMF advisors unable to think outside a narrow box of economic theory.

8.2 Why Do They Get It So Wrong, So Often? The wrongness and the frequency are certainly puzzling, and dependable evidence is not easy to collect. Various factors and hypotheses can be offered:

(a).   Lack of relevant personal knowledge, training and experience; lack of the ability to adapt and generalise from actual knowledge and experience to widely varying situations; and lack of capacity and motivation even to make any critical study of existing literature on the social history and current conditions in 'target' countries and disabled people living in them.

(b).   The complexity and variety of histories, geographies, cultures and socio-economic features across the world means that no single policy or strategy can possibly please everyone or be appropriate to every situation. So to formulate anything that has a chance of being 'nodded through' at UN and other international meetings, it must be pitched 'at the baloney level', either at the level of utter banality ("ripping other people's heads off and drinking their blood is wrong"); or at the level of everyone's wildest dream ("everyone should be kind to everyone else; hunger and disease should be abolished; everyone should be comfortable"), far removed from the obstacles, antagonisms and opportunities of everyday life.

(c).   In perhaps a majority of countries, senior posts still go mainly to people of the 'right' class, background, influential family, and adherence to the doctrines of the ruling party. Some of these people are also personally talented, but many are not: their sole talent lies in doing what they are told to do, and making themselves compliant with the wishes and tastes of their seniors. (This does have some merit: government systems, like armies, can function only if the great majority of participants normally do what they are ordered to do, rather than debating every sentence. Yet inevitably such systems discourage critical thinking and lateral thinking). Climbing the ladders to paid posts in international organisations also requires a certain kind of person, with a life-long tolerance of baloney and a willingness to implement policies that defy common sense.

(d).   Change seldom happens at the 'right' pace. People start a serious, gut-experienced and evidence-based campaign for change to a more useful policy or strategy, and it makes little or no impact until 20 or more years later, by which time 'the climate of opinion' among the rising generation of policy-makers has moved towards the campaign goals, which finally are adopted. It takes further time to bring in the necessary legal changes and gain priority for national resources to be allocated; so another ten years pass between policy formulation and actual implementation, with inevitably a few changes and a slightly different direction. By then, however, the original evidence and thinking is 30 years out of date, social needs have

changed, the policy is out of touch with the situation on the ground; so the implementation strategies work poorly and merely irritate the keen young campaigners for a fresh new policy based on their gut-feelings and some more recent research evidence. And so it goes round again.

(e).   A fundamental Law of Development is that "Nobody learns from anyone else's mistakes. You have to be lucky even to learn anything from your own."

The evidence for these few hypotheses has been gathered from the disabled living and service development histories of half the world and the personal experiences of several people over 30 years. Subjectively, this seems a plausible base. Objectively, it is far too small for any global analysis. The only thing the next generation of planners could learn is that they are highly likely to make just as many mistakes; but they could try to avoid making malevolently stupid ones, and hope to make some fresh, interesting mistakes from which they would not be too embarrassed to learn something and try again.

8.3 Scoring Their Own Goals. Of course, it remains unknown whether the Asian and African target countries would have done better by their own unaided efforts. If WENA advice has often been disastrous, Asian and African governments are also perfectly capable of colossal mistakes on their own initiative (leaving aside the systematic kleptocracies installed in some countries, which have no intention at all of developing in ways that could benefit the ordinary person). Yet there is perhaps more chance of learning something from one's own mistakes -- it is harder to blame foreign advisors for them. 'Mistakes' often do not feel like mistakes when one is making them; the stupidities only become apparent with a longer view. Is there a long enough history of Aid, for both recipient and donor countries to gain historical insight? The recent targets are so gross and so plentiful that it is easy to forget that groups in WENA countries have been exercising private benevolence through several centuries, toward countries where their governments have been creating mayhem. Ordinary Germans and Canadians, for example, are still called upon to send money to provide education for Asian children, with or without disabilities. Many would be surprised to read the appeal to German congregations by Bishop Samuel Urlsperger *in 1715*, urging them to send funds to support schooling in India (Urlsperger, undated reprint). If this sort of aid has been flowing in one direction for nearly three hundred years, perhaps there are some useful lessons to be learnt from records of what happened along the way, rather than simply 'knowing best' on the basis of today's gut feeling and romanticism.

9.0 CONCLUSION

This paper began with the need for critical scrutiny of international strategies and trends in rehabilitation work in DTC. It has sketched some of the complexities and conflicting trends of the field. Historical studies of social responses and disability service development can provide some evidence-based perspectives for a deeper understanding of the present highly diverse and confusing disability situations in the African and Asian countries that are economically weak but have substantial (though neglected) socio-cultural strengths. Studies could usefully be furthered collaboratively by Asian, African and European researchers, keeping in close contact with grassroots activists. Unless such perspectives and understanding are strengthened, much of the policy and strategy advice offered by international organisations and individual 'experts' is of little value, being based on gut feelings about transient fashions in countries that can afford to change their rehabilitation shop windows every fortnight, while off-loading last year's dubious 'Best Way' onto countries with dramatically smaller financial and infrastructural resources.

NOTES

[1] Failure to add the words 'disability' or 'disabled people' in the high level baloney of the Millennium Development Goals gave disability advocacy groups a kind of 'perfect grievance' on which to campaign, hold conferences, and issue statements of anger. One conference produced the "Biwako Millennium Framework" (UN ESCAP, 2003) outlining inclusive goals for Asian societies. It demanded that governments "halve, between 1990 and 2015, the proportion of persons with disabilities whose income/consumption is less than one dollar a day." Participants must have thought this would require raising poor people's real income or consumption. But global economic shifts seem to have produced a quicker way: the value of the (US) dollar declined sharply in the past two years against other major currencies -- so millions of people with disabilities, living in the same poverty as before, now have income/consumption at or slightly above "one dollar a day", without their government doing anything at all. Goal achieved!? (Another international conference will be called, to denounce the goal...)

[2] Some may reject the view that the problems are poorly understood -- they believe the problems of disability in very poor areas are sufficiently well known that no fancy measurements or academic debates are required; immediate action should be taken, with the present level of knowledge and understanding, making far more resources available to lift people to a level where they can work effectively to solve their own problems. This has some plausibility; yet since it is now widely considered that 'disability' is not an individual affliction alone, but a combination of problems and challenges at the interfaces between individuals and their physical and social environments, between individuals and their families, communities and societies, a consequence is that simplistic, one-dimensional actions involve some risks. Interventions at the multiple interfaces in family, community and social systems often have unexpected consequences. Human "progress" for the majority often involves, directly or indirectly, the injury or death of some people at the margins. We should stop pretending to be innocent of this damage.

[3] See bibliographies and annotations from several sites, collected at: http://cirrie.buffalo.edu/bibliography/

[4] In 1198, Pope Innocent III ruled that deaf and mute people were capable of contracting a marriage (Decretales Gregorii IX, Liber IV, 1, Cap. XXIII f.); and in 1206, a ruling clarified that, while consent to marriage was normally proven by an audible expression, "vel alia signa aequipollentia", the consent could equally be indicated otherwise. "Nam surdi et muti possunt contrahere matrimonium per consensum mutuum sine verbis" (*ibid*., Cap. XXV). On 18 December 1472, a detailed document was drawn up in Latin by Marcus Somagius, a legal notary at Verona, recording a transaction involving the sale of a piece of land by a deaf and mute man, Lotorengus, who communicated "cum signis et cignis intelligibilibus", and whom the notary described as "astutus vir", a shrewd guy (Montenovesi, 1933). Montenovesi pointed out that this was 29 years before the birth of Cardano, who is often cited as early European evidence on sign language and deaf education. These two documented actions are good, positive evidence, with places and dates; yet it is far from clear, and rather unlikely, that they reflected social conditions and attitudes in which deaf people's signed communications were normally regarded as valid and acceptable in matters of importance.

[5] Details of all these people may be found in the *Encyclopedia of Islam*, Leiden, Brill, and in Ibn Khallikan's *Biographical Dictionary*, transl. Mac Guckin de Slane, Paris; also in the less scholarly *Encyclopedia of Disability*, (ed. Albrecht *et al*), Sage, 2006.

[6] While updating this article, a little earlier work on disability history in the Islamic world may

be noted, such as Dols (1992); Haj (1970); Hirschberg (1899-1918, rev. and transl. 1982); Husayn (1929-1932); Malti-Douglas (1989); Mourad (1939); Racy (1970); Rockey & Johnstone (1979); Safai (1966); Schipperges (1961); Sezgin (1986); Zakharia (1995). The 21st century has already added several journal articles based on doctoral research, e.g. Bazna & Hatab (2005); Benzahra (2003); Ghaly (2006); Hamdy (2005); Miles (2002b); Scalenghe (2005); and a substantial new monograph: Rispler-Chaim (2007).

[7] Sometimes the role could be an honorific one, in which disabled or deaf people publicly received a handout, in return for bringing good luck or averting evil. An example was noticed by the Persian traveller Nasir Khosrau in Egypt, around 1046. An annual event of national importance in the late summer was the opening of a major canal, through which Nile floodwaters would run. A huge number of people joined in the festivities after the embankment had been breached and water filled the canal. The honour of opening the boating was reserved for deaf-mute people: "La première barque, lancée dans le canal, est remplie de sourds-muets appelés en persan Koung ou Lal. On leur attribue une heureuse influence et le sultan leur fait distribuer des aumônes." (p. 142). This seems to be one of the earliest reports in Africa or the Middle East in which a *group* of deaf people gathered and performed an important symbolic role in a major ceremonial occasion. (Khosrau, transl. 1881/1970, p. 142)

[8] It is hardly surprising that, among politicians and planners in DTC, the 'perceived priority' of including disabled children in schools is rather low. Primary schools in most countries appear to be part of the machinery for imparting a bare minimum of literacy to the masses, so that sufficient numbers will be available for low-grade clerical, technical and administrative work on modest salaries; while the hurdles of entry to secondary schools, and annual promotion up the secondary and tertiary education ladders, are clearly designed to shake off the great majority of the population so that those who climb successfully may not greatly exceed the limited number of slots available in the ruling echelons. Those who pass each hurdle and barrier will thus tend to be indoctrinated and imbued with the idea that they are cleverer, worthier, more deserving of reward, than the mass of those who were shaken off the ladders at each stage or who never got a foot on the first rung. (Such a view, derived from one's own educational promotion and career success, and the failure of the great majority of others, has presumably been the normal pattern among the ruling class in the wealthier countries of the world, among whom the privileges they enjoy seem to be part of the 'natural order' of the universe). Countering (or complementing) this strong theory of personal merit, there may be some weak religious or philosophical exhortations to avoid pride, and to behave in a kindly way toward people of lower status or evident suffering. Such teaching probably does deter a modest number from continuing the ambitious career trajectory and from the mania for acquiring wealth and power. In many countries it is not difficult to meet people in mid-level planning or management, who have a kindly disposition and are known to work hard for the development of better services. Yet the most prominent and successful national politicians and decision makers continue to be trained and reinforced in an extremely non-inclusive way of thinking. They might wish to obtain some cosmetic benefit in developing an image as a benefactor of the oppressed; yet in most DTC, where school entry and progress are difficult, expensive and competitive, there is no reason to anticipate any political kudos from pushing disabled children through the crowds of other children trying to force a way into the education system. Most of the wealthier WENA countries have, with considerable difficulty, achieved a somewhat less unequal distribution of resources in their education systems over the past 100 or 150 years, through the complex interaction of many social trends and forces. There is little reason to think that many DTCs will move any faster in reducing their education inequalities.

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